

CHS Year 33 6-Month Surveillance Call

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

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

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?

```
graph TD; Q4((4)) -- Yes --> Q5((5)); Q4 -- No --> Skip[If NO or DON'T KNOW, skip to Question 5]; Q4 -- "Don't know" --> Skip;
```

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?**

```

graph TD
    Q4((4)) -- Yes --> Q5((5))
    Q4 -- No --> Skip[If NO or DON'T KNOW, Skip to Question 5]
    Q4 -- Don't Know --> Skip
    Skip --> Q5
  
```

Yes No Don't Know

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 / /
 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?

```
graph TD; Q5((Question 5)) -- Yes --> End[ ]; Q5 -- No --> Skip[ ]; Q5 -- "Don't know" --> Skip; subgraph SkipBox [ ]; direction TB; S1[If NO or DON'T KNOW, skip to Question 6.]; end; SkipBox --> Q6[Question 6];
```

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?**

```

graph TD
    Q5((5)) --> Yes((Yes))
    Q5 --> No((No))
    Q5 --> DK((Don't Know))
    Yes --> Q6a[6a]
    No --> Q6b[6b]
    DK --> Q6b
    Q6b --> Q6[6]
  
```

Flowchart for Question 5: Do you have a current or former spouse, partner, or spouse with whom you are separated?

- If **Yes**, proceed to Question 6a.
- If **No** or **Don't Know**, proceed to Question 6b.
- From Question 6b, proceed 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 4 through 9 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 _____

Date of admission: ____/____/____
 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 "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

☐

Oral Hypoglycemic Agent

☐

Other: _____

How many years have you had Diabetes? Years

Interviewer Note: If number of years with diabetes is unknown, enter "99"

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13 Do you have any difficulty walking half a mile, about 5-6 blocks?

☐ Yes



13a How much difficulty do you have?

☐ Some

☐ A lot

☐ Unable to do

☐ Don't Know

☐ No



☐

Could do it,
but don't for
other reason



☐

Don't Know
/ Refused



13b 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

13c 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 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
Easy

☐ Don't Know
/Refused
/Don't do

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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 ☐ 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

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16 Do you have any difficulty walking up 10 steps?

☐ Yes
↓

☐ No
↓

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

☐ Don't Know
/ Refused
↓

16a How much
difficulty do you
have?

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

16b 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

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.**)

- ☐ Very Easy
- ☐ Not that easy
- ☐ Somewhat
Easy
- ☐ Don't Know
/Refused
/Don't do

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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

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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.

22a How much difficulty do you have?

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

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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.

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 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

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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?

☐ 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 27.

26a How much difficulty do you have?

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

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

☐ Yes



27a How much difficulty do you have?

☐ Some

☐ A lot

☐ Unable to do

☐ Don't Know

☐ No



☐

Could do it,
but don't for
other reason



☐

Don't Know
/ Refused



27b 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

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.)

☐ Very Easy

☐ Not that easy

☐ Somewhat
Easy

☐ Don't Know
/Refused
/Don't do

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Directions: To be administered to participant only! If interview is with a proxy, proceed to **question 40**. 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:

☐₁ Correct ☐₀ Cannot Do/Refused

B. Provides Last Name:

☐₁ Correct ☐₀ Cannot Do/Refused

29 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

29b 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
☐₉ Not Attempted/Disabled

29c What season of the year is it? *Record answer in error. Enter "X" if no response.*

_____ Season

☐₁ Correct
☐₀ Error/Refused
☐₉ Not Attempted/Disabled

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30 What is your home address? *If incomplete, ask specifics, e.g., "What is your zip code?"*

C. Provides House Number:

☐₁ Correct ☐₀ Cannot Do/Refused

D. Provides Street:

☐₁ Correct ☐₀ Cannot Do/Refused

E. Provides City:

☐₁ Correct ☐₀ Cannot Do/Refused

F. Provides State:

☐₁ Correct ☐₀ Cannot Do/Refused

G. Provides Zip Code:

☐₁ Correct ☐₀ Cannot Do/Refused

31 Count backwards from 20 to 1.

☐₂ Completely Correct on First Trial

☐₁ Completely Correct on Second Trial

☐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	☐	☐
Pipe	☐	☐
Chest	☐	☐
Silk	☐	☐
Theatre	☐	☐
Watch	☐	☐
Whip	☐	☐
Elephant	☐	☐
Pillow	☐	☐
Giant	☐	☐

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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	100-7=			1		0		9
	(93)	(record response)						
B	93-7=			1		0		9
	(86)	(record response)						
C	86-7=			1		0		9
	(79)	(record response)						
D	79-7=			1		0		9
	(72)	(record response)						
E	72-7=			1		0		9
	(65)	(record response)						

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

☐ 1 Correct
 ☐ 0 Error/Refused
 ☐ 9 Not Attempted/Disabled

34b How many things are in a dozen?

☐ 1 Correct
 ☐ 0 Error/Refused
 ☐ 9 Not Attempted/Disabled

34c What do you call the prickly green plant that lives in the desert? *Accept "cactus" only as a correct response.*

☐ 1 Correct
 ☐ 0 Error/Refused
 ☐ 9 Not Attempted/Disabled

34d What animal does wool come from? *Accept "sheep" or "lamb" only as a correct response.*

☐ 1 Correct
 ☐ 0 Error/Refused
 ☐ 9 Not Attempted/Disabled

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

- * no ifs ☐₁ Correct ☐₀ Error/Refused ☐₉ Not Attempted/Disabled
- * ands ☐₁ Correct ☐₀ Error/Refused ☐₉ Not Attempted/Disabled
- * or buts ☐₁ Correct ☐₀ Error/Refused ☐₉ Not Attempted/Disabled

35b Say this: “Methodist Episcopal.”

- ☐₁ Correct ☐₀ Error/Refused ☐₉ Not Attempted/Disabled

36a Who is the President of the United States right now? *Accept “Joseph R. Biden” or “Joe Biden” as the correct response. If only the last name is given, probe for the first name and vice versa.*

- ☐₁ Correct ☐₀ Error/Refused ☐₉ Not Attempted/Disabled

36b Who is the Vice President right now? *Accept “Kamala Harris” as the correct response. If only the last name is given, probe for the first name and vice versa.*

- ☐₁ Correct ☐₀ Error/Refused ☐₉ Not Attempted/Disabled

37 With your finger, tap five times on the part of the phone you speak into.

- ☐₂ 5 Taps Heard ☐₁ Fewer or More Than 5 Taps
- ☐₀ Refused ☐₉ Not Attempted/Disabled

I am going to give you a word, and I want you to give me its opposite. For example, the opposite of “hot” is “cold”.

38 What is the opposite of “west”?

- ☐₁ Correct ☐₀ Error/Refused ☐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.*

- ☐₁ Correct ☐₀ Error/Refused ☐₉ Not Attempted/Disabled

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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.*)

☐ ₁ Yes

☐ ₀ No



☐ ₁ Hearing Problems

☐ ₂ Language (difficulty speaking or understanding English)

☐ ₃ Other (Specify: _____)

Secondary Problem (Specify: _____)

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Administer IQCODE if interview is being conducted with the proxy. Once there is evidence of participant's cognitive impairment by either the IQCODE score ≥ 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:

40 Remembering things about family and friends, such as their occupations, birthdays and addresses.

- ☐ ₁ Much Improved
- ☐ ₂ A Bit Improved
- ☐ ₃ Not Much Change
- ☐ ₄ A Bit Worse
- ☐ ₅ Much Worse
- ☐ ₉ Don't Know

41 Remembering things that happened recently.

- ☐ ₁ Much Improved
- ☐ ₂ A Bit Improved
- ☐ ₃ Not Much Change
- ☐ ₄ A Bit Worse
- ☐ ₅ Much Worse
- ☐ ₉ Don't Know

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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
- ☐ 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
- ☐ ₉ Don't Know

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

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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
- ☐ ₉ Don't Know

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

- ☐ ₁ Much Improved
- ☐ ₂ A Bit Improved
- ☐ ₃ Not Much Change
- ☐ ₄ A Bit Worse
- ☐ ₅ Much Worse
- ☐ ₉ Don't Know

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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
- ☐ 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
- ☐ 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

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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
- ☐ 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

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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 Handling everyday arithmetic problems (knowing how much food to buy, how long between 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.

- ☐ ₁ Much Improved
- ☐ ₂ A Bit Improved
- ☐ ₃ Not Much Change
- ☐ ₄ A Bit Worse
- ☐ ₅ Much Worse
- ☐ ₉ Don't Know

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56 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: _____)

57 Do you live alone or with other people?

☐ Alone → Skip to Question 58.

☐ 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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58 In what type of home or residence do you live?

- ☐ ¹Community-dwelling single family home or apartment
- ☐ ²Home, apartment or other unit where optional services are provided such as meal or housekeeping, but **NO staff dispensing of medication.**
- ☐ ³Apartment or other unit where there are **staff dispensing and watching you take your medication.**
- ☐ ⁴Facility 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.
- ☐ ⁵Other (specify)
- ☐ ⁹ Don't know/refused

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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.

☐

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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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.

Thank you very much for answering these questions. I enjoyed talking to you.
