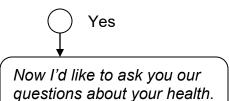
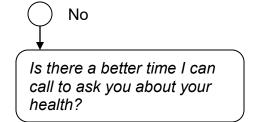
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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?



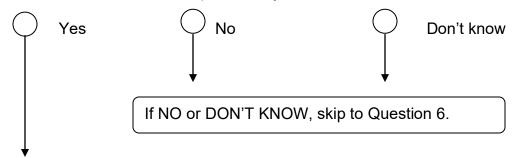


If interview is not completed (e.g. participant refuses), do not complete this form; record result on Contact Log. Interview completed by: Participant Proxy	\
a. If by proxy, reason: Hearing Cognitive Hospitalized	\
b. What is your relationship to (name of CHS participant)? Spouse or partner Child Family member (other than spouse or child) (Please specify:) Close friend Health care provider	
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	
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	

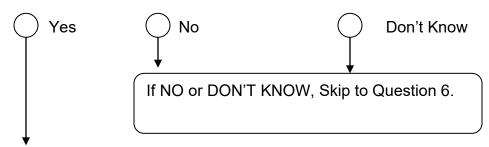
1 What is your	marital status? Are you…?
\bigcirc	Married
	Widowed
\bigcirc	Divorced
\bigcirc	Separated
\bigcirc	Never Married
\bigcirc	Other
\bigcirc	Don't Know
	Refused
them again is to fig. Would you say	you some questions that we also asked you 6 months ago. The reason for asking and out how you've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

4 Has a doctor told you that you had a new myocardial infarction or heart attack since we spoke with you last time? Don't know If NO or DON'T KNOW, skip to Question 5 A. Date of event or diagnosis: —— — 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 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 Name:_____

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

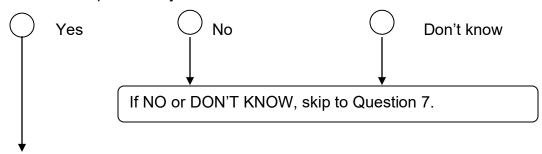


B. Were you in the hospital at least one night for this condition since we last spoke to you?



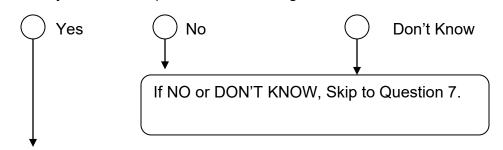
	Date	Month	/	Year	
Name:					
Address:					
City			State:	Zip	

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?



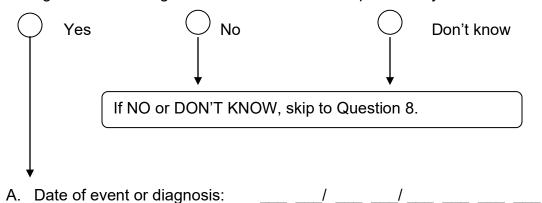
A. Date of event or diagnosis:

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

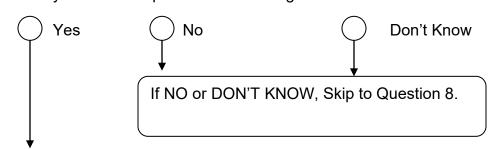


C. Please record the admission date of each hospitalization and the name and location of the hospital.

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?

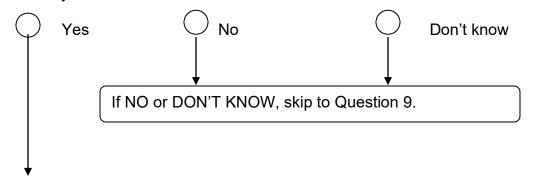


B. Were you in the hospital at least one night for this condition since we last spoke to you?

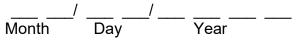


	Date	Month	//	Year	_
Name:					
Address:					
City			State:	Zip	

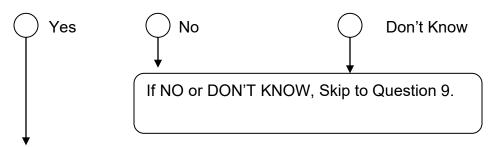
8 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time?



A. Date of event or diagnosis:

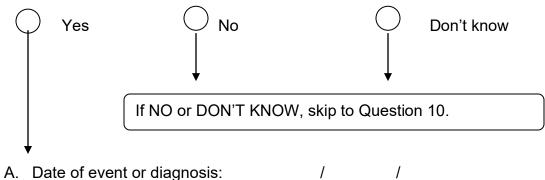


B. Were you in the hospital at least one night for this condition since we last spoke to you?



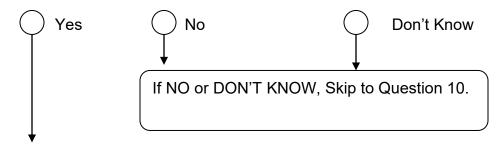
	Date	Month	/	Year	_
Name:					
Address:					
City			State:	Zip	

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?



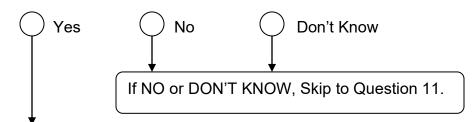
A. Date of event or diagnosis: ____ __/ ___ __/ ___ Year

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



Date	//	/ onth		 Year	
Name:		——————————————————————————————————————	<i>-</i>		
Address:_		· · · · · · · · · · · · · · · · · · ·			
City			_State:	Zip	

10 Have you stayed overnight as a patient in a hospital for <u>any other reasons</u> not reported in Questions 4 through 9 since we spoke to you last time?



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

1)	Reason for admission	
	Hospital Name	
	Address	_City/State
	Date of hospitalization:/// Month Day Year	Length of stay:days
2)	Reason for admission	
	Hospital Name	
	Address	_City/State
	Date of hospitalization:///	Length of stay:days

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?

Yes

No

Don't Know

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

If NO or DON'T KNOW, Skip to Question 12.

1)	Reason for admission					_
	Nursing home name_					
	Address			City	//State	_
	Date of admission:	Month	/ 	Year	_ Length of stay:days _	yrs
٥١	Are you currently stay	ina in a nı	ireina home	or robal	pilitation center?	

2) Are you currently staying in a nursing home or rehabilitation center?

Yes	O No	Oon't Know
\sim	\sim	

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 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				

How are you treated for diabetes? Insulin Other:

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

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

16 Do you have any difficult	y walking up 10 steps?
Yes	No Could do it, Don't Kr but don't for other reason
16a How much difficulty do you have?	16b How easy is it for you to walk up 10 steps without resting? (Examiner note: Read response options.)
Some	Overy Easy Onot that easy
A lot Unable to do	Somewhat Don't Know Easy /Refused /Don't do
Don't Know	16c Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?
	Yes — Skip to Question 17.
	No Skip to Question 16d.
	Don't Know /Refused Skip to Question 16d.
	16d How easy is it for you to walk up 20 steps, that is about 2 flights, without resting? (Examiner note: Read response options.)
	Overy Easy Onot that easy
	Somewhat Don't Know /Refused /Don't do

17 Because of health or physical problems, do you have any difficulty or are you unable to do heavy housework, like scrubbing floors or washing windows; or yard work, like raking leaves or mowing?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 18.
↓ 17a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
18 Because of health or physical problems, do you have any difficulty or are you unable to do light housework?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 19.
↓ 18a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
19 Because of health or physical problems, do you have any difficulty or are you unable to shop for personal items?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 20.
↓ 19a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

20 Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 21.
20a How much difficulty do you have? Some A lot Unable to do Don't Know/Refused
21 Because of health or physical problems, do you have any difficulty or are you unable to manage your money, such as paying bills?
Yes No Could do it, but don't for other reason Don't Know/Refused If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T
KNOW/REFUSED. Skip to Question 22. 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.
23a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

23 Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 24.
24a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
24 Because of health or physical problems, do you have any difficulty or are you unable to dress yourself?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 25.
↓ 24a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
25 Because of health or physical problems, do you have any difficulty or are you unable to bathe or shower?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 26.
25a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

26				ical problems, do to the toilet?	you have any	difficulty o	or are you unabl	e to use
	Yes	→ No	Co	ould do it, but do	n't for other rea	ison	Don't Know/F	\efused
				IT, BUT DON'T Skip to Questio		REASON o	or DON'T	
	26a ⊦	low much di	fficulty do	you have?				
	Oso	me (A lot	Unable to do	O Don't Kn	ow/Refuse	ed	

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

Directions: To be administered to participant only! If interview is with a proxy, proceed to **question 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:
	O ₁ Correct O ₀ Cannot Do/Refused
29 (a What is today's date? <i>Probe for the month, day, or year if not volunteered. For each box, enter "9" if no response. (9999 for year)</i>
	Date in numerals: Month Day Year
29 b	What is the day of the week? Record answer in error. Enter "X" if no response.
_	Day of the week
(O ₁ Correct
(◯₀ Error/Refused
(O ₉ Not Attempted/Disabled
29c	What season of the year is it? Record answer in error. Enter "X" if no response.
_	Season
(O ₁ Correct
(◯₀ Error/Refused
(O ₉ Not Attempted/Disabled

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

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

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

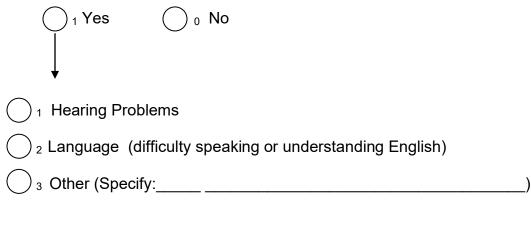
33 One hundred minus seven equals what? (etc.) Stop at five subtractions. Record answer given, whether correct or incorrect. Do not tell the participant whether the answer is correct.

			Response Given	Refused	Don't Know	
A	A 100-7=		Olven	1	0	9
	(93)	(record response)				
E	3 93-7=	1 /		1	0	9
	(86)	(record response)				
(86-7=			1	0	9
	(79)	(record response)				
	79-7=			1	0	9
	(72)	(record response)				
E	72-7=			1	0	9
	(65)	(record response)				
	/hat do people usu onse.	ally use to cu	t paper? <i>Acc</i> e	ept "scissors"	or "shears" o	only as a correct
\bigcirc 1	Correct	O Error/	Refused	O ₉ Not A	.ttempted/Dis	abled
34b н	ow many things ar	e in a dozen?				
\bigcirc 1	Correct	O Error/	Refused	O ₉ Not A	ttempted/Dis	abled
	hat do you call the rect response.	prickly greer	plant that liv	es in the dese	ert? Accept "d	cactus" only as
\bigcirc 1	Correct	O Error/	Refused	O ₉ Not A	.ttempted/Dis	abled
34d W respo	/hat animal does w nse.	vool come fro	m? <i>Accept "s</i>	heep" or "lami	b" only as a c	correct
\bigcirc_1	Correct	O ₀ Error/	Refused	O ₉ Not A	ttempted/Dis	abled

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 Error/Refused 9 Not Attempted/Disabled Correct 9 Not Attempted/Disabled Correct o Error/Refused * ands 1 Correct ₀ Error/Refused 9 Not Attempted/Disabled * or buts **35b** Say this: "Methodist Episcopal." Correct o Error/Refused Not Attempted/Disabled **36a** Who is the President of the United States right now? *Accept "Barack H. Obama" or "Barack*" Obama" as the correct response. If only the last name is given, probe for the first name and vice versa. □ Error/Refused Not Attempted/Disabled Correct **36b** Who is the Vice President right now? Accept "Joseph Biden, Jr." or "Joe" Biden" as the correct response. If only the last name is given, probe for the first name and vice versa. 9 Not Attempted/Disabled 1 Correct ₀ Error/Refused 37 With your finger, tap five times on the part of the phone you speak into. 1 Fewer or More Than 5 Taps ₂ 5 Taps Heard 9 Not Attempted/Disabled n Refused I am going to give you a word, and I want you to give me it's opposite. For example, the opposite of "hot" is "cold". **38** What is the opposite of "west"? ₀ Error/Refused Correct 9 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. ₀ Error/Refused 1 Correct 9 Not Attempted/Disabled

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).



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:
	Remembering things about family and friends, such as their occupations, birthdays and dresses.
	1 Much Improved
	2 A Bit Improved
	◯ ₃ Not Much Change
	◯₄ A Bit Worse
	◯ 5 Much Worse
	Og Don't Know
1	Remembering things that happened recently.
	1 Much Improved
	2 A Bit Improved
	◯ ₃ Not Much Change
	☐ 4 A Bit Worse
	◯ 5 Much Worse

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
	O 9 Don't Know
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
	O 9 Don't Know
11	
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

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

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
	O 9 Don't Know
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
	O ₉ Don't Know
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

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
	O 9 Don't Know
51	Making decisions about everyday matters.
0.1	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.
	O₁ Much Improved
	2 A Bit Improved
	◯ ₃ Not Much Change
	◯₄ A Bit Worse
	◯ 5 Much Worse
	9 Don't Know

53	Handling financial matters such as pensions, dealing with banks.
	1 Much Improved
	2 A Bit Improved
	◯₃ Not Much Change
	☐ ₄ A Bit Worse
	◯ 5 Much Worse
	9 Don't Know
54 betv	Handling everyday arithmetic problems (knowing how much food to buy, how long veen 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.
	O₁ Much Improved
	2 A Bit Improved
	◯₃ Not Much Change
	◯₄ A Bit Worse
	◯ 5 Much Worse
	9 Don't Know

Interviewer: Were there any special problems associated with this interview?		
Yes O No		
1 Hearing Problems		
2 Language (difficulty speaking or understanding English)		
3 Cognition of proxy		
Other (Specify:)		
Do you live alone or with other people?		
Alone Skip to Question 58. 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		

	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? Don't Know Refused Yes No If NO, DON'T KNOW or REFUSED, Skip to Question 59 B. A. Are you moving out of the area permanently or will you only be gone temporarily? Permanently i. 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 Zip Code State Telephone Number ii. Temporarily Out of the Area (vacation, business, etc) When will you return? When you come back, please call us.

B. You previously provided us with information about friends or relatives who keep in touch with you, or could provide information and answer questions for you if you were unable to answer for yourself. It is important we include at least one person who does not live with you, and who is not planning to move any time soon. Please tell me if the information is still correct.

Go to the *Participant Tracking Information Sheet* and verify or update. Attempt to obtain information on 1 or 2 people who do not live with the participant.

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.