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

Hello, may I please speak with (participant)?

Hello, this is (interviewer name) from the Cardiovascular Health Study. Do you have a few minutes to speak on the phone now?

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

No Is there a better time I can call to ask you about your health?

If interview is not completed (e.g. participant refuses), do not complete this form; record result on Contact Log. Interview completed by:	
Participant Proxy	
*	
a. If by proxy, reason: Hearing Cognitive Hospitalized Other Illness Other (specify)	_
b. What is your relationship to (name of CHS participant)? Spouse or partner Child Family member (<u>other than</u> 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 <u>not</u> live together) 3 or more times a week Less than 3 times a week Don't know Refused d. What is the most frequent type of contact? 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
O Widowed
Divorced
Separated
O Never Married
O Other
O Don't Know
Refused

I would like to ask you some questions that we also asked you 6 months ago. The reason for asking them again is to find out how you've been over the last six months.

2 Would you say, in general, your health is:

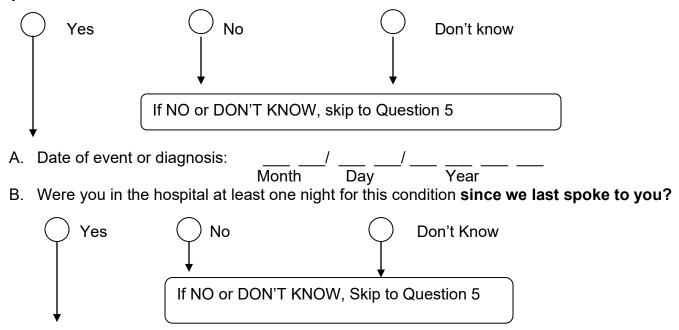
\bigcirc	Excellent
\bigcirc	Very Good
\bigcirc	Good
\bigcirc	Fair
\bigcirc	Poor
\bigcirc	Don't Know
\bigcirc	Refused

3 During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? (Do not include days in a hospital or nursing home. If you do not remember the exact number of days, please estimate as closely as possible.)

Da	ys 🔿 D	Don't Know	Refused
----	--------	------------	---------

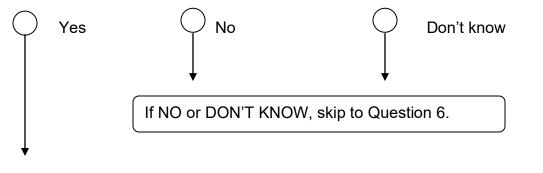
Answer "0" if you haven't spent any days in bed in the last two weeks.

4 Has a doctor told you that you had a <u>new</u> myocardial infarction or heart attack since we spoke with you last time?

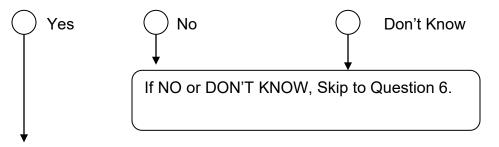


	Date	////	/ Day	Year	
Name:					
Address:					 _
City			State:	Zip	

5 Has a doctor told you that you had a <u>new</u> incident of angina pectoris or chest pain due to heart disease since we spoke with you last time?

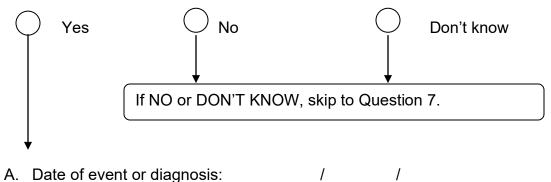


- A. Date of event or diagnosis: ____/ ___/ ___ / ___ Year ____
- B. Were you in the hospital at least one night for this condition since we last spoke to you?



	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?

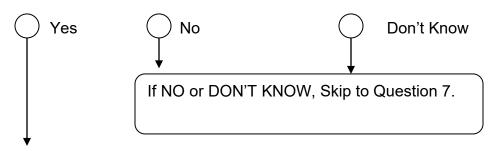


Month

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

Day

Year

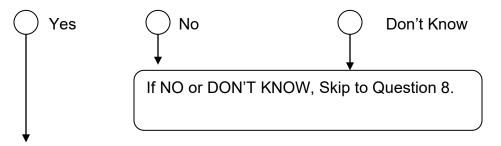


	Date	/ Month	/ Day	Year	
Name:					
Address:					
City			State:	Zip	

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

 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?

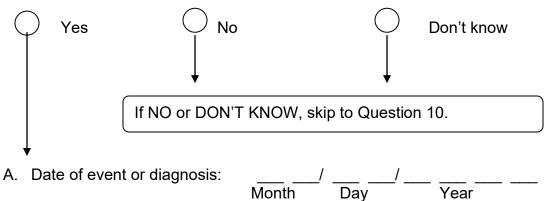


	Date	/////	/ Day	Year	
Name:					
Address:					
City			State:	Zip	

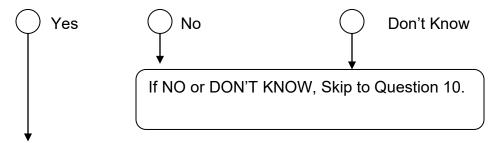
- 8 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time? Yes No Don't know If NO or DON'T KNOW, skip to Question 9. A. Date of event or diagnosis: ____/ ____/ ____ Day Year Month B. Were you in the hospital at least one night for this condition since we last spoke to you? Don't Know Yes No 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.

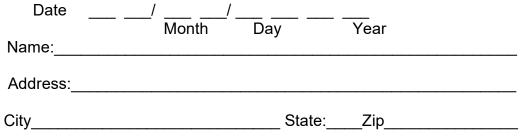
	Date	/ Month	// //	Year	
Name:					
Address:					
City			State:	Zip	

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

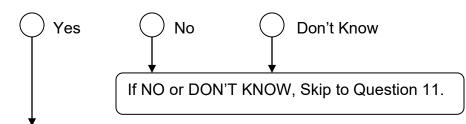


B. Were you in the hospital at least one night for this condition since we last spoke to you?





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?

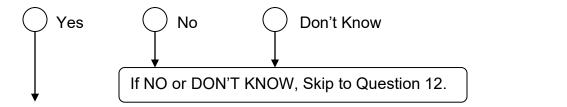


Now, I would like to ask you for more information about each of your overnight stays at a hospital.

As explained at your original clinic visit, records of these hospitalizations will be reviewed for medical information that may apply to the CHS study.

So that we may better understand any changes that may occur in your health, please remember to call us if you are admitted to a hospital for any reason.

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



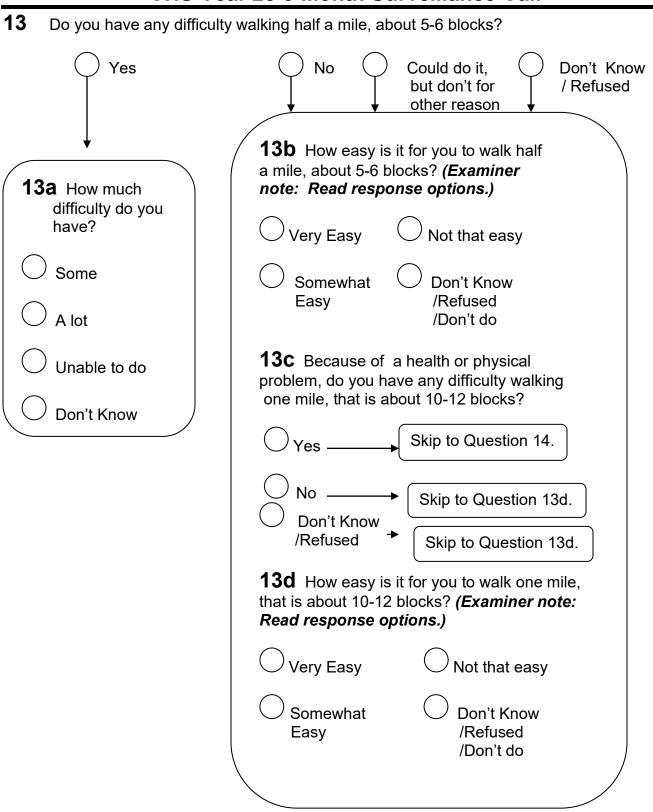
Now, I would like to ask you for more information about each of your overnight stays at a nursing home or rehabilitation center.

1) Reason for admission	
Nursing home name	
AddressCity/State	
Date of admission:///Length of stay:days Month Day Year	yrs
2) Are you currently staying in a nursing home or rehabilitation center?	
Yes No ODon't Know	
So that we may better understand any changes that may occur in your health, please remember	er to

call us if you are admitted to a nursing home or rehabilitation center for any reason.

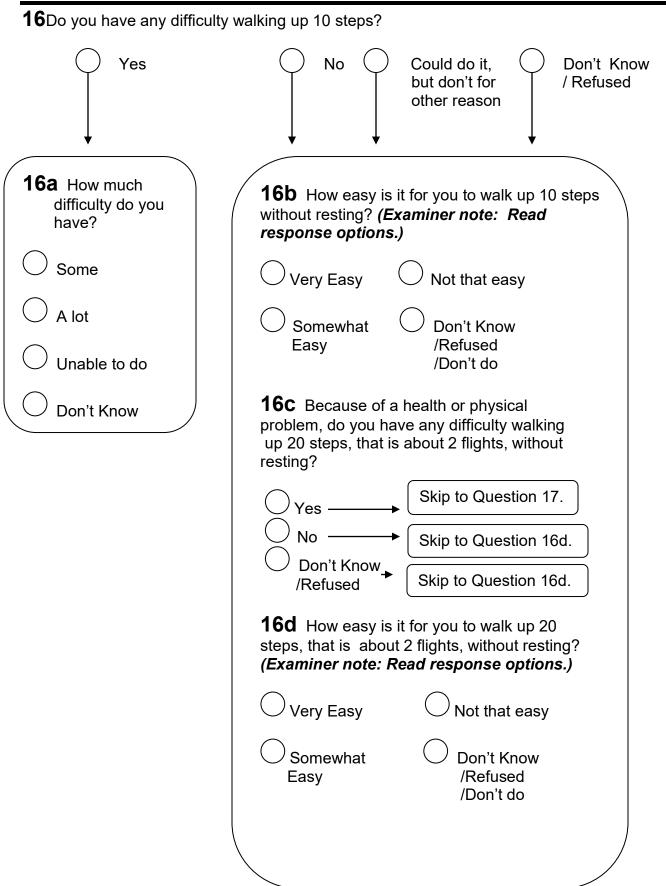
12 *"I'm going to read to you a list of conditions. Please respond 'yes' or 'no' if you have been told by a doctor that you any of these conditions FOR THE FIRST TIME DURING THE LAST YEAR."*

	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					
OInsulin Other How man	y years l		lycemic d Diabet		



CHS Year 25 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 Onn't Know/Refused
15 Do you have any difficulty getting out of bed or a chair?
\bigcirc
Yes Volume No Could do it, but don't for other reason Don't Know/Refused
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.
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T



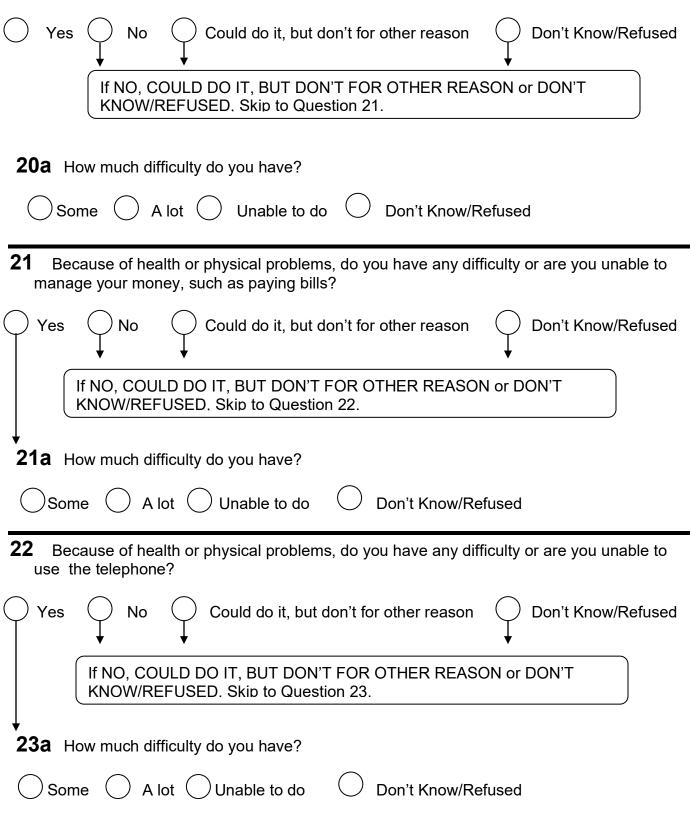
CHS Year 25 6-Month Surveillance Call

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 Ves 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?
\bigcirc Yes \bigcirc No \bigcirc Could do it, but don't for other reason \bigcirc Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 20.
19a How much difficulty do you have?
◯ Some ◯ A lot ◯ Unable to do ◯ Don't Know/Refused

Year 25 6-month surveillance call 10/18/12

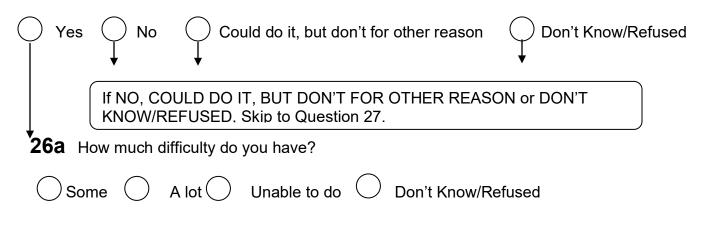
20Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals?



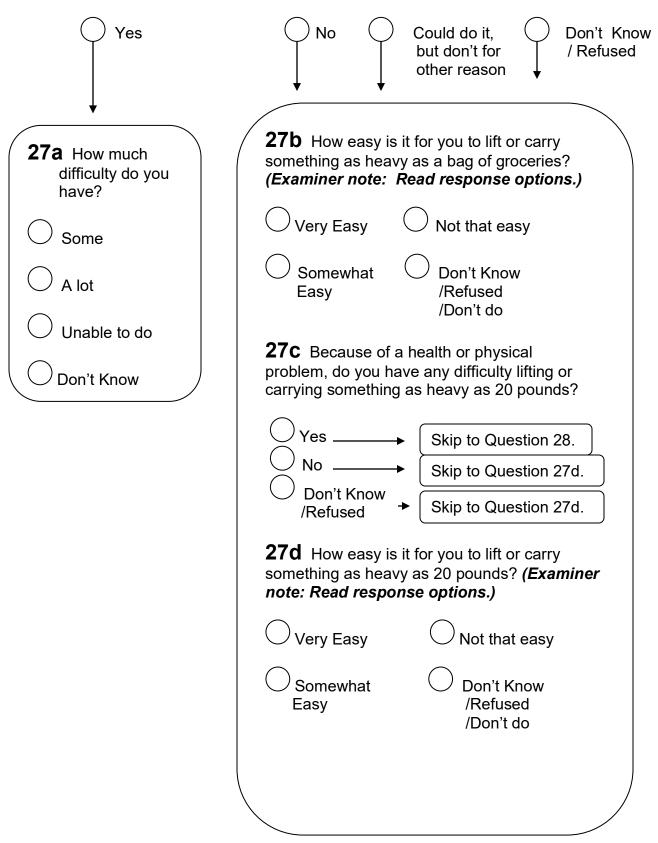
23 Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?

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

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?



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

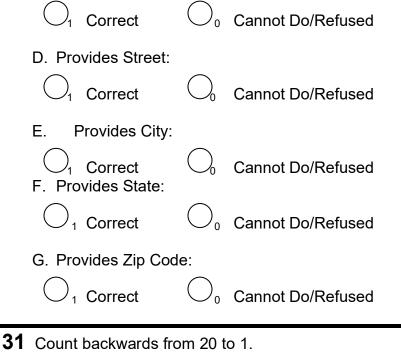


Directions: To be administered to participant only! If interview is with a proxy, proceed to **question 39.** Make sure that you have available the participant's home address (you can find it on the Tracking Form).

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:
	\bigcirc_1 Correct \bigcirc_0 Cannot Do/Refused
29 8	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
(◯ ₁ Correct
(◯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
(O₁ Correct
(◯ ₀ Error/Refused
	\sim

30 What is your home address? If incomplete, ask specifics, e.g., "What is your zip code?" C. Provides House Number:



Completely Correct on First Trial



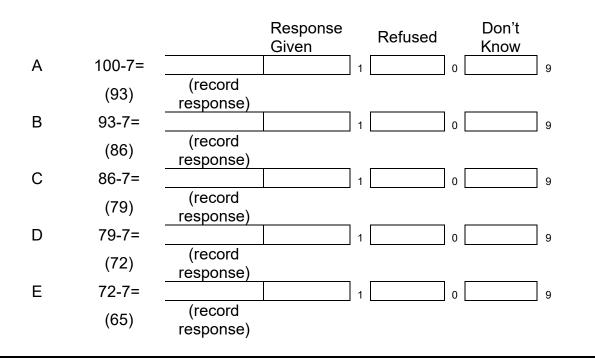
Completely Correct on Second Trial

Any Other Response

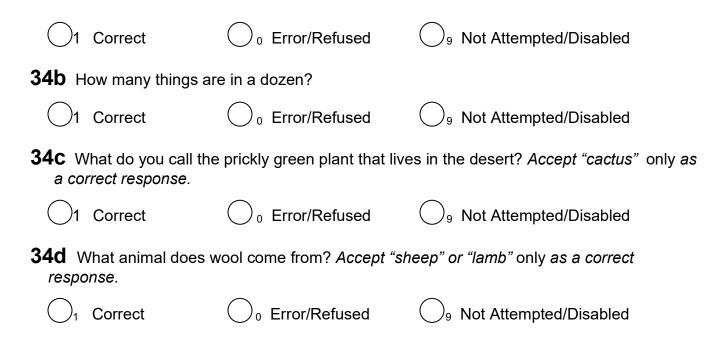
32 I'm going to read you a list of 10 words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are: cabin, pipe, chest, silk, theatre, watch, whip, elephant, pillow, giant. Now tell me all the words you remember.

	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.



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



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 and incorrect response. Repeat only if you make a mistake. Speak distinctly.*

* no ifs	O ₁ Correct	O Error/Refused	9 Not Attempted/Disabled
* ands	O ₁ Correct	O ₀ Error/Refused	O ₉ Not Attempted/Disabled
* or buts	1 Correct	0 Error/Refused	9 Not Attempted/Disabled
35b Say	y this: "Methodist E	piscopal."	
\bigcirc	1 Correct	○ ₀ Error/Refused) 9 Not Attempted/Disabled
			Accept "Barack H. Obama" or "Barack en, probe for the first name and vice
\bigcirc 1	I Correct	O Error/Refused	9 Not Attempted/Disabled
		lent right now? Accept "Joseph last name is given, probe for the	Biden, Jr." or "Joe" Biden" as the first name and vice versa.
	Correct	O Error/Refused	9 Not Attempted/Disabled
37 Wit	th your finger, tap fi	ve times on the part of the phon	e you speak into.
\bigcirc 2	2 5 Taps Heard	\bigcirc 1 Fewer or More Than 5 1	Taps
\bigcirc	Refused	9 Not Attempted/Disabled	1
	ng to give you a wo of "hot" is "cold".	rd, and I want you to give me it's	s opposite. For example, the
38 What	is the opposite of "	west"?	
\bigcirc	Correct	O Error/Refused	9 Not Attempted/Disabled
	"stingy," "tight," "che	f "generous"? <i>Accept the follow</i> eap," "mean," "meager," "skimpy	ing words as correct: "selfish," ," or other antonyms you feel are
	Correct	◯ ₀ Error/Refused	⁾

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).

)

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 \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 <u>10 years</u> 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.



41 Remembering things that happened recently.



42 Recalling conversations a few days later.

 \mathcal{L}_1 Much Improved

 \mathcal{O}_2 A Bit Improved

_____ ₃ Not Much Change

____₄ A Bit Worse

- ∫_ ₅ Much Worse
- 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
- **44** Remembering the month and day.
 - ____ 1 Much Improved
 - \bigcirc_2 A Bit Improved
 - 3 Not Much Change
 - _)₄ A Bit Worse
 - ∫_5 Much Worse
 - 🔵 🤋 Don't Know

45 Remembering where things are usually kept.

 \bigcirc_1 Much Improved

- \bigcirc_2 A Bit Improved
-) ₃ Not Much Change
- _)₄ A Bit Worse
- 🦳 ₅ Much Worse
- 💭 🤋 Don't Know

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

- \bigcirc_2 A Bit Improved
-) ₃ Not Much Change
- ()₄ A Bit Worse
- ∫_₅ Much Worse
- 🔵 🤋 Don't Know

47 Knowing how to work familiar machines around the house.

 \bigcirc_1 Much Improved

 \bigcirc_2 A Bit Improved

3 Not Much Change

____₄ A Bit Worse

- ∫_ ₅ Much Worse
-) 9 Don't Know

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

- \bigcirc_1 Much Improved
- \bigcirc_2 A Bit Improved
-) ₃ Not Much Change
- ()₄ A Bit Worse
-) ₅ Much Worse
- 🔵 🤋 Don't Know
- **49** Learning new things in general.
 - ∫ 1 Much Improved
 - \bigcirc_2 A Bit Improved
 - $)_3$ Not Much Change
 - ____₄ A Bit Worse
 - 🤍 ₅ Much Worse
 - 🔵 🤋 Don't Know

- 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 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

- 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).



55 Using his/her intelligence to understand what's going on and to reason things through.

- \bigcirc_1 Much Improved
- O ₂ A Bit Improved
- 3 Not Much Change
- ____ ₄ A Bit Worse
- \bigcirc 5 Much Worse
- 🔘 🤋 Don't Know

56	Interviewer: Were there any special problems associated with this interview?
	<pre></pre>
\bigcirc	1 Hearing Problems
\bigcirc	² Language (difficulty speaking or understanding English)
\bigcirc	3 Cognition of proxy
\bigcirc	4 Other (Specify:)
57	Do you live alone or with other people?
57 (Do you live alone or with other people? Alone Skip to Question 58. With other people
57 (Alone Skip to Question 58.
57 ((Alone Skip to Question 58.

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)
 Don't know
 Refused

58		n what type of home or residence do you live?
	\bigcirc	¹ Community-dwelling single family home or apartment
	\bigcirc	² Home, apartment or other unit where optional services are provided such as meal
		or housekeeping, but NO staff dispensing of medication.
	\bigcirc	³ Apartment or other unit where there are staff dispensing and watching you take your medication.
	\bigcirc	⁴ Facility where you are provided with assistance in most or all of your daily needs including staff dispensing and watching you take your medications , meals, bathing, etc.
	\bigcirc	⁵ Other (specify)
	\bigcirc	⁹ Don't know/refused

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. O 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?
	/ Year
	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.

Thank you very much for answering these questions. I enjoyed talking to you. Please call us if you move or if you should go to a hospital or nursing home, even if you have moved from the area. You are always welcome to call collect.