

Cardiovascular Health Study**YEAR 17 SIX-MONTH
TELEPHONE INTERVIEW****Name:****ID # :****IDNO**

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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. So you understand that we are going to be able to see you again. 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 our continuing to call you for information about your health. In addition, the letter said that we are going to be able to see you again. Do you have a few minutes to speak on the phone now?

Yes**No**

All CHS participants are being asked to be part of this important visit. We are going to be doing something a little different this time. We would like to come see you at your home, or you can come to our clinic if you prefer. Now I'd like to ask you our questions about your health.

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

If by proxy, reason: **WHO32**

hearing ☐ 1

cognitive ☐ 2

hospitalized ☐ 3 **PROXY32**

other illness ☐ 4

other (specify) ☐ 5

PRXSPC32**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

MOVE6M32

If Yes then →

Did you move since we last spoke to you?

☐ 1 ☐ 0 ☐ 9

yes no don't know

MOVE1M32

Skip this question if completed from records.

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

married ☐ 1

divorced ☐ 3

widowed ☐ 2

MARIT32

separated ☐ 4

never married ☐ 5

MARSPC32

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

fair? ☐ 4

very good? ☐ 2

GNHLTH32

poor? ☐ 5

good? ☐ 3

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

worse than others your age? ☐ 3

about the same as others your age? ☐ 2

don't know ☐ 9

CMHLTH32

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

better ☐ 1 **CHHLTH32** 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)

DAYBED32

↓
If 00, skip to Question 7

6. What illness caused you to stay in bed?

Do not read responses

heart attack, heart failure ☐ 1 mental illness ☐ 5
diabetes ☐ 2 cold or flu ☐ 6
WHYBED32 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

OTHBED32 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

CABG32

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

CCATH32

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 →

NEWMI32

9b. Date of event or diagnosis:

month / day / year

MIDTTXT32

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

yes ☐ 1 no ☐ 0 →

MIHOSP32

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

MITIME32 times

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

month	day	year	name/city
			MI1DTT
			MI2DTT
			MI3DTT
			MI4DTT

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

MIDAYS32 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 no
☐ 1 ☐ 0 →

go to
Question 11

NEWANG32

10b. Date of event or diagnosis:

month day year
 / / ANGDTT32

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

yes no
☐ 1 ☐ 0 →

go to
Question 11

ANHOSP32

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

ANTIME times

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

month	day	year	name/city
			AN1DTT32
			AN2DTT32
			AN3DTT32
			AN4DTT32

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

ANDAYS days

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

yes no
☐ 1 ☐ 0 →

go to
Question 12

NEWCHF32

11b. Date of event or diagnosis:

month day year
 / / CHFDTT32

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

yes no
☐ 1 ☐ 0 →

go to
Question 12

CHHOSP32

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

CHTIME times

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

month	day	year	name/city
			CH1DTT32
			CH2DTT32
			CH3DTT32
			CH4DTT32

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

CHDAYS days

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 no

☐ 1 ☐ 0



go to
Question 13

NEWCLD32

12b. Date of event or diagnosis:

month day year

		/			/				
--	--	---	--	--	---	--	--	--	--

CLDTT32

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

yes no

☐ 1 ☐ 0



go to
Question 13

CLHOSP32

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

CLTIME32

--	--

times

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

month day year name/city

--	--

 /

--	--

 /

--	--

CL1DTT32

--	--

 /

--	--

 /

--	--

CL2DTT32

--	--

 /

--	--

 /

--	--

CL3DTT32

--	--

 /

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 /

--	--

CL4DTT32

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

CLDAYS32

--	--

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 no

☐ 1 ☐ 0



go to
Question 14

NEWSTK32

13b. Date of event or diagnosis:

month day year

		/			/				
--	--	---	--	--	---	--	--	--	--

STKDTT32

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

yes no

☐ 1 ☐ 0



go to
Question 14

STHOSP32

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

STTIME32

--	--

times

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

month day year name/city

--	--

 /

--	--

 /

--	--

ST1DTT32

--	--

 /

--	--

 /

--	--

ST2DTT32

--	--

 /

--	--

 /

--	--

ST3DTT32

--	--

 /

--	--

 /

--	--

ST4DTT32

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

STDAYS32

--	--

days

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 no
☐ 1 ☐ 0

→ go to
Question 15

NEWTIA32

14b. Date of event or diagnosis:

month day year
[][] / [][] / [][][][]

TIADTTXT32

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

yes no
☐ 1 ☐ 0

→ go to
Question 15

TIHOSP32

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

TITIME32 [][] times

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

month day year name/city
[][] / [][] / [][] **TI1DTTXT32** _____

[][] / [][] / [][] **TI2DTTXT32** _____

[][] / [][] / [][] **TI3DTTXT32** _____

[][] / [][] / [][] **TI4DTTXT32** _____

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

TIDAYS32 [][] days

If Questions 9-14 are **all** negative, do not read phrase in italics for Questions 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 saw you six months ago?*

[][] times **MD32**

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 saw you six months ago?*

HSTIME32 [][] 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.
RSHOS132 [][] / [][] / [][][][]
HOS1DTTXT32

b.
RSHOS232 [][] / [][] / [][][][]
HOS2DTTXT32

c.
RSHOS332 [][] / [][] / [][][][]
HOS3DTTXT32

d.
RSHOS432 [][] / [][] / [][][][]
HOS4DTTXT32

e.
RSHOS32 [][] / [][] / [][][][]
HOS5DTTXT32

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

yes no
☐ 1 ☐ 0

OVNHOS32

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

NURSHM32

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. / /
RSNUR132

NUR1DTTXX32

b. / /
RSNUR232

NUR2DTTXX32

c. / /
RSNUR332

NUR3DTTXX32

d. / /
RSNUR432

NUR4DTTXX32

e. / /
RSNUR532

NUR5DTTXX32

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

OVNNH32

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

ARTLEG32

Go to
Question 21

a. Date of procedure: / /
ARTDTTXX32

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 answers no, check 'I-Never told'; if participant answers 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	☒ HIGHBP32	☐ 1	☐ 3
Asthma	☒ ASTHMA32	☐ 2	☐ 3
Atrial Fibrillation	☒ AFIB32	☐ 2	☐ 3
Deep vein thrombosis (blood clots in legs)	☒ DVT32	☐ 2	☐ 3
Rheumatic fever or heart valve problems	☒ RHEU32	☐ 2	☐ 3
Emphysema	☒ EMPHYS32	☐ 3	☐ 3
Diabetes	☒ DIABET32	☐ 3	☐ 3

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

DIABMO32

DIABYR32

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

	yes	no	Don't Know
Foot ulcers/sores on feet	☒ FOOTUL32	☐ 9	☐ 9
High blood sugar	☒ HIBSUG32	☐ 9	☐ 9
Low blood sugar	☒ LOBSUG32	☐ 9	☐ 9
Fainting or passing out	☒ FAINT32	☐ 9	☐ 9
Eye problems	☒ EYEPRB32	☐ 9	☐ 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	☒ MEDHBP32	☐ 9	☐ 9
Atrial Fibrillation	☒ MEDAFB32	☐ 9	☐ 9
Deep vein thrombosis (blood clots in legs)	☒ MEDDVT32	☐ 9	☐ 9
Diabetes	☒ MEDDIA32	☐ 9	☐ 9

How are you treated for diabetes?

☐ 1 Insulin
DIABTR32
☐ 3 Other

☐ 2 Oral Hypoglycemic Agent

DIABSP32

24. Do you have any difficulty walking half a mile, about 5 or 6 blocks?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFWKHML

MCHWKHML

25. Do you have any difficulty walking around your home?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFWKHOM

MCHWKHOM

26. 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
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFBEDCH

MCHBEDCH

27. Do you have any difficulty walking up 10 steps?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIF10STP

MCH10STP

Because of health or physical problems, do you have any difficulty or are you unable to:

28. ... 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
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFHHWK

MCHHHWK

29. ... do light housework?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFLHWK

MCHLHWK

30 ... shop for personal items?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFSHOP

MCHSHOP

Because of health or physical problems, do you have any difficulty or are you unable to:

31. ... prepare your own meals?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFPRPML

MCHPRPML

32 ... manage your money, such as paying bills?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFPAYBL

MCHPAYBL

33. ... use the telephone?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFPHONE

MCHPHONE

34 ... eat, including feeding yourself?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFEAT

MCHEAT

35. ... dress yourself?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFDRESS

MCHDRESS

36 ... bathe or shower?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFBATHE

MCHBATHE

37. ... use the toilet, including getting to the toilet?

yes no could do it, but don't
for other reason don't know
or refuse

☐ ☐ ☐ ☐ ☐

↓

How much difficulty do you have? some a lot unable to do don't know

☐ ☐ ☐ ☐ ☐

DIFTOILT

MCHTOILT

38. 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?

☐ 1 permanently

OUTPRM32

yes

no

☐ 1

☐ 0

OUTAR32

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

☐ 1 yes

KNADDR32

STREET32

street

CITY32

city

STATE32

state

zip

ZIP32

()

-

AREACD32

telephone number

PHONE32

☐ 0 no



Do you know which general area you will be moving to?

GENAR32

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

RETMO32

year

RETYR32

When you come back, please call us.

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.

Thank you very much for answering these questions.
I enjoyed talking with you. We'll contact you in several
months to schedule a home visit 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.

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

InterviewID INTID32

InterviewDate INTDT32

/ /

First Edit

hour:min

Second Edit

month/ day hour: min