Cardiovascular Health Study

YEAR 15 SIX-MONTH TELEPHONE INTERVIEW

INTRODUCTION

Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If 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. Did you receive the letter we sent you?

If the participant received the letter:

Good. Do you have a few minutes to speak on the phone now?

If the participant did NOT receive the letter:

I'm sorry that you didn't receive our letter since it told about this telephone call. We told you that we would be calling you in about 6 months. Six months have now passed and we are calling to say hello and to find out how you have been since we last saw you. 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 ○ 1 proxy ○ 2

If by proxy, reason:

- hearing ○ 1
- cognitive ○ 2
- hospitalized ○ 3
- other illness ○ 4
- other (specify) ○ 5

INTERVIEW

Go to the Participant Tracking Information sheet to verify the participant's name and address.

Has the participant moved during the last six months?

yes ○ 1 no ○ 0 don't know ○ 9

If Yes then → **Did you move during the last month?** ○ 1 yes ○ 0 no ○ 9 don't know

Skip this question if completed from records.

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

- married ○ 1
- widowed ○ 2
- divorced ○ 3
- separated ○ 4
- never married ○ 5
- other (specify) ○ 8

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:** *read responses*

- excellent? ○ 1
- very good? ○ 2
- good? ○ 3
- fair? ○ 4
- poor? ○ 5
- refused/don't know? ○ 9

3. **How would you say your health compares to other persons of your age? Would you say your health is:**

read responses

- better than others your age? ○ 1
- about the same as others your age? ○ 2
- worse than others your age? ○ 3
- don't know ○ 9

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4. **How does your health compare to when we spoke to you in *month* ? Would you say your health is:**

better ○ 1 worse ○ 3

about the same ○ 2 don't know ○ 9

5. **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.**

number of days (00 to 14 only) ☐☐

If 00, skip to Question 7

6. **What illness caused you to stay in**

Do not read responses

heart attack, heart failure ○ 1 mental illness ○ 5

diabetes ○ 2 cold or flu ○ 6

arthritis ○ 3 cancer ○ 7

stroke ○ 4 injury ○ 8

general fatigue or weakness (incl. old age) ○ 9

lung disease or emphysema, bronchitis ○ 10

recovering from surgery ○ 11

other (specify) ☐ ○ 12

don't know ○ 99

7. **Have you had coronary bypass surgery (CABG) since we spoke to you about six months ago?**

yes ○ 1 no ○ 0 unknown ○ 9

8. **Have you had a cardiac catheterization or coronary angiography since we spoke to you about six months ago?**

yes ○ 1 no ○ 0 unknown ○ 9

9a. **Has a doctor told you that you had a new myocardial infarction or heart attack since we spoke you about six months ago?**

yes ○ 1 no ○ 0 → go to Question 10

9b. **Date of event or diagnosis:**

month ☐☐ / day ☐☐ / year ☐☐☐☐

9c. **How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?**

☐☐ times

9d. **What is the doctor's name and address?**

name _____ address _____

9e. **Were you in the hospital at least one night for this condition over the last six months?**

yes ○ 1 no ○ 0 → go to Question 10

9f. **How many different times were you in the hospital for this condition ?**

☐☐ times

9g. **Please tell me the admission dates of the hospitalizations and where you were hospitalized?**

month	day	year	name/city
☐☐	☐☐	☐☐☐☐	_____
☐☐	☐☐	☐☐☐☐	_____
☐☐	☐☐	☐☐☐☐	_____
☐☐	☐☐	☐☐☐☐	_____

9h. **How many days altogether were you hospitalized for this condition?**

☐☐ days

10a. **Has a doctor told you that you had a new episode of angina pectoris or chest pain due to heart disease since we spoke to you about six months ago?**

yes ○ 1 no ○ 0 → go to Question 11

10b. **Date of event or diagnosis:**

month / day / year

10c. **How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?**

times

10d. **What is the doctor's name and address?**

name address

10e. **Were you in the hospital at least one night for this condition over the last six months?**

yes ○ 1 no ○ 0 → go to Question 11

10f. **How many different times were you in the hospital for this condition ?**

times

10g. **Please tell me the admission dates of the hospitalizations and where you were hospitalized?**

month	day	year	name/city
/	/		
/	/		
/	/		
/	/		

10h. **How many days altogether were you hospitalized for this condition?**

days

11a. **Has a doctor told you that you had a new episode of heart failure or congestive heart failure since we spoke you about six months ago?**

yes ○ 1 no ○ 0 → go to Question 12

11b. **Date of event or diagnosis:**

month / day / year

11c. **How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?**

times

11d. **What is the doctor's name and address?**

name address

11e. **Were you in the hospital at least one night for this condition over the last six months?**

yes ○ 1 no ○ 0 → go to Question 12

11f. **How many different times were you in the hospital for this condition ?**

times

11g. **Please tell me the admission dates of the hospitalizations and where you were hospitalized?**

month	day	year	name/city
/	/		
/	/		
/	/		
/	/		

11h. **How many days altogether were you hospitalized for this condition?**

days

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12a. **Has a doctor told you that you had a new episode of intermittent claudication or leg pain from artery blockage since we spoke you about six months ago?**

yes ○ 1 no ○ 0 → go to Question 13

12b. **Date of event or diagnosis:**

month / day / year

12c. **How many times altogether did you see a doctor for this condition over the last six months, that is, since *month ?***

times

12d. **What is the doctor's name and address?**

name address

12e. **Were you in the hospital at least one night for this condition over the last six months?**

yes ○ 1 no ○ 0 → go to Question 13

12f. **How many different times were you in the hospital for this condition ?**

times

12g. **Please tell me the admission dates of the hospitalizations and where you were hospitalized?**

month	day	year	name/city
/	/		
/	/		
/	/		
/	/		

12h. **How many days altogether were you hospitalized for this condition?**

days

13a. **Has a doctor told you that you had a new stroke or cerebrovascular accident since we spoke you about six months ago?**

yes ○ 1 no ○ 0 → go to Question 14

13b. **Date of event or diagnosis:**

month / day / year

13c. **How many times altogether did you see a doctor for this condition over the last six months, that is, since *month ?***

times

13d. **What is the doctor's name and address?**

name address

13e. **Were you in the hospital at least one night for this condition over the last six months?**

yes ○ 1 no ○ 0 → go to Question 14

13f. **How many different times were you in the hospital for this condition ?**

times

13g. **Please tell me the admission dates of the hospitalizations and where you were hospitalized?**

month	day	year	name/city
/	/		
/	/		
/	/		
/	/		

13h. **How many days altogether were you hospitalized for this condition?**

days

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14a. **Has a doctor told you that you had a new transient ischemic attack or TIA or silent stroke since we spoke you about six months ago?**

yes ○ 1 no ○ 0 → go to Question 15

14b. **Date of event or diagnosis:**

month / day / year

14c. **How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?**

times

14d. **What is the doctor's name and address?**

name address

14e. **Were you in the hospital at least one night for this condition over the last six months?**

yes ○ 1 no ○ 0 → go to Question 15

14f. **How many different times were you in the hospital for this condition ?**

times

14g. **Please tell me the admission dates of the hospitalizations and where you were hospitalized?**

month / day / year name/city

14h. **How many days altogether were you hospitalized for this condition?**

days

If Questions 9-14 are **all** negative, do not read phrase in italics for Ouestions 15. 16. and 17:

15. ***In addition to the visits to the doctor you have already told me about,* how many times altogether have you seen a doctor because of your health since we spoke to you six months ago?**

times

16. ***In addition to the hospitalizations you have already told me about,* how many other times have you stayed overnight in a hospital since we spoke to you six months ago?**

times → If 00, skip to Question 18

17. **Please tell me the reason you were admitted, the name and location of the hospital, and the date you were admitted for each time you stayed overnight in a hospital *for problems you have not already told me about.***

Record "same as (a/b/c/d/e)" if the reason or the hospital are repeated. Record dates. If there are more than 5 non-cardiovascular admissions, record others on a separate sheet of paper and attach to this form.

For a through e, please complete the following:
line1: reason for hospitalization mo/day/year
line2: name, city, and state of hospital

a. / /

b. / /

c. / /

d. / /

e. / /

Were you an overnight patient in a hospital at any other time during the past six months?

yes ○ 1 no ○ 0

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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.

18. **Have you stayed overnight as a patient in a nursing home or rehabilitation center since *month*?**

○ 1 yes ○ 0 no → If No, Go to Question 20

19. **Please tell me the reason you were admitted, the name and location of the nursing home, and the date you were admitted for each time you stayed overnight in a nursing home or rehabilitation center.**

Record "same as (a/b/c/d/e)" if the reason or the nursing home are repeated. Record dates. If there are more than 5 nursing home admissions, record others on a separate sheet of paper and attach to this form.

For a through e, please complete the following:
line1: reason for hospitalization mo/day/year
line2: name, city, and state of hospital

a. ____ / ____ / ____

b. ____ / ____ / ____

c. ____ / ____ / ____

d. ____ / ____ / ____

e. ____ / ____ / ____

Were you an overnight patient in a nursing home or rehabilitation center at any other time during the past six months?

○ 1 yes ○ 0 no

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.

20. **Did you have a procedure in or out of the hospital to open up the arteries in either of your legs in the last six months?**

○ 1 yes ○ 0 no → Go to Question 21

a. **Date of procedure:** month ____ / day ____ / year ____

b. **Where was the procedure done?**

_____
Doctor's office or name and location of hospital

21. **Please tell me if you have ever had any of the following conditions? *Read list below- if participant answeres no, check '1-Never told'; if participant answeres yes, ask:* Was that during the past year or more than one year ago? *(check appropriate response below).***

	Never told	During the past year	More than 1 year ago
High blood pressure	○ 1	○ 2	○ 3
Asthma	○ 1	○ 2	○ 3
Atrial Fibrillation	○ 1	○ 2	○ 3
Deep vein thrombosis (blood clots in legs)	○ 1	○ 2	○ 3
Rheumatic fever or heart valve problems	○ 1	○ 2	○ 3
Emphysema	○ 1	○ 2	○ 3
Diabetes	○ 1	○ 2	○ 3

What month and year were you first told that you had diabetes? month ____ year ____

22. **Have you ever had any of the following problems?**

	yes	no	Don't Know
Foot ulcers/sores on feet	○ 1	○ 0	○ 9
High blood sugar	○ 1	○ 0	○ 9
Low blood sugar	○ 1	○ 0	○ 9
Fainting or passing out	○ 1	○ 0	○ 9
Eye problems	○ 1	○ 0	○ 9

23. **Are you currently taking medication prescribed by a doctor for any of the following conditions?**

	yes	no	Don't Know
High blood pressure	○ 1	○ 0	○ 9
Atrial Fibrillation	○ 1	○ 0	○ 9
Deep vein thrombosis (blood clots in legs)	○ 1	○ 0	○ 9
Diabetes	○ 1	○ 0	○ 9

How are you treated for diabetes?

○ 1 Insulin ○ 2 Oral Hypoglycemic Agent

○ 3 Other _____

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24. **In the last six months, have you had any change in your ability to walk half a mile, about 5 or 6 blocks?**

In what way has your ability to walk changed?
- less difficulty walking ○ 1
- new onset of difficulty walking ○ 2
- more difficulty walking ○ 3
- can no longer walk ○ 4

yes ○ 1 | no ○ 0 | don't know ○ 9

25. **In the last six months, have you had any change in your ability to walk around your home?**

In what way has your ability to walk changed?
- less difficulty ○ 1
- new onset of difficulty ○ 2
- more difficulty ○ 3

yes ○ 1 | no ○ 0 | don't know ○ 9

26. **In the last six months, have you had any change in your ability to get out of bed or a chair?**

In what way has your ability to get out of bed or a chair changed?
- less difficulty ○ 1
- new onset of difficulty ○ 2
- more difficulty ○ 3

yes ○ 1 | no ○ 0 | don't know ○ 9

27. **In the last six months, have you had any change in your ability to walk up 10 steps?**

In what way has your ability to walk up 10 steps?
- less difficulty ○ 1
- new onset of difficulty ○ 2
- more difficulty ○ 3

yes ○ 1 | no ○ 0 | don't know ○ 9

28. **In the last six months, have you had any change in your ability to do heavy housework (like scrubbing floors or washing windows) or yard work (like raking leaves or mowing)?**

In what way has your ability to do heavy housework or yard work changed?
- less difficulty ○ 1
- new onset of difficulty ○ 2
- more difficulty ○ 3

yes ○ 1 | no ○ 0 | don't know ○ 9

29. **In the last six months, have you had any change in your ability to do light housework?**

In what way has your ability to do light housework changed?
- less difficulty ○ 1
- new onset of difficulty ○ 2
- more difficulty ○ 3

yes ○ 1 | no ○ 0 | don't know ○ 9

30. **In the last six months, have you had any change in your ability to shop for personal items?**

In what way has your ability to shop for personal items changed?
- less difficulty ○ 1
- new onset of difficulty ○ 2
- more difficulty ○ 3

yes ○ 1 | no ○ 0 | don't know ○ 9

31. **In the last six months, have you had any change in your ability to prepare your own meals?**

In what way has your ability to prepare your own meals?
- less difficulty ○ 1
- new onset of difficulty ○ 2
- more difficulty ○ 3

yes ○ 1 | no ○ 0 | don't know ○ 9

32. **In the last six months, have you had any change in your ability to manage your money and pay bills?**

In what way has your ability to manage your money changed?

less difficulty ○ 1
new onset of difficulty ○ 2
more difficulty ○ 3

yes ○ 1 no ○ 0 don't know ○ 9

33. **In the last six months, have you had any change in your ability use the telephone?**

In what way has your ability to use the telephone changed?

less difficulty ○ 1
new onset of difficulty ○ 2
more difficulty ○ 3

yes ○ 1 no ○ 0 don't know ○ 9

34. **In the last six months, have you had any change in your ability to eat, including feeding yourself?**

In what way has your ability to eat or feed yourself changed?

less difficulty ○ 1
new onset of difficulty ○ 2
more difficulty ○ 3

yes ○ 1 no ○ 0 don't know ○ 9

35. **In the last six months, have you had any change in your ability to dress yourself?**

In what way has your ability to dress yourself changed?

less difficulty ○ 1
new onset of difficulty ○ 2
more difficulty ○ 3

yes ○ 1 no ○ 0 don't know ○ 9

36 **In the last six months, have you had any change in your ability to bathe or shower?**

In what way has your ability to bathe or shower changed?

less difficulty ○ 1
new onset of difficulty ○ 2
more difficulty ○ 3

yes ○ 1 no ○ 0 don't know ○ 9

37. **In the last six months, have you had any change in your ability to use the toilet, including getting to the toilet?**

In what way has your ability to use the toilet changed?

less difficulty ○ 1
new onset of difficulty ○ 2
more difficulty ○ 3

yes ○ 1 no ○ 0 don't know ○ 9

38. **In the last six months, have you had any change in your ability to do tasks with your arms and hands, such as reaching out, gripping, lifting or carrying something as heavy as ten pounds (a bag of groceries)?**

In what way has your ability to do tasks with your arms and hands changed?

less difficulty ○ 1
new onset of difficulty ○ 2
more difficulty ○ 3

yes ○ 1 no ○ 0 don't know ○ 9

39. **You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer yourself. Please tell me if the information I have is still correct.**

Go to the *Participant Tracking Information Sheet, Proxy*, for the hard copy.

40. **You previously provided us with information about friends or relatives who you are likely to keep in touch with, but who do not live with you, and who are not planning to move anytime soon. Please tell me if the information I have is still correct.**

Go to the *Participant Tracking Information Sheet, Contact 1 and Contact 2*, for the hard copy.

41. **Do you plan to be out of the area 6 months from now?**

Are you moving out of the area permanently or will you only be gone temporarily?

yes ○ 1 no ○ 0

○ 1 permanently

Do you know what your new address and telephone number will be?

○ 1 yes

street

city state

zip

( ) -

telephone number

○ 0 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.

○ 0 temporarily out of the area (vacation, business, etc.)

When will you return?

month year

When you come back, please call us.

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

I look forward to talking with you about six months from now.

If another participant lives at this address, attempt to interview the next participant.

InterviewID

InterviewDate

/ /

First Edit **Second Edit**

hour:min month/ day hour: min

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