

HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Date Form Completed [] [] / [] [] / [] [] [] []	Staff ID # [] [] [] []
R2ID	R2ACROS	Month Day Year	R2STFID

YEAR 10 QUESTIONNAIRE

Type of annual contact: ¹⁶ Year 8 ²⁰ Year 10 **R2CONTAC**

Date of last regularly scheduled contact: [] [] / [] [] / [] [] [] [] **NOT COLLECTED**

Month Day Year

(Examiner Note: Refer to Data from Prior Visits Report. Please also record this date on the top of page 20.)

1. In general, how would you say your health is? Would you say it is. . .
(Examiner Note: Read response options.)
- 1 Excellent 5 Poor
 2 Very good 8 Don't know **R2HSTAT**
 3 Good 7 Refused
 4 Fair

2. Since we last spoke to you about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.
- R2BED12** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.
(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

[] [] [] days **R2BEDDAY**

3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

R2CUT12 ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

[] [] [] days **R2CUTDAY**



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R3ID	R3ACROS	R3CONTAC

MEDICAL STATUS

4. Since we last spoke to you about 6 months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?

R3MCNH 1 Yes 0 No 8 Don't know 7 Refused

5. Since we last spoke to you about 6 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?

R3MCVN 1 Yes 0 No 8 Don't know 7 Refused



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 ○ Year 8
		20 ○ Year 10
R4ID	R4ACROS	R4CONTAC

PHYSICAL FUNCTION

6. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
(Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Don't do.")

R4DWQMYN

1 Yes 0 No 8 Don't know 7 Refused 9 Don't do

↓

Go to Question #6d Go to Question #7

- a. How much difficulty do you have?
(Examiner Note: Read response options.)

R4DWQMDF

- 1 A little difficulty 2 Some difficulty 3 A lot of difficulty 4 Or are you unable to do it 8 Don't know

- b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?

(Examiner Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)

- | | |
|--|--|
| 1 <input type="radio"/> Arthritis | 12 <input type="radio"/> Hip fracture |
| 2 <input type="radio"/> Back pain | 13 <input type="radio"/> Injury |
| 3 <input type="radio"/> Balance problems/unsteadiness on feet | 14 <input type="radio"/> Joint pain
<i>(Please specify: _____)</i> |
| 4 <input type="radio"/> Cancer | 24 <input type="radio"/> Leg pain |
| 5 <input type="radio"/> Chest pain/discomfort | 15 <input type="radio"/> Lung disease
<i>(asthma, chronic bronchitis, emphysema, etc)</i> |
| 6 <input type="radio"/> Circulatory problems | 16 <input type="radio"/> Old age
<i>(no mention of a specific condition)</i> |
| 7 <input type="radio"/> Diabetes | 17 <input type="radio"/> Osteoporosis |
| 8 <input type="radio"/> Fatigue/tiredness (no specific disease) | 18 <input type="radio"/> Shortness of breath |
| 9 <input type="radio"/> Fall | 19 <input type="radio"/> Stroke |
| 23 <input type="radio"/> Foot/ankle pain | 20 <input type="radio"/> Other symptom
<i>(Please specify: _____)</i> |
| 10 <input type="radio"/> Heart disease
<i>(including angina, congestive heart failure, etc)</i> | 21 <input type="radio"/> Multiple conditions/symptoms
unable to determine MAIN reason |
| 11 <input type="radio"/> High blood pressure/hypertension | 22 <input type="radio"/> Don't know |

R4MNRS

- c. Do you have any difficulty walking across a small room?

- 1 Yes 0 No 8 Don't know 7 Refused **R4DWSMRM**

Go to Question #7



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R5ID	R5ACROS	R5CONTAG

PHYSICAL FUNCTION

6d. How easy is it for you to walk a quarter of a mile?
(Examiner Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/don't do

R5DWQMEZ

6e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

- 1 Yes
- 0 No
- 8 Don't know/don't do

→

→

→

R5DW1MYN

6f. How easy is it for you to walk one mile?
(Examiner Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/don't do

R5DW1MEZ



HABC Enrollment ID # H	Acrostic	Type of Annual Contact 16 O Year 8 20 O Year 10
R6ID	R6ACROS	R6CONTAC

PHYSICAL FUNCTION

7. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?
(Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Don't do.")

R6DW10YN Yes No Don't know Refused Don't do

↓ ↓ ↓ ↓ ↓

Go to Question #7c Go to Question #8

a. How much difficulty do you have?
(Examiner Note: Read response options.) **R6DIF**

1 A little difficulty 2 Some difficulty 3 A lot of difficulty 4 Or are you unable to do it 8 Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
(Examiner Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)

- | | | |
|---|---|----------------|
| 1 <input type="radio"/> Arthritis | 12 <input type="radio"/> Hip fracture | R6MNRS2 |
| 2 <input type="radio"/> Back pain | 13 <input type="radio"/> Injury | |
| 3 <input type="radio"/> Balance problems/unsteadiness on feet | 14 <input type="radio"/> Joint pain
<i>(Please specify: _____)</i> | |
| 4 <input type="radio"/> Cancer | 24 <input type="radio"/> Leg pain | |
| 5 <input type="radio"/> Chest pain/discomfort | 15 <input type="radio"/> Lung disease
<i>(asthma, chronic bronchitis, emphysema, etc)</i> | |
| 6 <input type="radio"/> Circulatory problems | 16 <input type="radio"/> Old age
<i>(no mention of a specific condition)</i> | |
| 7 <input type="radio"/> Diabetes | 17 <input type="radio"/> Osteoporosis | |
| 8 <input type="radio"/> Fatigue/tiredness (no specific disease) | 18 <input type="radio"/> Shortness of breath | |
| 9 <input type="radio"/> Fall | 19 <input type="radio"/> Stroke | |
| 23 <input type="radio"/> Foot/ankle pain | 20 <input type="radio"/> Other symptom
<i>(Please specify: _____)</i> | |
| 10 <input type="radio"/> Heart disease
<i>(including angina, congestive heart failure, etc)</i> | 21 <input type="radio"/> Multiple conditions/symptoms
unable to determine MAIN reason | |
| 11 <input type="radio"/> High blood pressure/hypertension | 22 <input type="radio"/> Don't know | |

↓

Go to Question #8



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R7ID	R7ACROS	R7CONTAC

PHYSICAL FUNCTION

7c. How easy is it for you to walk up 10 steps without resting?
(Examiner Note: Read response options.)

- 1** ○ Very easy
- 2** ○ Somewhat easy
- 3** ○ Or not that easy
- 8** ○ Don't know/don't do

R7DW10EZ

7d. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- 1** ○ Yes →
- 0** ○ No →
- 8** ○ Don't know/don't do →

R7DW20YN

7e. How easy is it for you to walk up 20 steps without resting?
(Examiner Note: Read response options.)

- 1** ○ Very easy
- 2** ○ Somewhat easy
- 3** ○ Or not that easy
- 8** ○ Don't know/don't do

R7DW20EZ



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R8ID	R8ACROS	R8CONTAG

PHYSICAL FUNCTION

8. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?

- R8EQUIP** Yes No Don't know Refused

9. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?

- R8DIOYN** Yes No Don't know Refused

Does someone usually help you get in and out of bed or chairs?

R8DIORHY Yes No Don't know

10. Do you have any difficulty bathing or showering?

- R8BATHYN** Yes No Don't know Refused

Does someone usually help you bathe or shower?

R8BATHRH Yes No Don't know

11. Do you have any difficulty dressing?

- R8DDYN** Yes No Don't know Refused

Does someone usually help you to dress?

R8DDRHYN Yes No Don't know

12. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?

- R8DIFSTA** Yes No Don't know Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

1 A little difficulty

2 Some difficulty

3 A lot of difficulty

4 Or are you unable to do it

8 Don't know

How easy is it for you to stand up from a chair without using your arms?
(Examiner Note: Read response options.)

1 Very easy

2 Somewhat easy

3 Or not that easy

8 Don't know

R8EZSTA

R8DSTAMT



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R9ID	R9ACROS	R9CONTAC

PHYSICAL FUNCTION

13. Do you have any difficulty stooping, crouching or kneeling?
(Examiner Note: "Difficulty" refers to difficulty getting down AND/OR getting back up.)

- R9DIFSCK** Yes No Don't know Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

R9DSCKAM 1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty
 4 Or are you unable to do it
 8 Don't know

14. Do you have any difficulty raising your arms up over your head?
R9DIFARM Yes No Don't know Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

R9DARMAM 1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty
 4 Or are you unable to do it
 8 Don't know

15. Do you have any difficulty using your fingers to grasp or handle?
R9DIFFN Yes No Don't know Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

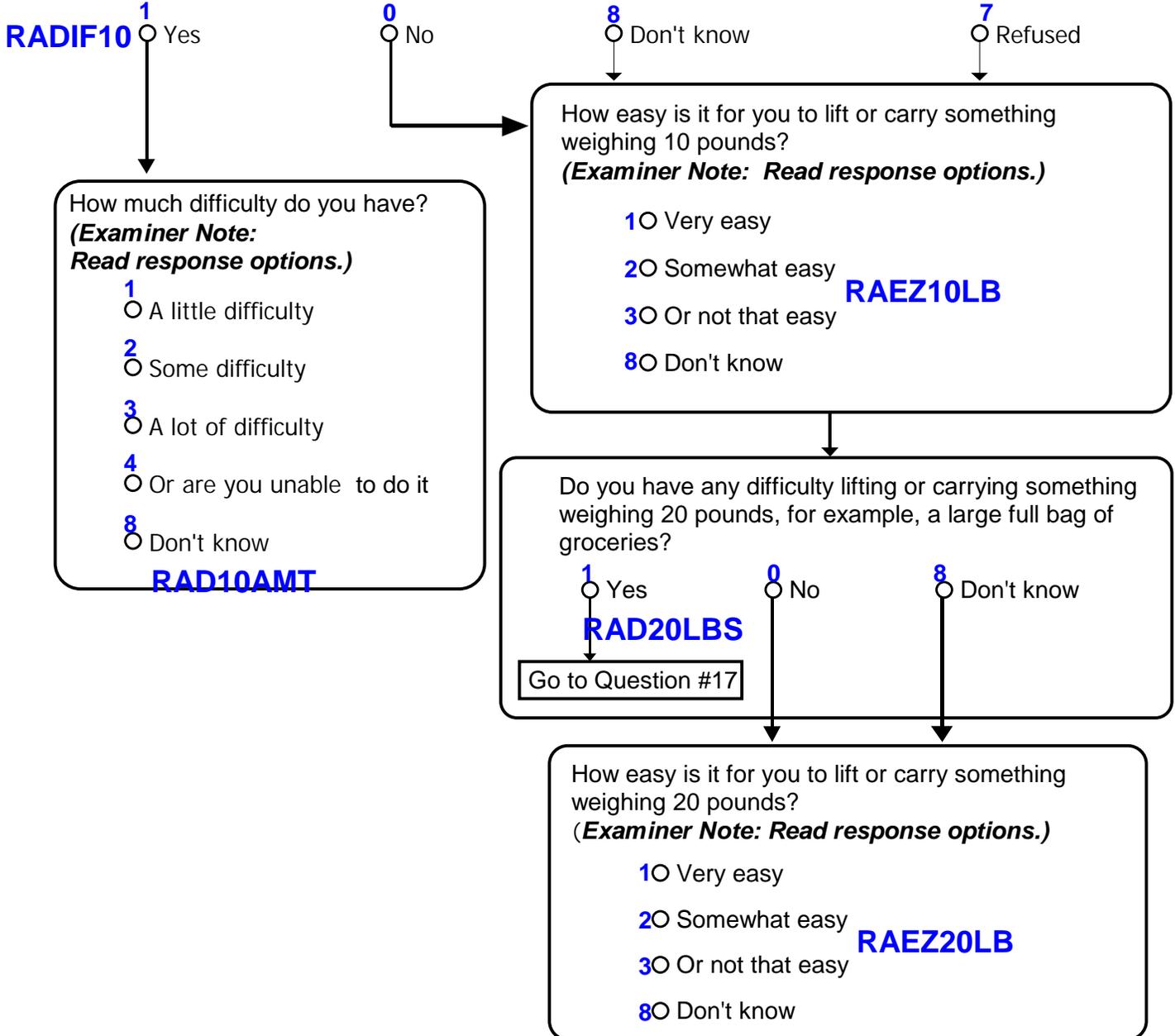
R9DIFNAM 1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty
 4 Or are you unable to do it
 8 Don't know



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		20 Year 10
RAID	RAACROS	RACONTAC

PHYSICAL FUNCTION

D 16. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?



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RBID	RBACROS	RBCONTAC

PHYSICAL ACTIVITY AND EXERCISE

17. Did you do heavy or major chores like scrubbing windows or walls, vacuuming, or cleaning gutters; home maintenance activities like painting; gardening or yardwork; or anything like these activities, at least 10 times, in the past 12 months?

RBHC12MO 1 0 8 7
 Yes No Don't know Refused

Go to Question #18

a. In the past 7 days, did you do heavy chores or home maintenance activities?

RBHC7DAY 1 0 8
 Yes No Don't know

Go to Question #18

b. About how much time did you spend doing heavy chores or home maintenance activities in the past 7 days (not counting rest periods)?
(Examiner Note: If less than 1 hour, record number of minutes.)

RBHCHRS [] [] [] [] RBHCMINS -1
 Hours Minutes Don't know

RBHCDK



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RCID	RCACROS	RCCONTAC

PHYSICAL ACTIVITY AND EXERCISE

18. Did you walk for exercise, or walk to work, the store, or church, or walk the dog, at least 10 times, in the past 12 months?

1 Yes 0 No 8 Don't know 7 Refused

RCEW12MO

Go to Question #19

In the past 7 days, did you go walking?

1 Yes 0 No **RCEW7DAY**

a. How many times did you go walking in the past 7 days?

RCEWTIME [] [] times **RCEWTMDK**
-1 Don't know

b. About how much time, on average, did you spend walking each time you walked (excluding rest periods)?
(Examiner Note: If less than 1 hour, record number of minutes.) **RCEWMIN**

RCEWHRS [] [] Hours [] [] Minutes Don't know
-1 **RCEWTDK**

c. When you walk, do you usually walk at a brisk pace (as fast as you can), a moderate pace, or at a leisurely stroll?

RCEWPACE
1 Brisk 2 Moderate 3 Stroll 8 Don't know

What is the main reason you did not go walking in the past 7 days?
(Examiner Note: OPTIONAL - Show card #1.)

- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest **RCEWREAS**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

19. Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months?

1 Yes 0 No 8 Don't know 7 Refused

RCFS12MO

Go to Question #20

a. In the past 7 days, did you walk up a flight of stairs?

1 Yes 0 No 8 Don't know

RCFS7DAY

Go to Question #20

b. About how many flights did you walk up in the past 7 days? If you are unsure, please make your best guess.

RCFSNUM [] [] [] flights Don't know **RCFSNUMD**
-1

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?

RCFSLOAD [] [] [] flights Don't know **RCFSLODK**
-1



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RDID	RDACROS	RDCONTAC

PHYSICAL ACTIVITY AND EXERCISE

20. Did you do any high intensity exercise, such as bicycling, swimming, jogging, racquet sports or using a stair-stepping, rowing or cross country ski machine or exercycle, at least 10 times, in the past 12 months?

RDHI12MO ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

Go to Question #21

In the past 7 days, did you do high intensity exercise?

RDHI7DAY ¹ Yes ⁰ No

a. What activity(ies) did you do?
(Examiner Note: OPTIONAL - Show card #2. Mark all that apply.)

- 1 Bicycling/exercycle **RDHIABE**
- 1 Swimming **RDHIASWM**
- 1 Jogging **RDHIAJOG**
- 1 Aerobics **RDHIAAER**
- 1 Stair-stepping **RDHIASS**
- 1 Racquet sports **RDHIARS**
- 1 Rowing machine **RDHIAROW**
- 1 Cross country ski machine **RDHIASKI**
- 1 Other *(Please specify):*
RDHIAOTH _____

b. In the past 7 days, about how much time did you spend doing *(first activity named by participant)?*
(Examiner Note: If less than 1 hour, record number of minutes.)

RDHIA1HR **RDHIA1MN** ⁻¹ Don't know **RDHIA1DK**

Hours Minutes

What is the main reason you have not done any high intensity exercise in the past 7 days?
(Examiner Note: OPTIONAL - Show card #3.)

- ¹ Bad weather
- ² Not enough time
- ³ Injury
- ⁴ Health problems
- ⁵ Lost interest **RDHINDEX**
- ⁶ Felt unsafe
- ⁷ Not necessary
- ⁸ Other
- ⁹ Don't know



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REID

REACROS

RECONTAC

PHYSICAL ACTIVITY AND EXERCISE

21. Did you do any moderate intensity exercise, such as golf, bowling, dancing, skating, bocce, table tennis, hunting, sailing or fishing, at least 10 times, in the past 12 months?

REMI12MO Yes No Don't know Refused

Go to Question #22

In the past 7 days, did you do moderate intensity exercise?
REMI7DAY Yes No

a. What activity(ies) did you do?
(Examiner Note: OPTIONAL - Show card #4. Mark all that apply.)

- 1 Golf REMIGOLF
- 1 Bowling REMIBOWL
- 1 Dancing REMIDANC
- 1 Skating REMISKAT
- 1 Bocce REMIBOCC
- 1 Table tennis REMITENN
- 1 Billiards/pool REMIPOOL
- 1 Hunting REMIHUNT
- 1 Sailing/boating REMIBOAT
- 1 Fishing REMIFISH
- 1 Other (Please specify):
REMIOT1 _____

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?
(Examiner Note: If less than 1 hour, record number of minutes.)

REMI1HR REMIA1DK Don't know
-1

REMI1MN

What is the main reason you have not done any moderate intensity exercise in the past 7 days?
(Examiner Note: OPTIONAL - Show card #5.)

- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest REMINDEX
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

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RFID

RFACROS

RFCONTAC

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

22. Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?

RFVWCURJ ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

23. Do you currently do any volunteer work?

RFVWCURV ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

24. Do you currently provide any regular care or assistance to a child or a disabled or sick adult?

RFVWCURA ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused



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RGID	RGACROS	RGCONTAC

APPETITE AND WEIGHT CHANGE

25. Now I have some questions about your appetite.

In general, would you say that your appetite or desire to eat has been. . . ?
(Examiner Note: Read response options.)

- 1 Very good
- 2 Good
- 3 Moderate
- 4 Poor **RGAPPET**
- 5 Very poor
- 8 Don't know
- 7 Refused

26. At the present time, are you trying to lose weight?

- RGTRYLS2** 1 Yes 0 No 8 Don't know 7 Refused

SMOKING HABITS

27. Do you currently smoke cigarettes?

- RGSMOKE** 1 Yes 0 No 8 Don't know 7 Refused

On average, about how many cigarettes a day do you smoke?

- RGSMOKAV** cigarettes per day -1 Don't know **RGFSNUMD**



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RHID	RHACROS	RHCONTAC

MEDICAL CONDITIONS

28. Now I'm going to ask you about some medical problems that you might have had in the past 12 months.

In the past 12 months, has a doctor told you that you had...?

Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.

- RHHCHBP** ¹○ Yes ⁰○ No ⁸○ Don't know ⁷○ Refused

29. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.

- RHSGDIAB** ¹○ Yes ⁰○ No ⁸○ Don't know ⁷○ Refused

30. In the past 12 months, have you fallen and landed on the floor or ground?

- RHAJFALL** ¹○ Yes ⁰○ No ⁸○ Don't know ⁷○ Refused

Go to Question #31

How many times have you fallen in the past 12 months?
If you are unsure, please make your best guess.

- ¹○ One
²○ Two or three
⁴○ Four or five **RHAJFNUM**
⁶○ Six or more
⁸○ Don't know

31. Are you troubled by shortness of breath when hurrying on a level surface or walking up a slight hill?

- RHLCSBUP** ¹○ Yes ⁰○ No ⁸○ Don't know ⁷○ Refused

32. Do you ever have to stop for breath when walking at your own pace on a level surface?

- RHLCSBLS** ¹○ Yes ⁰○ No ⁸○ Don't know ⁷○ Refused



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RIID

RIACROS

RICONTAC

MEDICAL CONDITIONS

33. Do you have to walk slower than people your own age when on a level surface because of breathlessness?

RILCSBWS Yes No Don't know Refused

34. During the past 12 months, were there times when you had a cough almost every morning?

RICOF Yes No Don't know Refused

How often did you have this morning cough?

(Examiner Note: The months do not have to be consecutive.)

A total of 3 or more months out of the past 12 months

Less than 3 months out of the past 12 months

Don't know

RICOFNUM

35. In the past 12 months, have you had wheezing or whistling in your chest at any time?

RIWHZ Yes No Don't know Refused

Did you require medicine or treatment for any of the times you had wheezing or whistling in your chest?

RIWHZMED Yes No Don't know

36. Has a doctor ever told you that you had asthma?

RILCASTH Yes No Don't know Refused

a. Do you still have asthma?

Yes No Don't know **RILCSHA**

b. Have you had an attack of asthma in the past 12 months?

Yes No Don't know **RILCAS12**



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RJID	RJACROS	RJCONTAC

MEDICAL CONDITIONS

37. In the past 12 months, have you gone to a doctor's office or hospital emergency room for asthma or breathing problems?

RJLCASHP 1 Yes 0 No 8 Don't know 7 Refused

38. Has a doctor ever told you that you had any of the following...?

a. Emphysema?

RJLCEMPH 1 Yes 0 No 8 Don't know 7 Refused

b. Chronic obstructive pulmonary disease or COPD?

RJLCCOPD 1 Yes 0 No 8 Don't know 7 Refused

c. Chronic bronchitis?

RJLCCHBR 1 Yes 0 No 8 Don't know 7 Refused

Do you still have chronic bronchitis?

1 Yes 0 No 8 Don't know

RJLCSHCB



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KDID

KDACROS

KDCONTAC

ASSESSMENT OF KNEE PAIN (LEFT KNEE)

38.3 Now, please think about the past 30 days. In the past 30 days, have you had any pain, aching or stiffness in your left knee?

1 Yes 0 No 8 Don't know 7 Refused **KDAJLK30**

a. In the past 30 days, have you had pain, aching or stiffness in your left knee on most days?

1 Yes 0 No 8 Don't know **KDAJLKMS**

b. In the past 30 days, how much pain have you had in your left knee for each activity I will describe. How much pain have you had while...?

(Examiner Note: Read each activity separately. Read response options. OPTIONAL-Show card #5a.)

	None	Mild	Moderate	Severe	Extreme	Don't know
a) Walking on a flat surface	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
b) Going up or down stairs	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
c) At night while in bed	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
d) Standing upright	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
e) Getting in or out of a chair	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
<i>(Examiner Note: A relatively hard, supportive chair)</i>						
f) Getting in or out of a car	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8



HABC Enrollment ID #	Acrostic	Type of Annual Contact
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10

KEID KEACROS KECONTAC

ASSESSMENT OF KNEE PAIN (RIGHT KNEE)

Now I am going to ask about your right knee.

38.4 In the past 12 months, have you had any pain, aching or stiffness in your right knee?

1 Yes 0 No 8 Don't know 7 Refused KEAJRK12

In the past 12 months, have you had pain, aching or stiffness in your right knee on most days for at least one month?

1 Yes 0 No 8 Don't know KEAJRK1M

38.5 Please think about the past 30 days. In the past 30 days, have you had any pain, aching or stiffness in your right knee?

1 Yes 0 No 8 Don't know 7 Refused KEAJRK30

a. In the past 30 days, have you had pain, aching or stiffness in your right knee on most days?

1 Yes 0 No 8 Don't know KEAJRKMS

b. In the past 30 days, how much pain have you had in your right knee for each activity I will describe. How much pain have you had while...?

Examiner Note: Read each activity separately. Read response options. OPTIONAL-Show card #5a.

	None	Mild	Moderate	Severe	Extreme	Don't know
a) Walking on a flat surface	<input type="radio"/>					
b) Going up or down stairs	<input type="radio"/>					
c) At night while in bed	<input type="radio"/>					
d) Standing upright	<input type="radio"/>					
e) Getting in or out of a chair <i>(Examiner Note: A relatively hard, supportive chair)</i>	<input type="radio"/>					
f) Getting in or out of a car	<input type="radio"/>					



HABC Enrollment ID # H [][][][][][]	Acrostic [][][][][]	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10
RKID	RKACROS	RKCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on [][] / [][] / [][][][]
Month / Day / Year

39. Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?
RKHCHAMI Yes No Don't know Refused

Were you hospitalized overnight for this problem?
RKHOSMI Yes No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. [][][][][] **RKREF39A**

b. [][][][][] **RKREF39B**

c. [][][][][] **RKREF39C**

Go to Question #40

40. Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure?
RKCHF Yes No Don't know Refused

Were you hospitalized overnight for this problem?
RKHOSMI3 Yes No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. [][][][][] **RKREF40A**

b. [][][][][] **RKREF40B**

c. [][][][][] **RKREF40C**

Go to Question #41



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> Year 8 <input checked="" type="radio"/> Year 10 16 20
RLID	RLACROS	RLCONTAG

MEDICAL CONDITIONS IN PAST 6 MONTHS

41. Since we last spoke to you about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

- RLHCCVA** Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RLHOSMI2 Yes

No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #42

- a. **RLREF41A**
- b. **RLREF41B**
- c. **RLREF41C**

42. Since we last spoke to you about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you.

- RLCHMGMT** Yes No Don't know Refused

Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

- a. **RLREF42A**
- b. **RLREF42B**
- c. **RLREF42C**



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10
RMID	RMACROS	RMCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

43. Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia?

- RMLCPNEU** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

- a. **RMREF43A**
- b. **RMREF43B**
- c. **RMREF43C**

44. Since we last spoke to you about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)?

- RMOSBR45** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

- a. **RMREF44A**
- b. **RMREF44B**
- c. **RMREF44C**



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> Year 8 <input checked="" type="radio"/> Year 10

RNID

RNACROS

RNCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

45. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?
RNHOSP12 Yes No Don't know Refused

Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.

a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45A Reason for hospitalization: _____	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45B Reason for hospitalization: _____	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45C Reason for hospitalization: _____
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45D Reason for hospitalization: _____	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45E Reason for hospitalization: _____	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45F Reason for hospitalization: _____

46. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?
RNOUTPA Yes No Don't know Refused

Was it for. . .?		Reference #
a. A procedure to open a blocked artery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF46A
b. Gall bladder surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNBLART
c. Cataract surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNGALLBL
d. TURP (MEN ONLY) (transurethral resection of prostate)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNCATAR
		RNTURP

HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10
ROID	ROACROS	ROCONTAC

MEDICAL CONDITIONS AND FATIGUE

47. Is there any other illness or condition for which you see a doctor or other health care professional?

ROOTILL ¹
 Yes ⁰
 No ⁸
 Don't know ⁷
 Refused

Go to Question #48

48. Using this card, please describe your usual energy level in the past month, where 0 is no energy and 10 is the most energy that you have ever had.

(Examiner Note: REQUIRED - Show card #6.)

ROELEV Energy level ⁸
 Don't know ⁷
 Refused

ROELEVRF



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10

RPID

RPACROS

RPCONTAC

EYESIGHT AND DRIVING

Now I would like to ask you some questions about your eyesight.

49. At the present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?
(Examiner Note: OPTIONAL - Show card #7.)

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor
- 6 Completely blind
- 8 Don't know
- 7 Refused

RPESQUAL

50. Now, I'd like to ask about driving a car. Are you currently driving, at least once in a while?

- ¹ Yes ⁰ No, I never drove
- ² No, I am no longer driving ⁸ Don't know ⁷ Refused

RPESCAR

a. When did you stop driving?

- ¹ Less than 6 months ago
- ² 6-12 months ago
- ³ More than 12 months ago
- ⁸ Don't know

b. Did you stop driving because of your eyesight?

- ¹ Yes ⁰ No ⁸ Don't know

RPESSTOP

RPESSITE



H				
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RQID

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RQACROS

16 Year 8 20 Year 10

RQCONTAC

ACTIVITY ASSESSMENT

51. Script: "For each of the following activities, please tell me how often you did them in the past 12 months: **(REQUIRED: Show card #8).** Not at all (0), Once or twice only (1), Less than once a month (2), At least monthly (3), Less than once a week (4), At least every week (5), Several times a week (6), or Daily (7). You can just say the number next to your choice if you want."

(Examiner Note: If the activity is sporadic (e.g., several days in a row, a few times a year) and the participant cannot choose a response, choose at least monthly as the response.)

Activity	Frequency									
	Not at all	Once or twice only	Less than once a month (3-11 times per year)	At least monthly	Less than once a week	At least every week	Several times a week	Daily	Don't know	Refused
a. Do a crossword or other word or jigsaw puzzle. RQAA01N	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
b. Read a newspaper or magazine article. RQAA03	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
c. Read a novel or non-fiction book, such as a biography. RQAA04N	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
d. Play board games, bingo, bridge, or other card games. RQAA06	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
e. Use a computer. RQAA07	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
f. Write a letter, e-mail, article, poem, or story. RQAA11	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
g. Travel 100 miles or more from your home. RQAA12	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
h. Do handcrafts, sewing, needlework, carpentry, wood working, model building, art projects, sketching or drawing, photography, or painting. RQAA13N	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
i. Go out to a movie; attend a concert, the theater, or a sports event; or visit a museum, zoo, aquarium, or science center. RQAA16N	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
j. Take a class or adult education course. RQAA20	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
k. Attend a lecture, discussion or public meeting. RQAA21	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref
l. Participate in church, community, or social club activities (in addition to any mentioned above). RQAA22	0 ○ 0	1 ○ 1	2 ○ 2	3 ○ 3	4 ○ 4	5 ○ 5	6 ○ 6	7 ○ 7	8 ○ DK	9 ○ Ref



RRACROS

RRCONTAC

FEELINGS DURING THE PAST WEEK (CES-D)

52. Now I have some questions about your feelings during the past week. For each of the following statements, please tell me if you felt that way: Rarely or None of the time; Some of the time; Much of the time; Most or All of the time. **(Examiner Note: REQUIRED - Show card #9.)**

	Rarely or None of the time (<1 day)	Some of the time (1-2 days)	Much of the time (3-4 days)	Most or All of the time	Don't know	Refused
a. I was bothered by things that usually don't bother me. RRFBOTHR	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
b. I did not feel like eating; my appetite was poor. RRFEAT	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
c. I felt that I could not shake off the blues even with help from my family and friends. RRFBLUES	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
d. I felt that I was just as good as other people. RRFGOOD	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
e. I had trouble keeping my mind on what I was doing. RRFMIND	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
f. I felt depressed. RRFDOWN	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
g. I felt that everything I did was an effort. RRFEFFRT	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
h. I felt hopeful about the future. RRFHOPE	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
i. I thought my life had been a failure. RRFFAIL	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
j. I felt fearful. RRFFEAR	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
k. My sleep was restless. RRFSLEEP	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
l. I was happy. RRFHAPPY	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
m. I talked less than usual. RRFTALK	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
n. I felt lonely. RRFLONE	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
o. People were unfriendly. RRFUNFR	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
p. I enjoyed life. RRFENJOY	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
q. I had crying spells. RRFCRY	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
r. I felt sad. RRFSAD	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
s. I felt that people disliked me. RRFDISME	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○
t. I could not get going. RRFNOGO	1 ○	2 ○	3 ○	4 ○	8 ○	7 ○



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RUID	RUACROS	RUCONTAC

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

53. What is your marital status? Are you...?
(*Examiner Note: Read response options.*)

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated **RUMARSTA**
- 5 Never married
- 8 Don't know
- 7 Refused

54. Beside yourself, how many other people live in your household?

- 1 Participant lives alone
 - RUSSOPIH** Other people in household
 - 8 Don't know
 - 7 Refused **RUSSOPRF**
-



HABC Enrollment ID #	Acrostic	Type of Annual Contact
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RVID	RVACROS	RVCONTAC

SOCIAL NETWORK AND SUPPORT

55. In a typical week, how often do you get together with friends or neighbors? Would you say...
(Examiner Note: Read response options. REQUIRED - Show card #10.)

- 1** ○ At least once a day
- 2** ○ 4 to 6 times per week
- 3** ○ 2 to 3 times per week
- 4** ○ 1 time per week **RVSSFRNE**
- 5** ○ Less than once per week
- 8** ○ Don't know
- 7** ○ Refused

56. In a typical week, how often do you get together with your children or other relatives?
 Would you say...
(Examiner Note: Read response options. REQUIRED - Show card #10.)

- 1** ○ At least once a day
- 2** ○ 4 to 6 times per week
- 3** ○ 2 to 3 times per week
- 4** ○ 1 time per week **RVSSCHRE**
- 5** ○ Less than once per week
- 8** ○ Don't know
- 7** ○ Refused



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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10

RWID RWACROS
HEALTH CARE/INSURANCE

RWCONTAC

57. Where do you usually go for health care or advice about health care?
(Examiner Note: Read response options. Mark only ONE answer.)

- 1** Private doctor's office (individual or group practice)
- 2** Public clinic such as a neighborhood health center
- 3** Health Maintenance Organization (HMO) *(Please specify: _____)*
(Examples: Health Maintenance Organization (e.g., Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring))
- 4** Hospital outpatient clinic
- 5** Emergency room
- 6** Other *(Please specify: _____)*

RWHCSRC

Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.

58. Do you have a health insurance plan or other supplemental coverage which pays for a visit to a doctor?

- Yes ⁰
 No ⁸
 Don't know ⁷
 Refused **RWHCHI**

What type of health insurance do you have?

(Examiner Note: Please record all types below. If participant is unsure whether they have Part B Medicare, ask if you may look at their Medicare card.)

- RWHCHI01**⁻¹ Part B Medicare
- RWHCHI02**⁻¹ Medicaid/public medical assistance (e.g., Family Care Network; Health Choices; Health Pass, Tenn Care) *(Please specify: _____)*
- RWHCHI03**⁻¹ Health Maintenance Organization (e.g., Keystone; Cigna; UPMC Health Plan; Aetna; HealthAmerica, HealthSpring) *(Please specify: _____)*
- RWHCHI04**⁻¹ Medi-Gap
- RWHCHI05**⁻¹ Private insurance *(Please specify: _____)*
- RWHCHI06**⁻¹ Other *(Please specify: _____)*



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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> Year 8 <input checked="" type="radio"/> Year 10 RXGONTAC
RXID	RXACROS	

CURRENT ADDRESS AND TELEPHONE NUMBER

59. We would like to update all of your contact information this year. The address that we currently have listed for you is:

(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

RXADDYN Yes No

Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.

60. The telephone number(s) that we currently have for you is (are):

(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)

Please tell me if these telephone number(s) are correct.

Are the telephone number(s) that we currently have correct?

Yes No **NOT COLLECTED**

Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.

61. Do you expect to move or have a different address in the next 6 months?

RXSSESPY Yes No Don't know Refused

Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
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RYID RYACROS
CONTACT INFORMATION

RYCONTAC

62. 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 for yourself. Please tell me if the information I have is still correct.
(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for someone who could provide information and answer questions for the participant is correct.)

Is the contact information for someone who could provide information and answer questions for the participant correct?

RYCIYN ¹ Yes ⁰ No

↓ ↓

Go to Question #63 ↓

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number on the HABC Participant Contact Information report. Please determine whether this person is next of kin or has power of attorney.

63. Has the participant identified their next of kin?
(Examiner Note: Refer to the HABC Participant Contact Information report.)

RYKNOK ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

↓ ↓ ↓ ↓

Go to Question #64 Go to Question #65

Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for the next of kin is correct.

You previously told us the name and address of your next of kin. Please tell me if the information I have is still correct.

Is the name and address of the next of kin correct?

RYKYN ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

↓ ↓ ↓ ↓

Go to Question #65 Go to Question #65

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.

Go to Question #65



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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10

RZID RZACROS
CONTACT INFORMATION

RZGONTAC

64. Please tell me the name, address, and telephone number of your next of kin.
How is this person related to you?

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.

65. Has the participant identified their power of attorney?
(**Examiner Note: Refer to the HABC Participant Contact Information report.**)

RZPPOA ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

Go to Question #66
Go to Question #67

Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for the power of attorney is correct.

You previously told us the name and address of your power of attorney. Please tell me if the information I have is still correct.

Is the name and address of the power of attorney correct?

RZPAYN ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

Go to Question #67
Go to Question #67

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.

Go to Question #67

66. Have you given anyone power of attorney?

RZP2YN ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

Examiner Note: Please record the name, street address, city, state, zip code, telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		¹⁶ Year 8 ²⁰ Year 10

S1ID S1ACROS
CONTACT INFORMATION

S1CONTAC

67. You previously told us the name, address, and telephone number of two friends, relatives, or a clergy person who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. These people did not have to be local people. Please tell me if the information I have is still correct.
(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for two, friends, relatives, or a clergy person who do not live with the participant is correct.)

Is the contact information for the two close friends or relatives who do not live with the participant and who would know how to reach the participant in case they move correct?

S1C1YN Yes ¹ No ⁰

↓

Go to Question #68

↓

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number on the HABC Participant Contact Information report. Please determine whether this person is next of kin or has power of attorney.

Examiner Note: Please answer the following question based on your judgment of the participant's responses to this questionnaire.

68. On the whole, how reliable do you think the participant's responses to this questionnaire are?
- ¹ Very reliable
 - ² Fairly reliable
 - ³ Not very reliable
 - ⁸ Don't know
- S1RELY**



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> 16 <input type="radio"/> Year 8 <input checked="" type="radio"/> 20 <input type="radio"/> Year 10	<input type="text"/> <input type="text"/> <input type="text"/>

Page of

MEDICATION INVENTORY FORM

Record the name of the prescription medicine, duration of use, formulation code, whether the participant is still using the medication, and frequency of use.

(Examiner Note: **REQUIRED. Show card #11.**)

5. Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

6. Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

7. Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

8. Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

9. Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

Formulation Codes:

1=oral tablet or capsule; 2=oral liquid; 3=topical liquid, lotion, or ointment; 4=ophthalmic; 5=rectal or vaginal; 6=inhaled; 7=injecte;d; 8=transdermal patch; 9=powder; 10=nasal



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

S4ID

S4ACROS

S4CONTAC

STANDING HEIGHT

Examiner Note: Measure participant's height without shoes. Use the required breathing technique during each measurement. For all repeat measurements, have the participant step away from the stadiometer, then step back into the measurement position.

1. Was the participant standing sideways due to kyphosis at the baseline [Year 1] clinic visit?
(Examiner Note: Refer to Data from Prior Visits Report. If possible, use the same position that was used at the baseline clinic visit.)

Yes No Don't know **S4Y1KYP**

2. Is the participant standing sideways due to kyphosis during today's height measurement?

Yes No **S4KYP**

3. Measurement 1 mm **S4SH1**

4. Measurement 2 mm **S4SH2**

5. Difference between Measurement 1 & Measurement 2 mm **S4SHDF**

6. Is the difference between Measurement 1 and Measurement 2 greater than 3 mm?

Yes No **S4SHDF3**

Complete Measurement 3 and Measurement 4 below.

Go to Weight.

7. Measurement 3 mm **S4SH3**

8. Measurement 4 mm **S4SH4**

Staff ID#:

S4STFID

WEIGHT

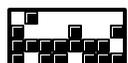
Examiner Note: Weight is measured without shoes, heavy jewelry, or wallets, and in standard clinic gown.

1. Measurement 1 . kg **S4WTK**

2. Measurement 2 . kg **S4WTK2**

Staff ID#

S4STFID2



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 20 <input type="radio"/> Year 8 <input type="radio"/> Year 10	<input type="text"/> <input type="text"/> <input type="text"/>
S5ID	S5ACROS	S5CONTAC	S5STFID

RADIAL PULSE

Measurement 1 beats per 30 seconds **S5PLSSM1**

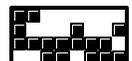
+

Measurement 2 beats per 30 seconds **S5PLSSM2**



= beats per minute **S5PLSAV**

(Examiner Note: Record radial pulse (beats per minute) on Long Distance Corridor Walk Eligibility Assessment Form, page 64, Question #3.)



HABC Enrollment ID # <input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of Annual Contact <input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10	Staff ID# <input type="text"/> <input type="text"/> <input type="text"/>
S6ID	S6ACROS	S6CONTAC	S6STFID

BLOOD PRESSURE

1. Cuff Size 4 Small 1 Regular 2 Large 3 Thigh **S6OCUF**

2. Arm Used 1 Right 2 Left **S6ARMRL**
 (Examiner Note: Use arm listed on Data from Prior Visits Report.)

Please explain why right arm was not used:

Pulse Obliteration Level

3. Palpated Systolic **S6POPS** mm Hg * Add +30 to Palpated Systolic to obtain Maximal Inflation Level.
 + Add 30*

4. Maximal Inflation Level (MIL) **S6POMX** mm Hg + If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.

5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes No **S6BPYN**

Blood Pressure (Seated)

6. Systolic **S6SYS** mm Hg *Comments (required for missing or unusual values):* _____
 7. Diastolic **S6DIA** mm Hg _____

HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
H [] [] [] []	[] [] [] []	<input type="radio"/> 16 Year 8 <input type="radio"/> 20 Year 10	[] [] []

S7ID

S7ACROS

S7CONTAC

S7STFID

GRIP STRENGTH

(Hand-Held Dynamometry)

1. Have you had any surgery on your hands or wrists in the past 3 months?

1 Yes
 0 No
 8 Don't know
 7 Refused
 S7WRST1

Which hand?		
<input type="radio"/> 1 Right ↓ Do NOT test right.	<input type="radio"/> 2 Left ↓ Do NOT test left.	<input type="radio"/> 3 Both right and left ↓ Do NOT test either hand. Go to Questions #4 and #5 on next page and mark "Unable to test/exclusion/didn't understand."

2. Has any pain or arthritis in your right hand gotten worse recently?

1 Yes
 0 No
 8 Don't know
 7 Refused
 S7ARWRSR

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 8 Don't know S7PSQ1

3. Has any pain or arthritis in your left hand gotten worse recently?

1 Yes
 0 No
 8 Don't know
 7 Refused
 S7ARWRSL

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 8 Don't know S7PSQ2



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10

S8ID
S8ACROS
S8CONTAC

GRIP STRENGTH (Hand-Held Dynamometry)

Script: "I'd like you to take your right/left arm, rest it on the table, and bend your elbow. Grip the two bars in your hand, like this. Please slowly squeeze the bars as hard as you can."

Examiner Note: *Hand the dynamometer to the participant. Adjust if needed.*

Script: "Now try it once just to get the feel of it. For this practice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Examiner Note: *Show dial to participant.*

Script: "We'll do this two times. This time it counts, so when I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

4. Right Hand -1 Unable to test/exclusion/didn't understand **S8NOTST**

S8RTR1 Trial 1 kg 7 Refused 9 Unable to complete **S8RRUC1**

Examiner Note: *Wait 15-20 seconds before second trial.*

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8RTR2 Trial 2 kg 7 Refused 9 Unable to complete **S8RRUC2**

Repeat the procedure on the left side.

5. Left Hand -1 Unable to test/exclusion/didn't understand **S8LNTST**

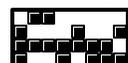
Script: "Now we'll test your left side. When I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR1 Trial 1 kg 7 Refused 9 Unable to complete **S8LRUC1**

Examiner Note: *Wait 15-20 seconds before second trial.*

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR2 Trial 2 kg 7 Refused 9 Unable to complete **S8LRUC2**



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Date Scan Completed [] [] / [] [] / 2 0 0 [] Month Day Year	Staff ID # [] [] [] []
S9ID	S9ACROS	S9DATE	S9STFID

Type of Annual Contact: Year 8 Year 10 **S9CONTAC**

BONE DENSITY (DXA) SCAN

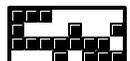
1. Do you have breast implants?
 Yes No Don't know Refused **S9BI**

◆ Flag scan for review by DXA Reading Center.
 ◆ Indicate in the table in Question #2 whether breast implant is in "Left ribs" or "Right ribs" subregion, or both.

2. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?
 Yes No Don't know Refused **S9MO**

- a. Flag scan for review by DXA Reading Center.
 b. Indicate in the table the location of joint replacement, hardware or other artifacts (sub-regions are those defined by the whole body scan analysis).

Sub-region	Hardware	Other Artifacts	None
Head	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9HEAD
Left arm	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LA
Right arm	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RA
Left ribs	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LR
Right ribs	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RR
Thoracic spine	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9TS
Lumbar spine	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LS
Pelvis	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9PEL
Left leg	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LL
Right leg	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RL



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 20
		<input type="radio"/> Year 8 <input type="radio"/> Year 10

SAID

SAACROS

SACONTAC

BONE DENSITY (DXA) SCAN

3. Have you had any of the following tests within the past ten days?

	Yes	No	Don't know	Refused
a. Barium enema	SABE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
b. Upper GI X-ray series	SAUGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
c. Lower GI X-ray series	SALGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
d. Nuclear medicine scan	SANUKE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
e. Other tests using contrast ("dye") or radioactive materials	<input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7 SAOTH2

(Examiner Note: If "Yes" to any, reschedule bone density measurement so that at least 10 days will have passed since the tests were performed.)

4. Have you ever had hip replacement surgery where all or part of your joint was replaced?

SAHIPRP 1 Yes 0 No 8 Don't know 7 Refused

On which side did you have hip replacement surgery?

1 Right 2 Left 3 Both **SAHIPRP2**

Do NOT scan right hip.

Do NOT scan left hip.

Do NOT scan either hip. Go to Question #6 on the next page.

5. Which hip was scanned at the Baseline (Year 1) Clinic Visit?

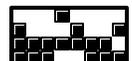
(Examiner Note: Refer to Data from Prior Visits Report to see which hip was scanned at Baseline.)

SAHIPY1 1 Right 2 Left 3 Neither 8 Don't know

Scan right hip unless contraindicated.

Scan left hip unless contraindicated.

Scan right hip unless contraindicated.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H [] [] [] [] []	[] [] [] [] []	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10
SBID	SBACROS	SBCONTAC

BONE DENSITY (DXA) SCAN

6. Was a bone density measurement obtained for...?

a. Whole body

¹
 Yes ⁰
 No **SBWB**

Last 2 characters of scan ID #: [] [] **SBSCAN1**

Date of scan: [] [] / [] [] / [] [] [] [] **SBSCDTE1**

Month Day Year

b. Hip

¹
 Yes ⁰
 No **SBHIP**

Last 2 characters of scan ID #: [] [] **SBSCAN2**

Date of scan: [] [] / [] [] / [] [] [] [] **SBSCDTE2**

Month Day Year

HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] [] []
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ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

SCID

SCACROS

SCCONTAC

SCSTFID

Exclusion Criteria

- Is the participant's blood pressure greater than 199 mm Hg (systolic) or greater than 109 mm Hg (diastolic)?

(Examiner Note: Refer to Blood Pressure Form, page 39.)

Yes No Don't know **SCBP2**

Do NOT test. Go to Question #11.

- Script: "First I need to ask you a few questions to see if you should try this test."

Has a doctor ever told you that you had an aneurysm in the brain?

Yes No Don't know Refused **SCANEU**

Do NOT test. Go to Question #11.

- Has a doctor told you that you had a cerebral hemorrhage (bleeding in the brain) in the last six months?

Yes No Don't know Refused **SCCERHEM**

Do NOT test. Go to Question #11.

- Have you ever had knee surgery on either leg where all or part of the joint was replaced?

Yes No Don't know Refused **SCKNRP**

Which leg?		
<input type="radio"/> Right leg	<input type="radio"/> Left leg	<input type="radio"/> Both legs SCKRLB1
Do NOT test right leg.	Do NOT test left leg.	Do NOT test either leg. Go to Question #11.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

SDID

SDACROS

SDCONTAC

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

5. During the Kin-Com exam, which leg was tested at the Year 8 clinic visit?

(Examiner Note: Refer to the Data from Prior Visits Report to see which leg was tested at Year 8.)

1 Right leg
2 Left leg
0 Test not performed at Year 6 clinic visit

SDKCLY6

Test right leg unless contraindicated.

Test left leg unless contraindicated.

Which leg was tested at the baseline (Year 1) clinic visit?
(Examiner Note: Refer to the Data from Prior Visits Report.)

1 Right leg
2 Left leg
3 Neither

SDKCY1

Test right leg unless contraindicated.

Test left leg unless contraindicated.

Which hip was scanned during the baseline (Year 1) clinic visit?
(Examiner Note: Refer to Data from Prior Visits Report.)

1 Right hip
2 Left hip
3 Neither

SDKCY1HP

Test right leg unless contraindicated.

Test left leg unless contraindicated.

Test right leg unless contraindicated.

6. Have you ever had an injury that has made one leg weaker than the other?

(Examiner Note: Do not change leg tested based on this question.)

1 Yes
0 No
8 Don't know
7 Refused

SDINYN

Which leg is stronger?

1 Right leg
2 Left leg
8 Don't know

SDWKR

7. Is it difficult for you to bend or straighten either of your knees fully due to pain, arthritis, injury, or some other condition?

(Examiner Note: Do not change leg tested based on this question. First try the Manual Test to determine if Kin-Com exam can be performed.)

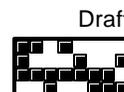
1 Yes
0 No
8 Don't know
7 Refused

SDKNEE

Which knee?

1 Right knee
2 Left knee
3 Both knees

SDKRLB2



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10

SEID

SEACROS

SECONTAC

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Manual Test

8. Which leg was tested?
 1 Right leg

2 Left leg

3 Manual Test not performed **SERL2**

Please explain why:

Examiner Note: Put hands above the participant's ankle and ask the participant to press against your hands. Keep your elbows extended and use the weight of your upper body to resist the push.

After having tried the movement, the participant should be asked:

9. Did you have pain in your knee that stopped you from pushing hard?

1 Yes

0 No **SEKNPN**

Check page 45, Question #4 to see if other leg can be tested.

Perform Kin-Com exam. Go to next page.

a. Can other side be tested?

1 Yes

0 No **SECANMS**

Do Manual Test on other side.

Do NOT test. Go to Question #11.

After having tried the movement, the participant should be asked:

b. Did you have pain in your knee that stopped you from pushing hard?

1 Yes

0 No **SEKNPN2**

Do NOT test. Go to Question #11.

Test this leg.

HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of Annual Contact <input checked="" type="radio"/> Year 8 <input type="radio"/> Year 10
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SFID

SFACROS

SFCONTAC

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Manual Positioning Settings

10. **Examiner Note: Refer to the Data from Prior Visits Report for dynamometer settings used at the Year 6 clinic visit. Position dynamometer exactly as before, unless a change in leg tested requires a change in settings. Enter Visit 6 settings below.**

- a. Dynamometer tilt ° **SFDTLT**
- b. Dynamometer rotation ° **SFDRROT**
- c. Lever arm green C stop **SFLEVGR**
- d. Lever arm red D stop **SFLEVRD**
- e. Seat rotation ° **SFSTROT**
- f. Seat back angle ° **SFSTBK**
- g. Seat bottom depth cm **SFSTBOT**
- h. Seat bottom angle ° **SFSTBOTA**
- i. Lever arm length cm **SFLENGTH**
- j. Maximum isometric effort to determine starting force ÷ 2 = → **Enter as Start Forward Force**

SFMAXFC

SFSTFOR

Kin Com Test

11. Which leg was tested?

- 1 Right
- 2 Left
- 3 Neither; test not done **SFRL3**

1. How many trials were attempted?
 trials **SFTRAT**

2. Were three curves accepted?
 Yes No **SFCURV**

a. Why not?

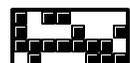
b. How many curves were accepted?
 accepted **SFTRAC**

3. Peak Torque
 Nm **SFPKTORQ**

4. Average Torque
 Nm **SFAVATORQ**

Why wasn't the test done?
(Examiner Note: Mark all that apply.)

- 1 Participant excluded based on eligibility criteria **SFEEC**
- 1 Participant refused **SFKPRF**
- 1 Other **(Please specify: SFOTEX** _____)



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
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SGID

SGACROS

SGCONTAC

SGSTFID

PULMONARY FUNCTION TEST TRACKING

1. Is the participant's systolic blood pressure greater than 199 mm Hg or diastolic blood pressure greater than 109 mm Hg?

Examiner Note: Check blood pressure recorded on page #39.)

Yes No **8** **SGBPCHK**

Do NOT test. Go to Question #9.

2. Have you had any surgery on your chest or abdomen in the past 2 months?

Yes No Don't know Refused **7** **SGSURG**

Do NOT test. Go to Question #9.

3. Have you had a heart attack in the past 2 months?

Yes No Don't know Refused **7** **SGHA**

Do NOT test. Go to Question #9.

4. Now please think about the past 30 days. Have you been hospitalized for any other heart problem in the past 30 days?

Yes No Don't know Refused **7** **SGHOSP**

Do NOT test. Go to Question #9.

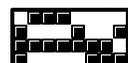
5. Do you have a detached retina or have you had eye surgery in the past 2 months?

Yes No Don't know Refused **7** **SGRET**

Do NOT test. Go to Question #9.

6. Have you had symptoms of a cold or respiratory infection within the past 2 weeks?

Yes No Don't know Refused **7** **SGRESP**



HABC Enrollment ID #	SHAGROS Acoustic	Type of Annual Contact
SHID H		<input type="radio"/> 16 Year 8 <input type="radio"/> 20 Year 10

PULMONARY FUNCTION TEST TRACKING

7. Does the participant regularly use beta-agonist inhalers, an anticholinergic inhaler (Atrovent, Spiriva), or a combination inhaler/nebulizer (Combivent, Advair, DuoNeb)?

Examiner Note: Check Medication Inventory Form or sack of medications being carried by participant. Common beta-agonist inhalers include: Short acting: Albuterol, Brethair, Maxair Autohaler, Proventil, Tornalate, Ventolin, Alupent, Xopenix. Long acting: Serevent, Foradil. Anticholinergic inhaler: Atrovent, Spiriva. Combination inhaler/nebulizer: Combivent, Advair, DuoNeb.

1 Yes
 0 No
 8 Don't know

Has the participant used their . . .

- ◆ Short-acting beta agonist (e.g., Albuterol, Brethair, Maxair Autohaler, Proventil, Tornalate, Ventolin, Alupent, Xopenix, DuoNeb), in the last 4 hours,
- ◆ Atrovent or Combivent in the last 6 hours,
- ◆ Serevent, Advair, or Foradil in the last 10 hours, or
- ◆ Spiriva in the last 24 hours?

(Examiner Note: If a participant has used Atrovent, Spiriva, Combivent, Advair, Foradil, or Serevent within the prescribed time period, they should NOT be asked to use their short-acting bronchodilator.)

1 Yes
 0 No
 8 Don't know

Administer PFT and go to Question # 8.

If the participant has their short-acting bronchodilator with them, ask them to take two puffs and wait 15 minutes before performing the test. If they do not have their short-acting bronchodilator with them, proceed with the test.

Administer PFT and go to Question # 8.

8. What equipment is being used for the pulmonary function test?

1 Table-top spirometer
 2 Hand-held (EasyOne) spirometer

9. Was the spirometry test completed?

1 Yes
 0 No

Record the results:

SHFVCBST
 FVC Best value: [] . [] [] liters
SHFVCPR
 FVC Percent predicted: [] [] [] . [] percent
SHFEVBST
 FEV₁ Best value: [] . [] [] liters
SHFEVPR
 FEV₁ Percent predicted: [] [] [] . [] percent
SHFEVPR2
 FEV₁/FVC%: [] [] [] . [] percent

Why wasn't the spirometry test completed?

(Examiner Note: Mark all that apply.)

- 1 Equipment failure **SHPFTEQ**
- 1 Participant unable to understand instructions **SHPFTEU**
- 1 Participant medically excluded **SHPFTEM**
- 1 Participant physically unable to cooperate **SHPFTEC**
- 1 Participant refused **SHPFTRF**
- 1 Other **(Please specify:)**
SHPFOT



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
SIID	SIACROS	SICONTAC	SISTFID

CHAIR STANDS

SINGLE CHAIR STAND

Describe: "This is a test of strength in your legs where you stand up without using your arms."

Demonstrate and say: "Fold your arms across your chest, like this, and stand when I say GO, keeping your arms in this position. OK?"

Test: "Ready, Go!"

- | | | | |
|--|--------------|---|------------------------------------|
| 7 <input type="radio"/> Participant refused | SISCS | → | Go to Standing Balance on page 52. |
| 9 <input type="radio"/> Not attempted, unable | | → | Go to Standing Balance on page 52. |
| 0 <input type="radio"/> Attempted, unable to stand | | → | Go to Standing Balance on page 52. |
| 1 <input type="radio"/> Rises using arms | | → | Go to Standing Balance on page 52. |
| 2 <input type="radio"/> Stands without using arms | | → | Go to Repeated Chair Stands below. |

REPEATED CHAIR STANDS

Describe: "This time, I want you to stand up five times as quickly as you can keeping your arms folded across your chest."

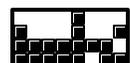
Demonstrate and say: "When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time. I'll demonstrate two chair stands to show you how it's done."

Examiner Note: Rise two times as quickly as you can, counting as you sit down each time.

Test: "When I say 'Go' stand up five times in a row, as quickly as you can, without stopping. Stand up all the way, and sit all the way down each time. Ready, Go!"

Examiner Note: Start timing as soon as you say "Go." Count: "1, 2, 3, 4, 5" as the participant sits down each time.

- | | | |
|---|--------------|---|
| 7 <input type="radio"/> Participant refused | SIRCS | |
| 9 <input type="radio"/> Not attempted, unable | | |
| 1 <input type="radio"/> Attempted, unable to complete 5 stands without using arms | → | [] SICOMP Number completed without using arms |
| 2 <input type="radio"/> Completes 5 stands without using arms | → | [] [] . [] [] Seconds to complete SISEC |



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
H [] [] [] []	SJACROS	16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	[] [] []

STANDING BALANCE

INTRODUCTION: "I'm going to ask you to stand in several different positions that test your balance. I'll demonstrate each position and then ask you to try to stand in each position for 30 seconds. I'll be near you to provide support, and the wall is close enough to prevent you from falling if you lose your balance. Do you have any questions?"

SEMI-TANDEM STAND

Describe: "First I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 30 seconds. Please watch while I demonstrate."

Demonstrate and say: "You may put either foot in front, whichever is more comfortable. You can use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step like this."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Examiner Note: Start timing when the participant lets go. If the participant does not hold onto your arm, start timing when they are in position.

- Participant refused → Go to Balance Walks on page 53a.
- Not attempted, unable → Go to Balance Walks on page 53a.
- Unable to attain position or cannot hold for at least one second → Go to Balance Walks on page 53a.
- Holds position between 1 and 29 seconds → [] [] . [] [] **SJSTSTM** seconds. Go to Tandem Stand below.
- Holds position for 30 seconds → Go to Tandem Stand below.

SJSTS

TANDEM STAND

Describe: "Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot. I'll demonstrate."

Demonstrate and say: "Again, you may use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step, like this."

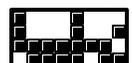
Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

SJTS1

- Participant refused → Go to One-Leg Stand on page 53.
- Not attempted, unable → Go to One-Leg Stand on page 53.
- Unable to attain position or cannot hold for at least one second → Go to Trial 2.
- Holds position between 1 and 29 seconds → [] [] . [] [] **SJSTSTM** seconds. Go to Trial 2.
- Holds position for 30 seconds → Go to One-Leg Stand on page 53.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

SKID SKACROS SKCONTAC
STANDING BALANCE

TANDEM STAND

Perform a second trial: "Now, let's do the same thing one more time. Hold onto my arm while you get into position. When you are ready, let go."

Trial 2:

- Participant refused → Go to One-Leg Stand below.
- Not attempted, unable → Go to One-Leg Stand below.
- Unable to attain position or cannot hold for at least one second → Go to One-Leg Stand below.
- Holds position between 1 and 29 seconds → . **SKTS2TM** seconds. Go to One-Leg Stand below.
- Holds position for 30 seconds → Go to One-Leg Stand below.

ONE-LEG STAND

Describe: "For the last position, I would like you to try to stand on one leg for 30 seconds. You may stand on either leg, whichever is more comfortable. I'll demonstrate."

Demonstrate and say: "Try to hold your foot up until I say stop. If you lose your balance put your foot down."
Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

- Participant refused → Go to Balance Walks on page 53a.
- Not attempted, unable → Go to Balance Walks on page 53a.
- Unable to attain position or cannot hold for at least one second → Go to Trial 2.
- Holds position between 1 and 29 seconds → . **SKTR1TM** seconds. Go to Trial 2.
- Holds position for 30 seconds → Go to Balance Walks on page 53a.

Perform a second trial: "Now, let's do the same thing one more time."

Trial 2:

- Participant refused → Go to Balance Walks on page 53a.
- Not attempted, unable → Go to Balance Walks on page 53a.
- Unable to attain position or cannot hold for at least one second → Go to Balance Walks on page 53a.
- Holds position between 1 and 29 seconds → . **SKTR2TM** seconds. Go to Teng mini-mental on page 54.
- Holds position for 30 seconds → Go to Balance Walks on page 53a.

HABC Enrollment ID #	Acrostic	Type of Annual Contact
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10

BALANCE WALKS **KGACROS** **KGCONTAC**

Describe: "This is the balance walk test. First I want you to walk down the hall normally, at a comfortable pace, ignoring the colored lines. For the second walk, I will ask you to walk keeping your feet inside the lines. Each walk will be done at least twice."

USUAL PACE

Demonstrate and say: "Place your feet with your toes behind, but touching the starting line. Wait until I say 'GO.' Remember, I want you to walk at a comfortable pace ignoring the colored lines."

Demonstrate and return: "Walk a few steps past the finish line each time. Any questions?"

Test: To start the test, say, "Ready, Go."

Trial 1: Time: . seconds **KGUPTM1**

Number of steps: steps **KGUP1**

KGUPRU1 Participant refused →

Not attempted, unable to walk →

Trial 2: Time: . seconds **KGUPTM2**

Number of steps: steps **KGUP2**

KGUPRU2 Participant refused →

Not attempted, unable to walk →

NARROW WALK

Describe: "Now for the second walk, please keep your feet inside the lines. It is important that you do your best to keep your feet inside the lines."

Demonstrate and say: "I'll demonstrate. Keep your feet inside the lines. Be sure to walk a few steps past the finish line. Any questions?"

Test: Time as before, but do not count steps. To start the test, say, "Ready, Go."

KG20CNA Participant refused →

Not attempted, unable to walk →

Did the participant stay within the lines?

(Examiner Note: "Not staying within the lines" is defined as stepping on, or going outside of the colored tape three or more times. Perform up to 3 trials to obtain 2 valid times.)

Trial 1: Yes → . seconds **KG20CT1**

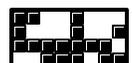
No **KG20TR1**

Trial 2: Yes → . seconds **KG20CT2**

No **KG20TR2**

Trial 3: Yes → . seconds **KG20CT3**

No **KG20TR3**



HABC Enrollment ID #	Acrostic	Type of Annual Contact
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Year 8 <input checked="" type="radio"/> Year 10

KAID

KAACROS

KACONTAC

RAPID ESTIMATE OF ADULT
LITERACY IN MEDICINE (REALM)

1. Do you usually wear glasses to read?
(Examiner Note: Determine if participant wears glasses for reading.)

Yes No KAREAD



Ask the participant to put on their reading glasses.

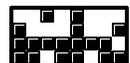
2. Place a copy of the REALM before the participant and say:
(Examiner Note: **REQUIRED - Show card #11a.**)

"This sheet contains words commonly used by doctors and their patients. Please read aloud as many words as you can from these three lists. Begin with the first word on List 1 and read aloud. When you come to a word you cannot read, do the best you can or say 'skip' and go on to the next word."

If the participant takes more than five seconds on a word, say "skip" and point to the next word, if necessary, to move the participant along. If the participant misses three words in a row, have them pronounce only known words.

Record whether the participant correctly pronounces the word, mispronounces the word, or doesn't attempt to say the word by filling in the appropriate bubble. Count as correct any self-corrected word.

Count the number of correct words and record the number.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
<input type="text"/>	<input type="text"/>	16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

KBACROS

KBCONTAC

RAPID ESTIMATE OF ADULT LITERACY IN MEDICINE (REALM)

LIST 1	Correct	Incorrect	No attempt	LIST 2	Correct	Incorrect	No attempt	LIST 3	Correct	Incorrect	No attempt
1. fat KBRE01	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	23. fatigue KBRE23	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	45. allergic KBRE45	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
2. flu KBRE02	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	24. pelvic KBRE24	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	46. menstrual KBRE46	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
3. pill KBRE03	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	25. jaundice KBRE25	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	47. testicle KBRE47	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
4. dose KBRE04	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	26. infection KBRE26	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	48. colitis KBRE48	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
5. eye KBRE05	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	27. exercise KBRE27	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	49. emergency KBRE49	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
6. stress KBRE06	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	28. behavior KBRE28	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	50. medication KBRE50	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
7. smear KBRE07	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	29. prescription KBRE29	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	51. occupation KBRE51	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
8. nerves KBRE08	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	30. notify KBRE30	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	52. sexually KBRE52	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
9. germs KBRE09	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	31. gallbladder KBRE31	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	53. alcoholism KBRE53	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
10. meals KBRE10	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	32. calories KBRE32	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	54. irritation KBRE54	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
11. disease KBRE11	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	33. depression KBRE33	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	55. constipation KBRE55	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
12. cancer KBRE12	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	34. miscarriage KBRE34	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	56. gonorrhea KBRE56	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
13. caffeine KBRE13	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	35. pregnancy KBRE35	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	57. inflammatory KBRE57	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
14. attack KBRE14	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	36. arthritis KBRE36	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	58. diabetes KBRE58	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
15. kidney KBRE15	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	37. nutrition KBRE37	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	59. hepatitis KBRE59	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
16. hormones KBRE16	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	38. menopause KBRE38	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	60. antibiotics KBRE60	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
17. herpes KBRE17	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	39. appendix KBRE39	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	61. diagnosis KBRE61	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
18. seizure KBRE18	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	40. abnormal KBRE40	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	62. potassium KBRE62	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
19. bowel KBRE19	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	41. syphilis KBRE41	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	63. anemia KBRE63	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
20. asthma KBRE20	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	42. hemorrhoids KBRE42	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	64. obesity KBRE64	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
21. rectal KBRE21	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	43. nausea KBRE43	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	65. osteoporosis KBRE65	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9
22. incest KBRE22	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	44. directed KBRE44	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9	66. impetigo KBRE66	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 9

3. Total number of words correct:

<input type="text"/>	<input type="text"/>
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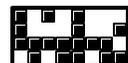
words

KBRETOT

4. Was the REALM administered? Yes No, participant had poor vision No, participant refused

KBREALM

Draft



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] [] []	Date Form Completed [] [] / [] [] / [] [] [] [] Month / Day / Year	Staff ID# [] [] [] []
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Type of Annual Contact
 Year 8
 Year 10

SLID SLACROS SLDATE SLSTFID

TENG MINI-MENTAL STATE EXAM (3MS)

SLCONTAC

Are you comfortable? I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once.

(Examiner Note: Record responses. If the participant does not answer, mark the "No response" option.)

1 When were you born? SLBORNRF

a. [] [] / [] [] / [] [] No response
 Month Day Year

Where were you born? (Place of Birth?) Answer given Can't do/Refused Not attempted/disabled

d. City/town SLCITY 1 7 3

e. State/Country SLSTE 1 7 3

Examiner Note:
Ask again in Question #18.

3 a. I would like you to count from 1 to 5. SLCNT

1 Able to count forward 2 Unable to count forward
 Say 1-2-3-4-5

b. Now I would like to you count backwards from 5 to 1. Record the responses in the order given:
(Examiner Note: Enter "99999" if no response)

[] [] [] [] [] SLCNTBK

4 a. Spell "world." SLSPL

1 Able to spell 2 Unable to spell
 "It's spelled W-O-R-L-D."

b. Now spell "world" backwards
(Examiner Note: Record letters in order given. Enter "xxxxx" if no response.)

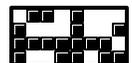
[] [] [] [] [] SLSPWLD

2 I am going to say three words for you to remember. Repeat them after I have said all three words:

Shirt, Blue, Honesty

(Examiner Note: Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned. Record responses to first attempt below.)

	Correct	Error/Refused	Not attempted/disabled
a. Shirt	SLSHRT <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. Blue	SLBLU <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. Honesty	SLHON <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. Numbers of presentations necessary for the participant to repeat the sequence:	[] SLNUM		presentations



HABC Enrollment ID #	H					
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Acrostic						
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SMACROS

Type of Annual Contact	16	20
	<input type="radio"/> Year 8	<input type="radio"/> Year 10

SMCONTAC

5 What three words did I ask you to remember earlier?
(Examiner Note: The words may be repeated in any order. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices, score "Unable to recall/refused" and provide the correct answer.)

a. Shirt SMSHRM

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "Something to wear"
- 4 After "Was it shirt, shoes, or socks?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

b. Blue SMBLRM

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A color"
- 4 After "Was it blue, black, or brown?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

c. Honesty SMHNRM

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A good personal quality"
- 4 After "Was it honesty, charity, or modesty?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

6 a. What is today's date?
(Examiner Note: If the participant does not answer, mark the "No response" option.)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="radio"/>	No response
SMTDAYM		SMTDAYD		SMTDAYY		SMTDAYRF
Month		Day		Year		

b. What is the day of the week?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct SMDAYWK

7 Error/refused Day of the week

3 Not attempted/disabled

c. What season of the year is it?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct SMSEAS

7 Error/refused Season

3 Not attempted/disabled

7 a. What state are we in?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct SMSTAT

7 Error/refused State

3 Not attempted/disabled

b. What county are we in?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct SMCNTY

7 Error/refused County

3 Not attempted/disabled

c. What (city/town) are we in?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct SMCITN

7 Error/refused City/town

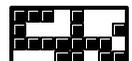
3 Not attempted/disabled

d. Are we in a clinic, store, or home?
(Examiner Note: If correct answer [e.g., hospital or nursing home] is not among the three alternatives, substitute it for the middle alternative [store]. If the participant states that none is correct, ask them to make the best choice of the three options.)

1 Correct SMWHRE

7 Error/refused

3 Not attempted/disabled



H					
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16 Year 8 20 Year 10

8 (Examiner Note: Point to the object or a part of your own body and ask the participant to name it. Score "Error/Refused" if the participant cannot name it within 2 seconds or gives an incorrect name. Do not wait for the participant to mentally search for the name.)

	Correct	Error/Refused	Not attempted/disabled
a. Pencil: What is this?	<input type="radio"/> SNPENC 1	<input type="radio"/> 7	<input type="radio"/> 3
b. Watch: What is this?	<input type="radio"/> SNWATCH 1	<input type="radio"/> 7	<input type="radio"/> 3
c. Forehead: What do you call this part of the face?	<input type="radio"/> SNFRHD 1	<input type="radio"/> 7	<input type="radio"/> 3
d. Chin: And this part?	<input type="radio"/> SNCHIN 1	<input type="radio"/> 7	<input type="radio"/> 3
e. Shoulder: And this part of the body?	<input type="radio"/> SNSHLD 1	<input type="radio"/> 7	<input type="radio"/> 3
f. Elbow: And this part?	<input type="radio"/> SNELP 1	<input type="radio"/> 7	<input type="radio"/> 3
g. Knuckle: And this part?	<input type="radio"/> SNKNK 1	<input type="radio"/> 7	<input type="radio"/> 3

9 What animals have four legs? Tell me as many as you can.

(Examiner Note: Discontinue after 30 seconds. Record the total number of correct responses. If the participant gives no response in 10 seconds and there are still at least 10 seconds remaining, gently remind them [once only]).

"What (other) animals have four legs?"

The first time an incorrect answer is provided, say,

"I want four-legged animals."

Do not correct for subsequent errors.

Score (total correct responses):

SNE2SCR

(Examiner Note: Write any additional correct answers on a separate sheet of paper.)

10 (Examiner Note: If the initial response is scored "Lesser correct answer" or "Error," coach the participant by saying: "An arm and a leg are both limbs or extremities" to reinforce the correct answer. Coach only for Question #10a. No other prompting or coaching is allowed.)

a. In what way are an arm and a leg alike?

- 1 Limbs, extremities, appendages **SNARLG**
- 2 Lesser correct answer (e.g., body parts, both bend, have joints)
- 7 Error/refused (e.g., states differences, gives unrelated answer)
- 3 Not attempted/disabled

b. In what way are laughing and crying alike?

- 1 Expressions of feelings, emotions **SNLCRY**
- 2 Lesser correct answer (e.g., sounds, expressions, other similar responses)
- 7 Error/refused (e.g., states differences, gives unrelated answer)
- 3 Not attempted/disabled

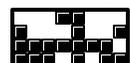
c. In what way are eating and sleeping alike?

- 1 Necessary bodily functions, essential for life
- 2 Lesser correct answer (e.g., bodily functions, relaxing, good for you or other similar responses)
- 7 Error/refused (e.g. states differences, gives unrelated answer)
- 3 Not attempted/disabled

SNETSL

11 Repeat what I say: "I would like to go out." (Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence.)

- 1 Correct **SNRPT**
- 2 1 or 2 words missed
- 7 3 or more words missed/refused
- 3 Not attempted/disabled



H					
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16 Year 8 20 Year 10

SOID

SOACROS

SOCONTAC

12 Now repeat: "No ifs, ands or buts."

(Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence. Give no credit if the participant misses the "s.")

	Correct	Error/Refused	Not attempted/ disabled
a. no ifs	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. ands	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. or buts	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

SOBUT

13 Examiner Note: Hold up card #12 and say,

"Please do this."

If the participant does not close their eyes within 5 seconds, prompt by pointing to the sentence and saying

"Read and do what this says."

If the participant has already read the sentence aloud spontaneously, simply say,

"Do what this says."

Allow 5 seconds for the response. Assign the appropriate score (see below). As soon as the participant closes their eyes, say

"Open."

SOCR D1

- 1 Closes eyes without prompting
- 2 Closes eyes after prompting
- 3 Reads aloud, but does not close eyes
- 7 Does not read aloud or close eyes/refused
- 5 Not attempted/disabled

14 Please write the following sentence:

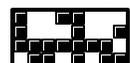
I would like to go out.

(Examiner Note: Hand participant a piece of blank paper and a #2 pencil with eraser. If necessary, repeat the sentence word by word as the participant writes. Allow a maximum of 1 minute after the first reading of the sentence for scoring the task. Either printing or cursive writing is allowed. Score "Correct" for each correct word, but no credit for "I". For each word, score "Error/Refused" if there are spelling errors or incorrect mixed capitalizations [all letters printed in uppercase are permissible]. Self-corrected errors are acceptable.)

	Correct	Error/Refused	Not attempted/ disabled
a. would	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. like	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. to	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. go	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
e. out	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

(Examiner Note: Note which hand the participant uses to write. If this task is not done, ask participant if they are right or left handed. [Use in Question #16])

- 1 Right **SOHAND**
- 2 Left
- 8 Unknown



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

SPID

SPACROS

SPCONTAC

15 Here is a drawing. Please copy the drawing onto this piece of paper.
(Examiner Note: Hand participant card #13. Allow 1 minute for copying. For right-handed participants, present the sample on the left side; for left-handed participants, present the sample on the right side. Allow a maximum of 1 minute for response. Do not penalize for self-corrected errors, tremors, minor gaps, or overshoots.)

a. Pentagon 1 **SPPENT1**

- 1 5 approximately equal sides
- 2 5 sides, but longest:shortest side is >2:1
- 3 nonpentagon enclosed figure
- 4 2 or more lines, but it is not an enclosed figure
- 7 less than 2 lines/refused
- 6 not attempted/disabled

b. Pentagon 2 **SPPENT2**

- 1 5 approximately equal sides
- 2 5 sides, but longest:shortest side is >2:1
- 3 nonpentagon enclosed figure
- 4 2 or more lines, but it is not an enclosed figure
- 7 less than 2 lines/refused
- 6 not attempted/disabled

c. Intersection **SPINT**

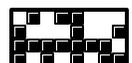
- 1 4-cornered enclosure
- 2 not a 4-cornered enclosure
- 7 no enclosure/refused
- 4 not attempted/disabled

16 *(Examiner Note: Refer to Question #14 to check whether the participant is right- or left-handed. Ask them to take the paper in their non-dominant hand.)*

"Take this paper with your left (right for left handed person) hand, fold it in half using both hands, and hand it back to me."

(Examiner Note: After saying the whole command, hold the paper within reach of the participant. Do not repeat any part of the command. Do not move the paper toward the participant. The participant may hand back the paper with either hand.)

	Correct	Error/ Refused	Not attempted/ disabled
a. Takes paper in correct hand	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. Folds paper in half	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
c. Hands paper back	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>



H				
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16 Year 8
 20 Year 10

SQID

SQACROS

SQCONTAC

17 What three words did I ask you to remember earlier?
(Examiner Note: Administer this item even when the participant scored one or more "unable to recall/refused" on Question #5. The words may be repeated in any order. For each word not readily given, provide the category followed by multiple choices when necessary. Do not wait more than 3 seconds for spontaneous recall and do not wait more than 2 seconds after category cueing before providing the next level of help.)

a. Shirt **SQSH2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "Something to wear"
- 4 After "Was it shirt, shoes, or socks?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

b. Blue **SQBLU2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A color"
- 4 After "Was it blue, black, or brown?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

c. Honesty **SQHON2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A good personal quality"
- 4 After "Was it honesty, charity, or modesty?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

18 Would you please tell me again where you were born?

(Examiner Note: Ask this question only when a response was given in Question #1d and #1e. Score the response by checking against the response in Question #1d and #1e.)

Place of Birth?	Matches	Does not match/ Refused	Not attempted/ disabled
a. SQCITY2 <input type="radio"/> 1 City/town	<input type="radio"/> 7	<input type="radio"/> 3	<input type="radio"/> 3
b. SQSTE2 <input type="radio"/> 1 State/Country	<input type="radio"/> 7	<input type="radio"/> 3	<input type="radio"/> 3

19 *(Examiner Note: If physical/functional disabilities or other problems exist which cause the participant difficulty in completing any of the tasks, record the nature of the problem listed below. Mark all that apply.)*

- 1 Vision **SQVIS**
- 1 Hearing **SQHEAR**
- 1 Writing problems due to injury or illness **SQWRITE**
- 1 Illiteracy or lack of education **SQILLIT**
- 1 Language **SQLANG**
- 1 Other *(Please record the specific **SQOTH** problem in the space provided.)*



HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of Annual Contact <input type="radio"/> 16 Year 8 <input type="radio"/> 20 Year 10	Staff ID# <input type="text"/> <input type="text"/> <input type="text"/>
SRID	SRACROS	SRCONTAC	SRSTFID

DIGIT SYMBOL SUBSTITUTION TEST

- Place the task sheet before the participant and point to the task.

Script: "Look at these boxes across the top of the page. On the top of each box is a number from one through nine. On the bottom part of each box there is a symbol. Each symbol is paired with a number."

- Point to the four rows of boxes.

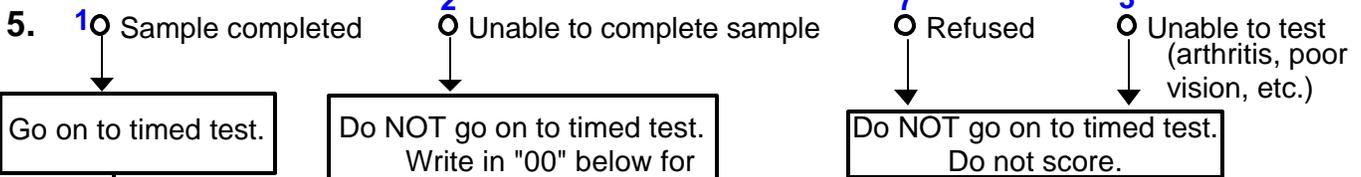
Script: "Down here are boxes with numbers on the top, but the bottom part is blank. What I want you to do is to put the correct symbol in each box like this."

- Fill in the first three sample boxes.

Script: "Now I want you to fill in all boxes up to this line."

- Point to the line separating the samples from the test proper.

SRTST



Script: "When I tell you to begin, start here and fill in the boxes in these four rows. Do them in order and don't skip any. Please try to work as quickly as possible. Let's begin."

Stop the participant after 90 seconds. Say:

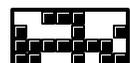
Script: "That's good. That completes this set of tasks."

Score: (Examiner Note: Use card #14 to score test.
DO NOT COUNT ANY SYMBOLS AFTER TWO BLANKS IN A ROW).

Number Completed: Number Incorrect:

SRNC

SRNI



DIGIT	1	2	3	4	5	6	7	8	9
SYMBOL	—	L	3	L	U	0	Λ	X	=

SCORE

SAMPLES

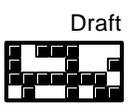
2	1	3	7	2	4	8	1	5	4	2	1	3	2	1	4	2	3	5	2	3	1	4	6	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

1	5	4	2	7	6	3	5	7	2	8	5	4	6	3	7	2	8	1	9	5	8	4	7	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

6	2	5	1	9	2	8	3	7	4	6	5	9	4	8	3	7	2	6	1	5	4	6	3	7
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

9	2	8	1	7	9	4	6	8	5	9	7	1	8	5	2	9	4	8	6	3	7	9	8	6
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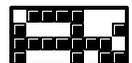
HABC Enrollment ID # H	Acrostic	Type of Annual Contact <input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10	Staff ID#
SSID	SSACROS	SSCONTAC	SSSTFID

CLOX 1

Examiner Note: Place a plain white sheet of paper in front of the participant and say:

Script: "Draw me a clock that says 1:45. Set the hands and numbers on the face so that a child could read them."

1. Does figure resemble a clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX01
2. Is a circular face present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX02
3. Are the dimensions >1 inch?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX03
4. Are all numbers inside the perimeter?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX04
5. Is there sectoring or are there tic marks?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX05
6. Were 12, 6, 3, & 9 placed first?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX06
7. Is the spacing intact? (Symmetry on either side of 12 o'clock and 6 o'clock?)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX07
8. Were only Arabic numerals used?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX08
9. Are only the numbers 1 through 12 among the numerals present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX09
10. Is the sequence 1 through 12 intact? (No omissions or intrusions.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX10
11. Are there exactly 2 hands present? (Ignore sectoring/tic marks)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX11
12. Are all hands represented as arrows?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX12
13. Is the hour hand between 1 o'clock and 2 o'clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX13
14. Is the minute hand obviously longer than the hour hand?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX14
15. Are there any of the following...?		
a) Hand pointing to 4 or 5 o'clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15A
b) "1:45" present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15B
c) Any other notation (e.g. "9:00")?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15C
d) Any arrows point inward?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15D
e) Intrusions from "hand" or "face" present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15E
f) Any letters, words or pictures?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15F



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] []
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STID STACROS STCONTAC STSTFID

20-METER WALK

1. Describe the 20-meter walk.

Script: Describe: "This is a two part walking test. For this first part of the test, please walk at your normal walking speed. Place your toes behind the start line. Then go past the orange cone and STOP."

Examiner Note: Demonstrate how to walk past the cone.

"Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

2. To start the test, say, "Ready, Go."

3. Begin timing and counting participant's steps until their first footfall over the finish line at 20 meters. You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor on the first step).

When the participant reaches the 20-meter mark, push the right-hand STA/STP button on the stop watch, and record the number of steps taken. You will need to carry the form on a clipboard.

Number of steps for usual-pace 20-meter walk: [] [] **ST20STP1** steps

ST20MW1

- Participant refused
- Not attempted, unable
- Attempted, unable to complete

(Examiner Note: Do not record time.)

Record the time it took to do the usual-pace 20-meter walk.

ST20TM1A Time on stop watch: [] : [] [] . [] []
Min Second Hundredths/Sec

ST20TM1B

Reset the stop watch and have the participant repeat the 20-meter walk by walking back to the starting line. Instruct the participant to walk as quickly as they can for the second portion of the test.

Script: "OK, fine. Now turn around and when I say go, walk back the other way as fast as you can. Ready, Go."

When the participant reaches the starting line, push the right-hand STA/STP button on the stop watch, and record the number of steps taken.

Number of steps for fast-pace 20-meter walk: [] [] **ST20STP2** steps

ST20MW2

- Participant refused
- Not attempted, unable
- Attempted, unable to complete

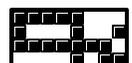
(Examiner Note: Do not record time.)

Record the time it took to do the fast-paced 20-meter walk.

ST20TM2A Time on stop watch: [] : [] [] . [] [] **ST20TM2B**
Min Second Hundredths/Sec

4. Was the participant using a walking aid, such as a cane?

Yes No **STWLKAID**



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] []
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SUID

SUACROS

SUCONTAC

SUSTFID

LONG-DISTANCE CORRIDOR WALK ELIGIBILITY ASSESSMENT

Before Testing:

1. Was participant able to complete the 20-meter walk (both the usual-pace and fast-pace)?

(Examiner Note: Refer to page 63.)

Yes

No **SU20MWC**

Do NOT test. Go to Question #3 on page 69, and Question #6 on page 71.

2. Were there abnormal Marquette ECG readings in previous years (Year 1 and/or Year 4)?

(Examiner Note: Refer to Data from Prior Visits Report.)

Yes

No **SUMARQ**

Examiner Note: Mark all that apply.

- SUHR1** Heart rate <40 (bradycardia) or > 135 (tachycardia)
- SUWPW** Wolff-Parkinson-White (WPW) or ventricular pre-excitation
- SUIR** Idioventricular rhythm
- SUVT** Ventricular tachycardia
- SUAV** Third degree or complete A-V block
- SUTWAVE** Any statement including reference to acute injury or ischemia, or marked T-wave abnormality

Do NOT test. Go to Question #3 on page 69 and Question #6 on page 71.

3. What is the participant's heart rate (radial pulse)?

(Examiner Note: Refer to beats per minute recorded on page 38.)

[] [] [] bpm **SUHR2**

Is heart rate greater than 110 or less than 40 bpm?

Yes

No **SUHR40**

Do NOT test. Go to Question #3 on page 69 and Question #6 on page 71.

4. a. Is systolic blood pressure > 199 mm Hg?
(Examiner Note: Refer to systolic blood pressure recorded on page 39.)

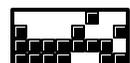
SUSYSYN Yes No

Do NOT test. Go to Question #3 on page 69 and Question #6 on page 71.

b. Is diastolic blood pressure > 109 mm Hg?
(Examiner Note: Refer to diastolic blood pressure recorded on page 39.)

SUSYDIYN Yes No

Do NOT test. Go to Question #3 on page 69 and Question #6 on page 71.



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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

SVID

SVACROS

SVCONTAC

LONG-DISTANCE CORRIDOR WALK ELIGIBILITY ASSESSMENT

5. Does the participant use a walking aid, such as a cane?

1 Yes 0 No **SVWKAID2**

Do NOT test. Go to Question #3 on page 69 and Question #6 on page 71.

6. Describe Test

Script: "The next tests assess your physical fitness by having you walk quickly for 2 minutes and after that, having you walk about 1/4 mile at a steady pace."

Exclusion Questions:

Script: "First I need to ask you a few questions to see if you should try the test."

a. Within the past 3 months, have you had a heart attack?

SVHA ¹ Yes → Do NOT test.
Go to Question #3 on page 69 and Question #6 on page 71. 0 No 8 Don't know

b. Within the past 3 months, have you had angioplasty?

SVANG ¹ Yes → Do NOT test.
Go to Question #3 on page 69 and Question #6 on page 71. 0 No 8 Don't know

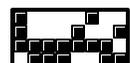
c. Within the past 3 months, have you had heart surgery?

SVHS ¹ Yes → Do NOT test.
Go to Question #3 on page 69 and Question #6 on page 71. 0 No 8 Don't know

d. Within the past 3 months, have you seen a health professional or thought about seeing a health professional for new or worsening symptoms of...?

i) Chest pain **SVCP** ¹ Yes → **Do 2-minute walk only,**
and then go to Question #6 on page 71. 0 No 8 Don't know

ii) Angina **SVANGI** ¹ Yes → **Do 2-minute walk only,**
and then go to Question #6 on page 71. 0 No 8 Don't know



LONG-DISTANCE CORRIDOR WALK INSTRUCTIONS & SCRIPT

1. Attachment of heart rate monitor:

Script: "This device measures your pulse, or how often your heart beats."

Attach the monitor.

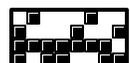
2. Demonstrate and introduce both walks:

Demonstrate how to walk around the cone and describe the 2 minute walk.

Script: "This is a two-part walking test. For the first part I would like you to walk for 2 minutes, trying to cover as much ground as possible at a pace you can maintain. Starting at the line labelled START, walk to the cone at the other end of the hall, go around it and return, go around this cone and keep walking in the same fashion, until 2 minutes are up. When the 2 minutes are up I will tell you to stop. Please stay where you are so that I can record the distance you covered."

3. Give the participant "stop" symptoms and final instructions:

Script: "Please tell me if you feel any chest pain, tightness or pressure in your chest, if you become short of breath or if you feel faint, lightheaded or dizzy, or if you feel knee, hip, calf, or back pain. If you feel any of these symptoms, you may slow down or stop. Do you have any questions?"



LONG-DISTANCE CORRIDOR WALK INSTRUCTIONS & SCRIPT

2-minute Walk

Accompany participant to stand behind the starting line for the 2 minute walk.

Record the participant's heart rate.

Ready stop watch.

Script: "Now let's start the 2-minute walk. Cover as much ground as possible at a pace you can maintain. Ready, GO."

Start timing with the first footfall over the starting line (participant's foot touches the floor on the first step).

Provide standard encouragement after each lap, and tell participant the time that is remaining.

Script: "Keep up the good work. You are doing well. One and a half minutes to go."

Throughout the test, draw a line through the number on the form that corresponds to each completed lap the participant walks.

If the participant's heart rate exceeds 135 bpm during the 2-minute walk, let the participant rest for 5 minutes. Then restart the test. Cross off the numbers on the 'Trial 2' lap chart if the participant restarts the test. If the heart rate goes above 135 bpm a second time, tell the participant to slow down, but continue walking until 2 minutes are up. If the participant indicates they are not feeling well (i.e., reports other symptoms) discontinue the 2-minute walk. Indicate on the 2-minute walk data collection form that the heart rate exceeded 135 bpm during the 2-minute walk and whether the participant completed the 2-minute walk. If the heart rate exceeds 135 bpm at any time during the 2-minute walk, do not administer the 400-meter walk.

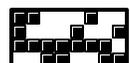
When the stopwatch reads 1:30, tell the participant, "30 seconds remaining."

At 1:50, tell the participant "10 seconds remaining." Approach the participant so that you meet them at the 2:00 stop time. When the stop watch reads 2:00, say, "STOP."

Record heart rate, number of laps and meter mark on form (each meter is marked with tape on the floor.)

Stopping Criteria for 2-Minute Walk: If the participant's heart rate falls below 40 bpm or if they report chest pain, tightness or pressure in the chest, shortness of breath, feeling faint, lightheaded or dizzy, or report knee, hip, calf or back pain, STOP the test.

Record why the test was not completed in Question #3 on page 69 and Question #6 on page 71.



LONG-DISTANCE CORRIDOR WALK INSTRUCTIONS & SCRIPT

Accompany the participant to the starting line for the 400-meter walk.

Record the participant's heart rate.

Describe the 400-meter walk.

Script: "For the second part, you will be walking 10 complete laps around the course, about 1/4 mile. Please walk as quickly as you can, without running, at a pace you can maintain over the 10 laps. After you complete the 10 laps I will tell you to stop, and measure your heart rate."

Script: "Start walking when I say 'GO' and try to complete 10 laps as quickly as you can, without running, at a pace you can maintain. Ready, Go."

Start the stop watch.

Every lap offer standard encouragement, and call out the number of laps completed and the number remaining. Record each lap on form.

Script: "Keep up the good work. You are doing well. Looking good. Well done. Good job."

When the participant completes 400-meters (10 laps, first footfall across the finish line), stop the stop watch.

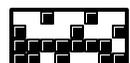
Record time and heart rate. Restart the stopwatch to time the 2-minute recovery time.

At 2 minutes, record heart rate again. Record on form.

Remove the heart rate monitor. Escort the participant to the next station.

Stopping Criteria for 400-Meter Walk: If the participant's heart rate falls below 40 bpm, or if they report chest pain, tightness or pressure in the chest, shortness of breath, feeling faint, lightheaded or dizzy, or report knee, hip, calf, or back pain, STOP the test.

Record why the test was not completed in Question #6 on page 71.



HABC Enrollment ID # H	Acrostic	Type of Annual Contact 16 <input type="radio"/> Year 8	Staff ID# 20 <input type="radio"/> Year 10
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2-MINUTE WALK

SWID

SWACROS

SWCONTAC

SWSTFID

1. Heart rate: bpm **SWHR2MW**

2. a. Cross off as each lap is completed: 1 2 3 4 5 6 7 8

b. Is heart rate >135 bpm? Yes No **SWB2PL**



Go to Question #2e.

Examiner Note: Wait 5 minutes and begin the walk again. Cross off the laps on the 'Trial 2' lap chart below.

c. Cross off as each lap is completed: 1 2 3 4 5 6 7 8

d. Is heart rate >135 bpm? Yes No **SWPLS2**



Tell the participant to slow down, but continue walking until 2 minutes are up. If the participant indicates they are not feeling well, ie. reports other symptoms, STOP the 2-minute walk.

e. Number of laps completed: **SW2LAP** laps

f. Meter mark: **SW2MTR** meters

g. Heart rate at end of 2-minute walk or at STOP: bpm **SW2BPM**

If participant does not complete the 2-minute walk, record the time at STOP.

: . **SW2MWTM2**

Min Second Hundredths/Sec

SW2MWTM1

h. Did the heart rate exceed 135 bpm at any time during the 2-minute walk? **(Examiner Note: Refer to Question #2b, #2d, and #2g.)**

Yes No **SW2PLS**

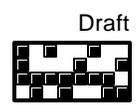
Do NOT do 400-m walk. Go to Question #3 below and Question #6 on page 71.

3. Did the participant complete the 2-minute walk?

Yes No **SWC2MW**

- (Examiner Note: Mark all that apply.)**
- 1 Participant excluded based on eligibility criteria **SWPEX**
 - 1 During the test the participant reported chest pain **SWPCP**
 - 1 During the test the participant reported shortness of breath **SWPSOB**
 - 1 During the test the participant reported feeling faint **SWPF**
 - 1 During the test the participant reported knee pain **SWPKP**
 - 1 During the test the participant reported hip pain **SWPHP**
 - 1 During the test the participant reported calf pain **SWPCF**
 - 1 During the test the participant reported back pain **SWPBP**
 - 7 Participant refused **SWPRFOT**
 - 9 Other **(Please specify: _____)**

Do NOT do 400-meter walk. Go to Question #6 on page 71.



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10
SXID	SXACROS	SXCONTAC

400-METER WALK

1. a. Cross off as each lap is completed: [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10]

b. Number of laps completed: [] [] laps **SX4LAP**

c. Did participant complete all 10 laps? Yes No **SXCLAPS**

How many additional meters did the participant walk after the last full completed lap?

[] [] **SXADDMS**
meters

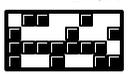
2. Record time at 400-m or at stop: [] [] : [] [] . [] [] **SX4TIMEB**
SX4TIMEA Min Second Hundredths/Sec

Restart stopwatch

3. Did the heart rate exceed 135 bpm at any time during the 400-m walk?
 Yes No **SXXCD**
1 **0**

4. Heart rate at 400-m or at stop: [] [] [] bpm **SX4BPM**

5. Heart rate 2 minutes after completion of 400-m walk: [] [] [] bpm **SX4HR**



HABC Enrollment ID # H	Acrostic	Type of Annual Contact 16 Year 8 20 Year 10
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400-METER WALK

SYID

SYACROS

SYCONTAC

6. Did the participant complete the 400-meter walk?

Yes No **SYCM4MW**

(Examiner Note: Mark all that apply.)

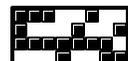
- 1 Participant excluded based on eligibility criteria **SY4PEX**
- 1 Participant began, but could not complete 2-minute walk, **SY4PNOT**
- 1 Participant's heart rate exceeded 135 bpm during the 2-minute walk or completed the 2-minute walk with symptoms **SY4PHR**
- 1 During the test the participant reported chest pain **SY4PCP**
- 1 During the test the participant reported shortness of breath **SY4PSOB**
- 1 During the test the participant reported feeling faint **SY4PF**
- 1 During the test the participant reported knee pain **SY4PKP**
- 1 During the test the participant reported hip pain **SY4PHP**
- 1 During the test the participant reported calf pain **SY4PCF**
- 1 During the test the participant reported back pain **SY4PBP**
- 1 Participant refused **SY4PRF**
- 1 Other (*Please specify:* _____)

SY4OTH

Examiner Note: Ask the following question of all participants who attempted the 2-minute and/or the 400-meter walk.

7. While you were walking, did you have any of the following symptoms..?

a. Chest pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWCP
b. Shortness of breath	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWSOB
c. Knee pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWKP
d. Hip pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWHP
e. Calf pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWCF
f. Foot pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWFP
g. Numbness or tingling in your legs or feet	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWNUMB
h. Leg cramps	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWLC
i. Back pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWBP
j. Other (<i>Please specify:</i> _____)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	SYWOTH



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H [] [] [] [] []	[] [] [] []	<input checked="" type="radio"/> 16 <input type="radio"/> Year 8 <input checked="" type="radio"/> 20 <input type="radio"/> Year 10

T1ID T1ACROS
PHLEBOTOMY

T1CONTAC

<input checked="" type="radio"/> 1 First sample collection	<input type="radio"/> 2 Second sample collection
--	--

T1LABVIS

5. Time at start of venipuncture:

T1VTM

[] [] : [] []

Hours Minutes

1 am

2 pm

T1AMP4

6. Time blood draw completed:

T1BLDRTM

[] [] : [] []

Hours Minutes

1 am

2 pm

T1AMP5

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on.

Note that 2 minutes is optimum.)

[] [] minutes

T1TOUR

Comments on phlebotomy:

8. What is the date and time you last ate anything?

a. Date of last food:

[] [] / [] [] / [] [] [] []

Month Day Year

T1LMD

T1MHM

b. Time of last food:

[] [] : [] []

Hours Minutes

1 am

2 pm

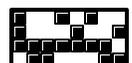
T1LMAPM

c. How many hours have passed since the participant last ate any food?

T1FAST

[] []

hours (Question 6 minus Question 8b. Round to nearest hour.)



HABC Enrollment ID #	Acrostic	Type of Annual Contact
T2ID <input type="text"/>	<input type="text"/>	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10
PHLEBOTOMY T2ACROS		T2CONTAC

¹ <input type="radio"/> First sample collection	² <input type="radio"/> Second sample collection	T2LABVIS
--	---	-----------------

9. Quality of venipuncture:
 Clean Traumatic **T2QVEN**

Please describe. Mark all that apply:

- Vein collapse **T2PVC**
- Hematoma **T2PH**
- Vein hard to get **T2PVHTG**
- Multiple sticks **T2PMS**
- Excessive duration of draw **T2PEDD**
- Leakage at venipuncture site **T2PLVS**
- Other (Please specify:) **T2POTH** _____

10. Was any blood drawn?
 Yes No **T2BLDR**

Please describe why not: _____

Were tubes filled to specified capacity? If not, comment why.

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. Serum	10 ml	<input checked="" type="radio"/>	<input type="radio"/>	T2SERUM _____
2. EDTA	4 ml	<input checked="" type="radio"/>	<input type="radio"/>	T2EDTA1 _____
3. EDTA	7 ml	<input checked="" type="radio"/>	<input type="radio"/>	T2EDTA2 _____
3a. EDTA for CBC	4 or 5 ml	<input checked="" type="radio"/>	<input type="radio"/>	T2CBC _____
4. PAXgene	10 ml	<input checked="" type="radio"/>	<input type="radio"/>	T2PAXGEN _____

HABC Enrollment ID # H [] [] [] [] [] [] [] [] [] []	Acrostic [] [] [] [] [] [] [] [] [] []	Date Visit Completed [] [] / [] [] / [] [] [] [] [] [] Month / Day / Year	Staff ID # [] [] [] [] [] [] [] [] [] []
T4ID	T4ACROS	T4DATE	T4STFID

ANNUAL TELEPHONE INTERVIEW

T4CONTAC

Year of Annual Interview: **16** Year 8 (in lieu of clinic / home visit)
18 Year 9
20 Year 10 (in lieu of clinic / home visit)

T4TYPE 2

Type of Annual Contact: **1** Telephone Interview
2 Clinic Visit - hidden
3 Home Visit - hidden

What is your...?

T4FNM

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

First Name

T4LNM

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

M.I. Last Name

Examiner Note: Complete the following question for Year 8 and Year 10 Annual Telephone Interview only:

What is the primary reason an alternate type of contact was done for the annual clinic / home visit?

- | | |
|--|--|
| 1 <input type="radio"/> Illness/health problem(s) | 8 <input type="radio"/> Family member's advice |
| 2 <input type="radio"/> Hearing difficulties | 9 <input type="radio"/> Clinic too far/travel time |
| 3 <input type="radio"/> Cognitive difficulties | 10 <input type="radio"/> Moved out of area |
| 4 <input type="radio"/> In nursing home/long-term care facility | 11 <input type="radio"/> Travelling/on vacation |
| 5 <input type="radio"/> Too busy; time and/or work conflict | 12 <input type="radio"/> Personal problem(s) |
| 6 <input type="radio"/> Caregiving responsibilities | 13 <input type="radio"/> Refused to give reason |
| 7 <input type="radio"/> Physician's advice | 14 <input type="radio"/> Other (<i>Please specify:</i> _____) |

T4REASON



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H [] [] [] []	[] [] [] []	<input checked="" type="radio"/> 16 Year 8 <input type="radio"/> 18 Year 9 <input type="radio"/> 20 Year 10

R2ID

R2ACROS

R2CONTAC

ANNUAL TELEPHONE INTERVIEW

Date of last regularly scheduled contact:

[] [] / [] [] / [] [] [] []
 Month Day Year

NOT COLLECTED

(Examiner Note: Refer to Data from Prior Visits Report. Please also record this date on the top of page 20.)

1. In general, how would you say your health is? Would you say it is . . .
(Examiner Note: Read response options.)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know
- 7 Refused

R2HSTAT

2. Since we last spoke to you about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.

- R2BED12** 1 Yes 0 No 8 Don't know 7 Refused

About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.

(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

[] [] [] days **R2BEDDAY**

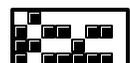
3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- R2CUT12** 1 Yes 0 No 8 Don't know 7 Refused

How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.

(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

[] [] [] days **R2CUTDAY**



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ¹⁸ <input type="radio"/> Year 9 ²⁰ <input type="radio"/> Year 10

R3ID

R3ACROS

R3CONTAG

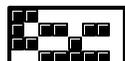
MEDICAL STATUS

4. Since we last spoke to you about 6 months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?

R3MCNH ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

5. Since we last spoke to you about 6 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?

R3MCVN ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Year 8 <input type="radio"/> Year 9 <input type="radio"/> Year 10 16 18 20

R4ID R4ACROS R4CONTAC
 PHYSICAL FUNCTION

6. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
 (Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Don't do.")

R4DWQMYN Yes No Don't know Refused Don't do

↓ ↓ ↓ ↓ ↓

Go to Question #6d Go to Question #7

a. How much difficulty do you have?
 (Examiner Note: Read response options.)
 R4DWQMDF

- A little difficulty Some difficulty A lot of difficulty Or are you unable to do it Don't know
- 1 2 3 4 8

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
 (Examiner Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)

- 1 Arthritis
- 2 Back pain
- 3 Balance problems/unsteadiness on feet
- 4 Cancer
- 5 Chest pain/discomfort
- 6 Circulatory problems
- 7 Diabetes
- 8 Fatigue/tiredness (no specific disease)
- 9 Fall
- 23 Foot/ankle pain
- 10 Heart disease (including angina, congestive heart failure, etc)
- 11 High blood pressure/hypertension
- 12 Hip fracture
- 13 Injury
- 14 Joint pain (Please specify: _____)
- 24 Leg pain
- 15 Lung disease (asthma, chronic bronchitis, emphysema, etc)
- 16 Old age (no mention of a specific condition)
- 17 Osteoporosis
- 18 Shortness of breath
- 19 Stroke
- 20 Other symptom (Please specify: _____)
- 21 Multiple conditions/symptoms unable to determine MAIN reason
- 22 Don't know

R4MNRS

c. Do you have any difficulty walking across a small room?
 Yes No Don't know Refused R4DWSMRM

Go to Question #7

HABC Enrollment ID #	Acrostic	Year of Annual Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 18 Year 9 <input checked="" type="radio"/> 20 Year 10

R5ID

R5ACROS

R5CONTAC

PHYSICAL FUNCTION

6d. How easy is it for you to walk a quarter of a mile?
(Examiner Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/don't do

R5DWQMEZ

6e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

- 1 Yes →
- 0 No →
- 8 Don't know/don't do →

R5DW1MYN

6f. How easy is it for you to walk one mile?
(Examiner Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/don't do

R5DW1MEZ



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 18 <input type="radio"/> Year 9 20 <input type="radio"/> Year 10

R7ID

R7ACROS

R7CONTAC

PHYSICAL FUNCTION

7c. How easy is it for you to walk up 10 steps without resting?
(*Examiner Note: Read response options.*)

- 1** Very easy
- 2** Somewhat easy
- 3** Or not that easy
- 8** Don't know/don't do

R7DW10EZ

7d. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- 1** Yes →
- 0** No →
- 8** Don't know/don't do →

R7DW20YN

7e. How easy is it for you to walk up 20 steps without resting?
(*Examiner Note: Read response options.*)

- 1** Very easy
- 2** Somewhat easy
- 3** Or not that easy
- 8** Don't know/don't do

R7DW20EZ



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Year 8 <input type="radio"/> Year 9 <input type="radio"/> Year 10

R8ID R8ACROS
PHYSICAL FUNCTION

8. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?

- R8EQUIP** Yes No Don't know Refused

9. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?

- R8DIOYN** Yes No Don't know Refused

Does someone usually help you get in and out of bed or chairs?

R8DIORHY Yes No Don't know

10. Do you have any difficulty bathing or showering?

- R8BATHYN** Yes No Don't know Refused

Does someone usually help you bathe or shower?

R8BATHRH Yes No Don't know

11. Do you have any difficulty dressing?

- R8DDYN** Yes No Don't know Refused

Does someone usually help you to dress?

R8DDRHYN Yes No Don't know

12. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?

- R8DIFSTA** Yes No Don't know Refused

How much difficulty do you have?
 (Examiner Note: Read response options.)

1 A little difficulty

2 Some difficulty

3 A lot of difficulty

4 Or are you unable to do it

Don't know

R8DSTAMT

How easy is it for you to stand up from a chair without using your arms?
 (Examiner Note: Read response options.)

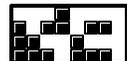
1 Very easy

2 Somewhat easy

3 Or not that easy

8 Don't know

R8EZSTA



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Year 8 <input type="radio"/> Year 9 <input type="radio"/> Year 10

R9ID R9ACROS
PHYSICAL FUNCTION

13. Do you have any difficulty stooping, crouching or kneeling?
(Examiner Note: "Difficulty" refers to difficulty getting down AND/OR getting back up.)

R9DIFSK Yes No Don't know Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

A little difficulty

Some difficulty

A lot of difficulty

Or are you unable to do it

Don't know

R9DSCKAM

14. Do you have any difficulty raising your arms up over your head?

R9DIFARM Yes No Don't know Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

A little difficulty

Some difficulty

A lot of difficulty

Or are you unable to do it

Don't know

R9DARMAM

15. Do you have any difficulty using your fingers to grasp or handle?

R9DIFFN Yes No Don't know Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

A little difficulty

Some difficulty

A lot of difficulty

Or are you unable to do it

Don't know

R9DIFNAM



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H		16 <input type="radio"/> Year 8 <input type="radio"/> Year 9 <input type="radio"/> Year 10

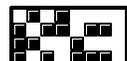
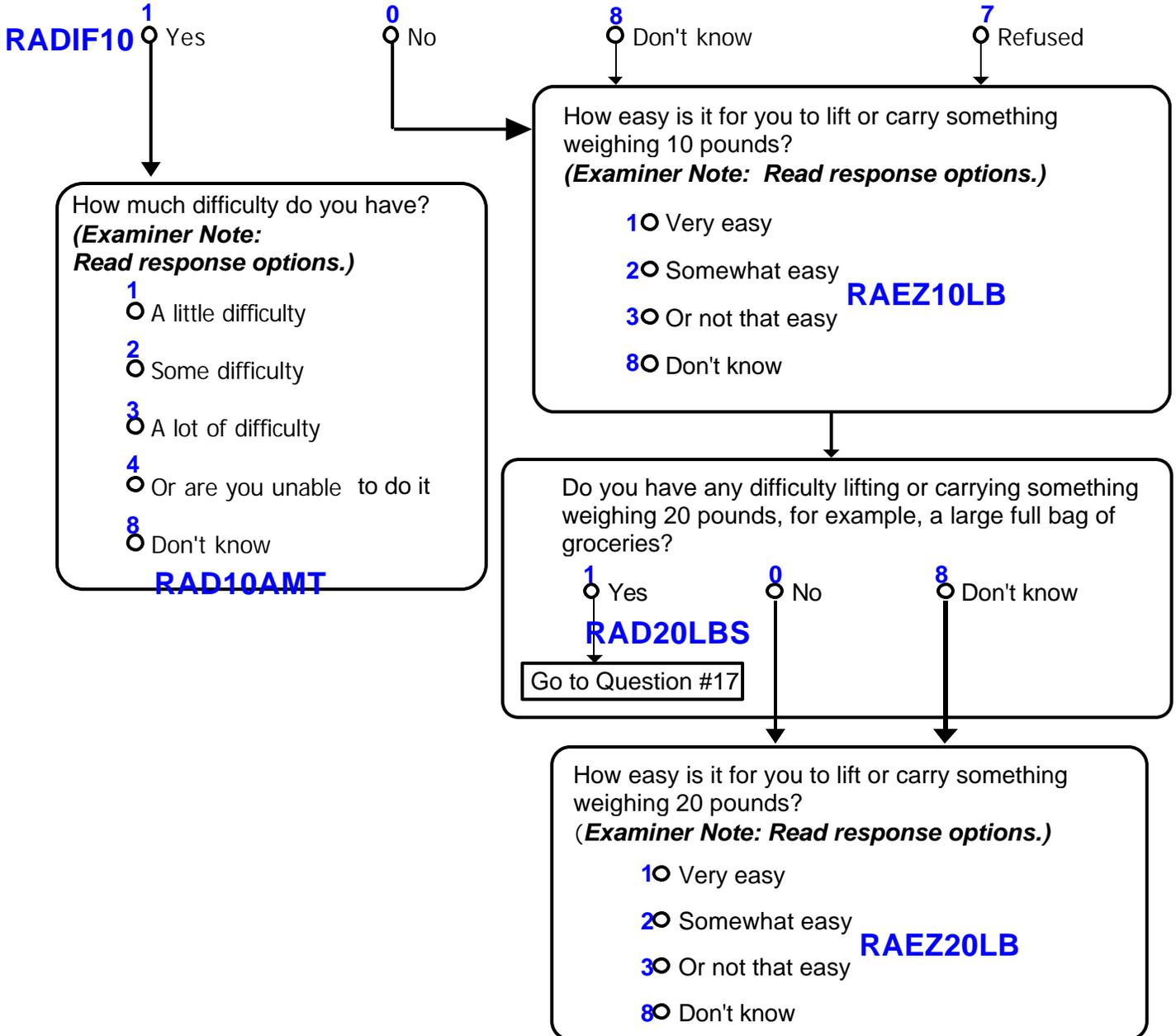
RAID

RAACROS

RACONTAC

PHYSICAL FUNCTION

16. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?



HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Year of Annual Interview 16 <input type="radio"/> Year 8 18 <input type="radio"/> Year 9 20 <input type="radio"/> Year 10
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RCID

RCACROS

RCCONTAC

PHYSICAL ACTIVITY AND EXERCISE

18. Did you walk for exercise, or walk to work, the store, or church, or walk the dog, at least 10 times, in the past 12 months?

RCEW12MO Yes No Don't know Refused

Go to Question #19

In the past 7 days, did you go walking?
1 Yes No RCEW7DAY

a. How many times did you go walking in the past 7 days?

RCEWTIME [] [] times Don't know
-1 RCEWTMDK

b. About how much time, on average, did you spend walking each time you walked (excluding rest periods)?
(Examiner Note: If less than 1 hour, record number of minutes.) RCEWMINS

RCEWHRS [] [] Hours [] [] Minutes Don't know
-1 RCEWTDK

c. When you walk, do you usually walk at a brisk pace (as fast as you can), a moderate pace, or at a leisurely stroll?

Brisk Moderate Stroll Don't know
1 2 3 8 RCEWPACE

What is the main reason you did not go walking in the past 7 days?

- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest RCEWREAS
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

19. Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months?

RCFS12MO Yes No Don't know Refused

Go to Question #20

a. In the past 7 days, did you walk up a flight of stairs?

RCFS7DAY Yes No Don't know

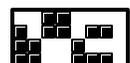
Go to Question #20

b. About how many flights did you walk up in the past 7 days? If you are unsure, please make your best guess.

RCFSNUM [] [] [] flights Don't know RCFSSNUMD
-1

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?

RCFSLOAD [] [] flights Don't know RCFSSLODK
-1



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Year 8 <input type="radio"/> Year 9 <input type="radio"/> Year 10 16 18 20
RDID	RDACROS	RDCONTAC

PHYSICAL ACTIVITY AND EXERCISE

20. Did you do any high intensity exercise, such as bicycling, swimming, jogging, racquet sports or using a stair-stepping, rowing or cross country ski machine or exercycle, at least 10 times, in the past 12 months?

- Yes **RDHI12MO** No Don't know Refused

Go to Question #21

In the past 7 days, did you do high intensity exercise?

Yes **RDHI7DAY** No

a. What activity(ies) did you do?
Mark all that apply.)

- 1 Bicycling/exercycle **RDHIABE**
- 1 Swimming **RDHIASWM**
- 1 Jogging **RDHIAJOG**
- 1 Aerobics **RDHIAAER**
- 1 Stair-stepping **RDHIASS**
- 1 Racquet sports **RDHIARS**
- 1 Rowing machine **RDHIAROW**
- 1 Cross country ski machine **RDHIASKI**
- 1 Other (Please specify):

RDHIAOTH _____

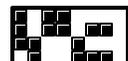
b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?
 (Examiner Note: If less than 1 hour, record number of minutes.)

RDHIA1HR **RDHIA1MN**

Hours Minutes -1 Don't know **RDHIA1DK**

What is the main reason you have not done any high intensity exercise in the past 7 days?

- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest **RDHINDEX**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know



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REID REACROS RECONTAC
PHYSICAL ACTIVITY AND EXERCISE

21. Did you do any moderate intensity exercise, such as golf, bowling, dancing, skating, bocce, table tennis, hunting, sailing or fishing, at least 10 times, in the past 12 months?

- REMI12MO Yes No Don't know Refused

Go to Question #22

In the past 7 days, did you do moderate intensity exercise?
REMI7DAY Yes No

a. What activity(ies) did you do?
Mark all that apply.)

- 1 Golf REMIGOLF
- 1 Bowling REMIBOWL
- 1 Dancing REMIDANC
- 1 Skating REMISKAT
- 1 Bocce REMIBOCC
- 1 Table tennis REMITENN
- 1 Billiards/pool REMIPOOL
- 1 Hunting REMIHUNT
- 1 Sailing/boating REMIBOAT
- 1 Fishing REMIFISH
- 1 Other (Please specify):

REMIOT1 _____

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?
(Examiner Note: If less than 1 hour, record number of minutes.)

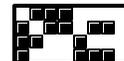
EMIA1HR REMIA1DK

		<input type="radio"/> Don't know
Hours	Minutes	-1

REMI1MN

What is the main reason you have not done any moderate intensity exercise in the past 7 days?

- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest REMINDEX
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know



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RFID

RFACROS

RFCONTAC

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

22. Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?

RFVWCURJ Yes ¹ No ⁰ Don't know ⁸ Refused ⁷

23. Do you currently do any volunteer work?

RFVWCURV Yes ¹ No ⁰ Don't know ⁸ Refused ⁷

24. Do you currently provide any regular care or assistance to a child or a disabled or sick adult?

RFVWCURA Yes ¹ No ⁰ Don't know ⁸ Refused ⁷



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RGID RGACROS RGCONTAC
APPETITE AND WEIGHT CHANGE

25. Now I have some questions about your appetite.

In general, would you say that your appetite or desire to eat has been. . . ?

(Examiner Note: Read response options.)

1 Very good

2 Good

3 Moderate

4 Poor **RGAPPET**

5 Very poor

8 Don't know

7 Refused

25A. Because of a health or physical problem, do you have any difficulty preparing meals?

RGDFPREP ¹ Yes ⁰ No ⁹ Does not do ⁸ Don't know ⁷ Refused

25B. Because of a health or physical problem, do you have any difficulty shopping for food?

RGDFSHOP ¹ Yes ⁰ No ⁹ Does not do ⁸ Don't know ⁷ Refused

25C. How much do you currently weigh?

(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

RGWTLBS pounds ⁸ Don't know/don't remember ⁷ Refused **RGLBS2**

26. At the present time, are you trying to lose weight?

RGTRYLS2 ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

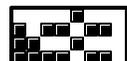
SMOKING HABITS

27. Do you currently smoke cigarettes?

RGSMOKE ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

On average, about how many cigarettes a day do you smoke?

RGSMOKAV cigarettes per day ⁻¹ Don't know **RGFSNUMD**



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RHID RHACROS RHCONTAC
MEDICAL CONDITIONS

28. Now I'm going to ask you about some medical problems that you might have had in the past 12 months.

In the past 12 months, has a doctor told you that you had...?

Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.

RHHCHBP Yes No Don't know Refused

29. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.

RHSGDIAB Yes No Don't know Refused

30. In the past 12 months, have you fallen and landed on the floor or ground?

RHAJFALL Yes No Don't know Refused

Go to Question #31

How many times have you fallen in the past 12 months?
 If you are unsure, please make your best guess.

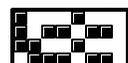
One
 Two or three
 Four or five **RHAJFNUM**
 Six or more
 Don't know

31. Are you troubled by shortness of breath when hurrying on a level surface or walking up a slight hill?

RHLCSBUP Yes No Don't know Refused

32. Do you ever have to stop for breath when walking at your own pace on a level surface?

RHLCSBLS Yes No Don't know Refused



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RIID RIACROS RICONTAC
MEDICAL CONDITIONS

33. Do you have to walk slower than people your own age when on a level surface because of breathlessness?

- RILCSBWS** Yes No Don't know Refused

34. During the past 12 months, were there times when you had a cough almost every morning?

- RICOF** Yes No Don't know Refused

How often did you have this morning cough?
 (Examiner Note: The months do not have to be consecutive.)

- A total of 3 or more months out of the past 12 months
 Less than 3 months out of the past 12 months **RICOFNUM**
 Don't know

35. In the past 12 months, have you had wheezing or whistling in your chest at any time?

- RIWHZ** Yes No Don't know Refused

Did you require medicine or treatment for any of the times you had wheezing or whistling in your chest?

- RIWHZMED** Yes No Don't know

36. Has a doctor ever told you that you had asthma?

- RILCASTH** Yes No Don't know Refused

a. Do you still have asthma?

- Yes No Don't know **RILCSHA**

b. Have you had an attack of asthma in the past 12 months?

- Yes No Don't know **RILCAS12**



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RJID RJACROS RJCONTAC
MEDICAL CONDITIONS

37. In the past 12 months, have you gone to a doctor's office or hospital emergency room for asthma or breathing problems?

RJLCASHP 1 Yes 0 No 8 Don't know 7 Refused

38. Has a doctor ever told you that you had any of the following...?

a. Emphysema?

RJLCEMPH 1 Yes 0 No 8 Don't know 7 Refused

b. Chronic obstructive pulmonary disease or COPD?

RJLCCOPD 1 Yes 0 No 8 Don't know 7 Refused

c. Chronic bronchitis?

RJLCCHBR 1 Yes 0 No 8 Don't know 7 Refused

Do you still have chronic bronchitis?

1 Yes 0 No 8 Don't know **RJLCSHCB**

38A. In the past 12 months, have you seen a health professional for new or worsening symptoms of...?

a. Chest pain?

RJCP 1 Yes 0 No 8 Don't know 7 Refused

b. Shortness of breath?

RJSOB 1 Yes 0 No 8 Don't know 7 Refused

c. Angina?

RJANGI 1 Yes 0 No 8 Don't know 7 Refused



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RKID

RKACROS

RKCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on / /

Month Day Year

39. Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?

RKHCHAMI Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RKHOSMI Yes

No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #40

- a. **RKREF39A**
- b. **RKREF39B**
- c. **RKREF39C**

40. Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure?

RKCHF Yes No Don't know Refused

Were you hospitalized overnight for this problem?

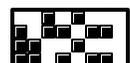
RKHOSMI3 Yes

No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #41

- a. **RKREF40A**
- b. **RKREF40B**
- c. **RKREF40C**



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RLID

RLACROS

RLCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

41. Since we last spoke to you about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

- RLHCCVA** Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RLHOSMI2 Yes

No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #42

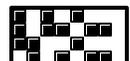
- a. **RLREF41A**
- b. **RLREF41B**
- c. **RLREF41C**

42. Since we last spoke to you about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you.

- RLCHMGMT** Yes No Don't know Refused

Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

- a. **RLREF42A**
- b. **RLREF42B**
- c. **RLREF42C**



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RMID

RMACROS

RMCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

43. Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia?

RMLCPNEU

Yes

No

Don't know

Refused

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

- a. **RMREF43A**
- b. **RMREF43B**
- c. **RMREF43C**

44. Since we last spoke to you about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)?

RMOSBR45

Yes

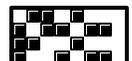
No

Don't know

Refused

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

- a. **RMREF44A**
- b. **RMREF44B**
- c. **RMREF44C**



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RNID

RNACROS

RNCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

45. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?

- RNHOSP12** Yes No Don't know Refused

Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.

a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45A Reason for hospitalization: _____	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45B Reason for hospitalization: _____	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45C Reason for hospitalization: _____
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45D Reason for hospitalization: _____	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45E Reason for hospitalization: _____	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF45F Reason for hospitalization: _____

46. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?

- RNOUTPA** Yes No Don't know Refused

Was it for. . . ?		Reference #
a. A procedure to open a blocked artery	10 Yes 00 No 80 Don't know	Complete a Health ABC Event Form, Section III. Record reference #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF46A
b. Gall bladder surgery	10 Yes 00 No 80 Don't know	RNGALLBL
c. Cataract surgery	10 Yes 00 No 80 Don't know	RNCATAR
d. TURP (MEN ONLY) (transurethral resection of prostate)	10 Yes 00 No 80 Don't know	NTURP



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ROID

ROACROS

ROCONTAC

MEDICAL CONDITIONS AND FATIGUE

47. Is there any other illness or condition for which you see a doctor or other health care professional?

- ROOTILL**
 Yes
 No
 Don't know
 Refused

Go to Question #48

48. Please describe your usual energy level in the past month, where 0 is no energy and 10 is the most energy that you have ever had.

- ROELEV**
 Energy level
 Don't know
 Refused

ROELEVRF

48A. In the past month, on the average, have you been feeling unusually tired during the day?

- ROELTIRE**
 Yes
 No
 Don't know
 Refused

Have you been feeling unusually tired...?
 (Examiner Note: Read response options.)

All of the time
 Most of the time
 Some of the time **ROELOFTN**
 Don't know
 Refused



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RPID RPACROS RPCONTAC
EYESIGHT AND DRIVING

Now I would like to ask you some questions about your eyesight.

49. At the present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?

- 1** Excellent
- 2** Good
- 3** Fair
- 4** Poor
- 5** Very poor
- 6** Completely blind
- 8** Don't know
- 7** Refused

RPESQUAL

50. Now, I'd like to ask about driving a car. Are you currently driving, at least once in a while?

- 1** Yes **0** No, I never drove
- 2** No, I am no longer driving
- 8** Don't know
- 7** Refused

RPESCAR

a. When did you stop driving?

- 1** Less than 6 months ago
- 2** 6-12 months ago
- 3** More than 12 months ago
- 8** Don't know

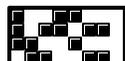
RPESSTOP

b. Did you stop driving because of your eyesight?

- 1** Yes **0** No **8** Don't know

RPESSITE

Examiner Note: Questions #51 and #52 have been removed from the Annual Telephone Interview.



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RUID

RUACROS

RUGONTAC

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

Examiner Note: Questions #51 and #52 have been removed from the Annual Telephone Interview.

53. What is your marital status? Are you...?
(Examiner Note: Read response options.)

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated **RUMARSTA**
- 5 Never married
- 8 Don't know
- 7 Refused

54. Beside yourself, how many other people live in your household?

- 1 Participant lives alone
- RUSSOPIH** Other people in household
- 8 Don't know
- 7 Refused **RUSSOPRF**



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RVID

RVACROS

RVCONTAC

SOCIAL NETWORK AND SUPPORT

55. In a typical week, how often do you get together with friends or neighbors? Would you say...
 (Examiner Note: Read response options.)

- 1 At least once a day
- 2 4 to 6 times per week
- 3 2 to 3 times per week
- 4 1 time per week
- 5 Less than once per week
- 8 Don't know
- 7 Refused

RVSSFRNE

56. In a typical week, how often do you get together with your children or other relatives?
 Would you say...
 (Examiner Note: Read response options.)

- 1 At least once a day
- 2 4 to 6 times per week
- 3 2 to 3 times per week
- 4 1 time per week
- 5 Less than once per week
- 8 Don't know
- 7 Refused

RVSSCHRE



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RWID RWACROS
HEALTH CARE/INSURANCE

RWGONTAC

RWHCSRC

57. Where do you usually go for health care or advice about health care?
(Examiner Note: Read response options. Mark only ONE answer.)

- 1 Private doctor's office (individual or group practice)
- 2 Public clinic such as a neighborhood health center
- 3 Health Maintenance Organization (HMO) (Please specify: _____)
(Examples: Health Maintenance Organization (e.g., Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring))
- 4 Hospital outpatient clinic
- 5 Emergency room
- 6 Other (Please specify: _____)

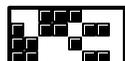
Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.

58. Do you have a health insurance plan or other supplemental coverage which pays for a visit to a doctor?

- Yes
 No
 Don't know
 Refused **RWHCHI**

What type of health insurance do you have?
(Examiner Note: Please record all types below. If participant is unsure whether they have Part B Medicare, ask if you may look at their Medicare card.)

- RWHCHI01** ⁻¹ Part B Medicare
- RWHCHI02** ⁻¹ Medicaid/public medical assistance (e.g., Family Care Network; Health Choices; Health Pass, Tenn Care) (Please specify: _____)
- RWHCHI03** ⁻¹ Health Maintenance Organization (e.g., Keystone; Cigna; UPMC Health Plan; Aetna; HealthAmerica, HealthSpring) (Please specify: _____)
- RWHCHI04** ⁻¹ Medi-Gap
- RWHCHI05** ⁻¹ Private insurance (Please specify: _____)
- RWHCHI06** ⁻¹ Other (Please specify: _____)



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RXID

RXACROS

RXCONTAC

CURRENT ADDRESS AND TELEPHONE NUMBER

59. We would like to update all of your contact information this year. The address that we currently have listed for you is:
 (Examiner Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

RXADDYN Yes

No

Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.

60. The telephone number(s) that we currently have for you is (are):
 (Examiner Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)

Please tell me if these telephone number(s) are correct.

Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.

61. Do you expect to move or have a different address in the next 6 months?

RXSSESPY Yes

No

Don't know

Refused

Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.



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RYID RYACROS
CONTACT INFORMATION

RYCONTAC

62. 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 for yourself. Please tell me if the information I have is still correct.

(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for someone who could provide information and answer questions for the participant is correct.)

Is the contact information for someone who could provide information and answer questions for the participant correct?

RYCIYN Yes No

↓ ↓

Go to Question #63 ↓

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number on the HABC Participant Contact Information report. Please determine whether this person is next of kin or has power of attorney.

63. Has the participant identified their next of kin?
(Examiner Note: Refer to the HABC Participant Contact Information report.)

RYKNOK Yes No Don't know Refused

↓ ↓ ↓ ↓

Go to Question #64 Go to Question #65

Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for the next of kin is correct.

You previously told us the name and address of your next of kin. Please tell me if the information I have is still correct.

Is the name and address of the next of kin correct?

RYKYN Yes No Don't know Refused

↓ ↓ ↓ ↓

Go to Question #65 Go to Question #65

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.

↓

Go to Question #65





HABC Enrollment ID # H [][][][][][]	Acrostic [][][][][][]	Date Visit Completed [][] / [][] / [][][][][] Month / Day / Year	Staff ID # [][][][]
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T5ID

T5ACROS

T5DATE

T5STFID

HOME VISIT WORKBOOK

Year of Home Visit: Year 8 Year 10 Other (Please specify: _____)

T5CONTAC

What is your...?

[][][][][][][][][]	[][]	[][][][][][][][][]
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T5FNM

T5LNM

First Name

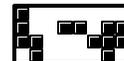
M.I.

Last Name

PROCEDURE CHECKLIST

Measurement	Page #	Yes: Measurement fully completed	Yes: Measurement partially completed	No: Participant refused	No: Other reason/ Not applicable	Comments
1. Was the Home Visit Interview administered?	2	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5HVIADM
2. Medication inventory	35	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5MIF
3. Weight	37	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5WT
4. Radial pulse	38	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5RP
5. Blood pressure	39	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5BP
6. Grip strength	40	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5GRIP
7. DXA: Did participant agree to come into clinic for DXA?	42	1 <input type="radio"/> Yes		0 <input type="radio"/> No		T5DXA
		Yes: Measurement fully completed	Yes: Measurement partially completed	No: Participant refused	No: Other reason/ Not applicable	
8. Pulmonary function test	49	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5PFT
9. Chair stands	51	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5CS
10. Standing balance	52	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5SB
11. Teng mini-mental state	54	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5TMM
12. Digit symbol substitution test	60	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5DSS
13. CLOX 1	62	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5CLOX
14. 4-meter walk	63	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T54MW
15. Phlebotomy	72	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5PHLEB
16. Laboratory processing	75	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5LAB
Year 8 only:						
17. Was the Hip and Knee Pain Interview administered?		1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	T5HPIADM
18. Did participant agree to schedule a hip x-ray?		1 <input type="radio"/>		0 <input type="radio"/>	2 <input type="radio"/>	T5HIPXR

Would you like us to send a copy of your test results to your doctor? Yes No T5DOC



HABC Enrollment ID # H	Acrostic	Date Visit Completed / /	Staff ID #
T4ID	T4ACROS	Month / Day / Year T4DATE	T4STFID

HOME VISIT WORKBOOK

Year of Home Visit: **16** Year 8 (in lieu of clinic visit)
18
20 Year 10 (in lieu of clinic visit)

T4CONTAC

1 Telephone Interview - hidden

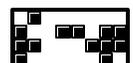
2 Clinic Visit - hidden **T4TYPE2**

Type of Annual Contact: **3** Home Visit

What is the primary reason an alternate type of contact was done for the annual clinic visit?
 Please mark only one reason.

- | | |
|--|---|
| 1 <input type="radio"/> Illness/health problem(s) | 8 <input type="radio"/> Family member's advice |
| 2 <input type="radio"/> Hearing difficulties | 9 <input type="radio"/> Clinic too far/travel time |
| 3 <input type="radio"/> Cognitive difficulties | 10 <input type="radio"/> Moved out of area |
| 4 <input type="radio"/> In nursing home/long-term care facility | 11 <input type="radio"/> Travelling/on vacation |
| 5 <input type="radio"/> Too busy; time and/or work conflict | 12 <input type="radio"/> Personal problem(s) |
| 6 <input type="radio"/> Caregiving responsibilities | 13 <input type="radio"/> Refused to give reason |
| 7 <input type="radio"/> Physician's advice | 14 <input type="radio"/> Other (<i>Please specify:</i> _____) |

T4REASON



HABC Enrollment ID #	Acrostic	Year of Home Visit
H [] [] [] [] []	[] [] [] [] []	16 <input type="radio"/> Year 8
		18 hidden <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

R2ID

R2ACROS

R2CONTAC

HOME VISIT INTERVIEW

Date of last regularly scheduled contact:

[] [] / [] [] / [] [] [] []
Month Day Year

NOT COLLECTED

(Examiner Note: Refer to Data from Prior Visits Report. Please also record this date on the top of page 20.)

1. In general, how would you say your health is? Would you say it is. . .
(Examiner Note: Read response options.)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know
- 7 Refused

R2HSTAT

2. Since we last spoke to you about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.

- R2BED12 Yes No Don't know Refused

About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.

(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

[] [] [] days R2BEDDAY

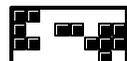
3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- R2CUT12 Yes No Don't know Refused

How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.

(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

[] [] [] days R2CUTDAY



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> 16 Year 8 <input type="radio"/> 18 hidden <input type="radio"/> 20 Year 10
R3ID	R3ACROS	R3CONTAC

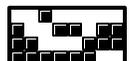
MEDICAL STATUS

4. Since we last spoke to you about 6 months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?

R3MCNH ¹ Yes
 ⁰ No
 ⁸ Don't know
 ⁷ Refused

5. Since we last spoke to you about 6 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?

R3MCVN ¹ Yes
 ⁰ No
 ⁸ Don't know
 ⁷ Refused



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8
		18 hidden <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

R5ID

R5ACROS

R5CONTAC

PHYSICAL FUNCTION

6d. How easy is it for you to walk a quarter of a mile?
(Examiner Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/don't do

R5DWQMEZ

6e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

- 1 Yes →
- 0 No →
- 8 Don't know/don't do →

R5DW1MYN

6f. How easy is it for you to walk one mile?
(Examiner Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/don't do

R5DW1MEZ



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ^{18 hidden} <input type="radio"/> Year 9 ²⁰ <input type="radio"/> Year 10
R6ID	R6ACROS	R6CONTAC

PHYSICAL FUNCTION

7. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?
(Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Don't do.")

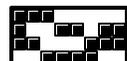
R6DW10YN ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused ⁹ Don't do

a. How much difficulty do you have?
(Examiner Note: Read response options.) **R6DIF**

¹ A little difficulty ² Some difficulty ³ A lot of difficulty ⁴ Or are you unable to do it ⁸ Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
(Examiner Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.) **R6MNRS2**

¹ <input type="radio"/> Arthritis	¹² <input type="radio"/> Hip fracture
² <input type="radio"/> Back pain	¹³ <input type="radio"/> Injury
³ <input type="radio"/> Balance problems/unsteadiness on feet	¹⁴ <input type="radio"/> Joint pain (Please specify: _____)
⁴ <input type="radio"/> Cancer	²⁴ <input type="radio"/> Leg pain
⁵ <input type="radio"/> Chest pain/discomfort	¹⁵ <input type="radio"/> Lung disease (asthma, chronic bronchitis, emphysema, etc)
⁶ <input type="radio"/> Circulatory problems	¹⁶ <input type="radio"/> Old age (no mention of a specific condition)
⁷ <input type="radio"/> Diabetes	¹⁷ <input type="radio"/> Osteoporosis
⁸ <input type="radio"/> Fatigue/tiredness (no specific disease)	¹⁸ <input type="radio"/> Shortness of breath
⁹ <input type="radio"/> Fall	¹⁹ <input type="radio"/> Stroke
²³ <input type="radio"/> Foot/ankle pain	²⁰ <input type="radio"/> Other symptom (Please specify: _____)
¹⁰ <input type="radio"/> Heart disease (including angina, congestive heart failure, etc)	²¹ <input type="radio"/> Multiple conditions/symptoms unable to determine MAIN reason
¹¹ <input type="radio"/> High blood pressure/hypertension	²² <input type="radio"/> Don't know



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 10 20 <input type="radio"/> Year 10

R7ID

R7ACROS

R7CONTAC

PHYSICAL FUNCTION

7c. How easy is it for you to walk up 10 steps without resting?
(Examiner Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/don't do

R7DW10EZ

7d. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- 1 Yes →
- 0 No →
- 8 Don't know/don't do →

R7DW20YN

7e. How easy is it for you to walk up 20 steps without resting?
(Examiner Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/don't do

R7DW20EZ



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 10 20 <input type="radio"/>

R8ID

R8ACROS

R8CONTAC

PHYSICAL FUNCTION

8. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?

R8EQUIP Yes No Don't know Refused

9. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?

R8DIOYN Yes No Don't know Refused

Does someone usually help you get in and out of bed or chairs?

R8DIORHY Yes No Don't know

10. Do you have any difficulty bathing or showering?

R8BATHYN Yes No Don't know Refused

Does someone usually help you bathe or shower?

R8BATHRH Yes No Don't know

11. Do you have any difficulty dressing?

R8DDYN Yes No Don't know Refused

Does someone usually help you to dress?

R8DDRHYN Yes No Don't know

12. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?

R8DIFSTA Yes No Don't know Refused

How much difficulty do you have?
(**Examiner Note: Read response options.**)

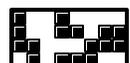
- 1 A little difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are you unable to do it
- Don't know

R8DSTAMT

How easy is it for you to stand up from a chair without using your arms?
(**Examiner Note: Read response options.**)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know

R8EZSTA



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ^{18 hidden} ²⁰ <input type="radio"/> Year 10

R9ID R9ACROS
PHYSICAL FUNCTION

R9CONTAC

13. Do you have any difficulty stooping, crouching or kneeling?
(Examiner Note: "Difficulty" refers to difficulty getting down AND/OR getting back up.)

- R9DIFSCK** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

¹ A little difficulty
² Some difficulty
R9DSCKAM ³ A lot of difficulty
⁴ Or are you unable to do it
⁸ Don't know

14. Do you have any difficulty raising your arms up over your head?

- R9DIFARM** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

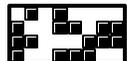
¹ A little difficulty
² Some difficulty
R9DARMAM ³ A lot of difficulty
⁴ Or are you unable to do it
⁸ Don't know

15. Do you have any difficulty using your fingers to grasp or handle?

- R9DIFFN** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

How much difficulty do you have?
(Examiner Note: Read response options.)

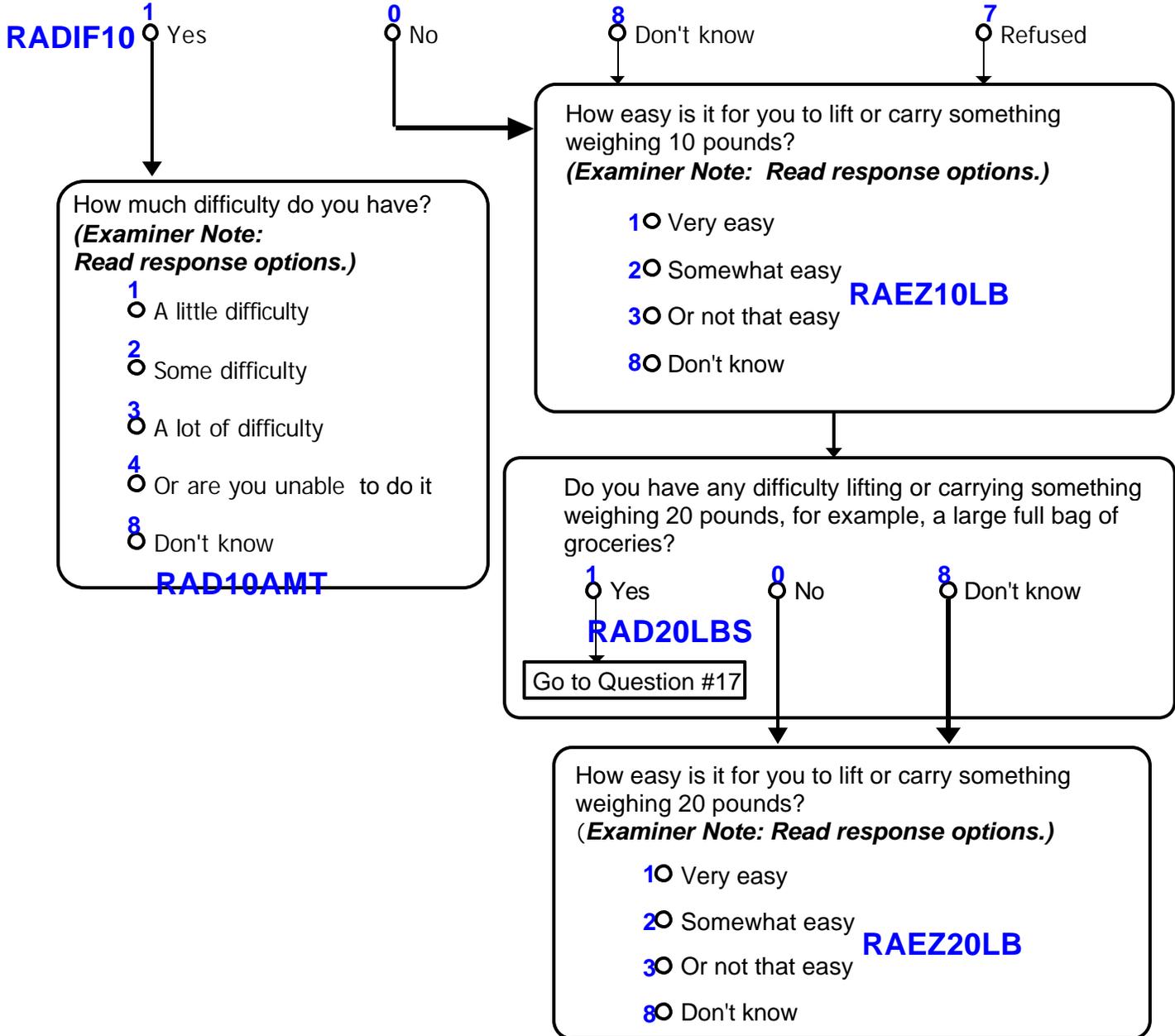
¹ A little difficulty
² Some difficulty
R9DIFNAM ³ A lot of difficulty
⁴ Or are you unable to do it
⁸ Don't know



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 Year 8 18 hidden 20 Year 10
RAID	RAACROS	RACONTAC

PHYSICAL FUNCTION

16. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Year 8 <input type="radio"/> Year 10

RCID

RCACROS

RCCONTAC

PHYSICAL ACTIVITY AND EXERCISE

18. Did you walk for exercise, or walk to work, the store, or church, or walk the dog, at least 10 times, in the past 12 months?
- Yes **RCEW12MO**
 No
 Don't know
 Refused

Go to Question #19

In the past 7 days, did you go walking?

Yes
 No **RCEW7DAY**

a. How many times did you go walking in the past 7 days?

RCEWTIME times Don't know **RCEWTMDK** ₋₁

b. About how much time, on average, did you spend walking each time you walked (excluding rest periods)?
(Examiner Note: If less than 1 hour, record number of minutes.) **RCEWMIN**

RCEWHRS Hours Minutes Don't know **RCEWTDK** ₋₁

c. When you walk, do you usually walk at a brisk pace (as fast as you can), a moderate pace, or at a leisurely stroll?

RCEWPACE

Brisk **1**
 Moderate **2**
 Stroll **3**
 Don't know **8**

What is the main reason you did not go walking in the past 7 days?
(Examiner Note: OPTIONAL - Show card #1.)

- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest **RCEWREAS**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

19. Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months?
- Yes **RCFS12MO**
 No
 Don't know
 Refused

Go to Question #20

a. In the past 7 days, did you walk up a flight of stairs?

Yes **RCFS7DAY**
 No
 Don't know

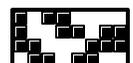
Go to Question #20

b. About how many flights did you walk up in the past 7 days?
If you are unsure, please make your best guess.

RCFSNUM flights Don't know **RCFSNUMD** ₋₁

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?

RCFSLOAD flights Don't know **RCFSLODK** ₋₁



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 9 20 <input type="radio"/> Year 10

RDID RDACROS RDCONTAC
PHYSICAL ACTIVITY AND EXERCISE

20. Did you do any high intensity exercise, such as bicycling, swimming, jogging, racquet sports or using a stair-stepping, rowing or cross country ski machine or exercycle, at least 10 times, in the past 12 months?

- RDHI12MO** Yes No Don't know Refused

Go to Question #21

In the past 7 days, did you do high intensity exercise?

RDHI7DAY Yes No

a. What activity(ies) did you do?
 (Examiner Note: **OPTIONAL - Show card #2. Mark all that apply.**)

- 1 Bicycling/exercycle **RDHIABE**
- 1 Swimming **RDHIASWM**
- 1 Jogging **RDHIAJOG**
- 1 Aerobics **RDHIAAER**
- 1 Stair-stepping **RDHIASS**
- 1 Racquet sports **RDHIARS**
- 1 Rowing machine **RDHIAROW**
- 1 Cross country ski machine **RDHIASKI**
- 1 Other (Please specify):

RDHIAOTH _____

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?

(Examiner Note: **If less than 1 hour, record number of minutes.**)

RDHIA1HR **RDHIA1MN**
 Hours Minutes

- 1 Don't know **RDHIA1DK**

What is the main reason you have not done any high intensity exercise in the past 7 days?
 (Examiner Note: **OPTIONAL - Show card #3.**)

- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest **RDHINDEX**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 10 20 <input type="radio"/>

REID REACROS RECONTAC
PHYSICAL ACTIVITY AND EXERCISE

21. Did you do any moderate intensity exercise, such as golf, bowling, dancing, skating, bocce, table tennis, hunting, sailing or fishing, at least 10 times, in the past 12 months?

REMI12MO Yes No Don't know Refused

Go to Question #22

In the past 7 days, did you do moderate intensity exercise?

REMI7DAY Yes No

a. What activity(ies) did you do?
(Examiner Note: OPTIONAL - Show card #4. Mark all that apply.)

- 1 Golf REMIGOLF
- 1 Bowling REMIBOWL
- 1 Dancing REMIDANC
- 1 Skating REMISKAT
- 1 Bocce REMIBOCC
- 1 Table tennis REMITENN
- 1 Billiards/pool REMIPOOL
- 1 Hunting REMIHUNT
- 1 Sailing/boating REMIBOAT
- 1 Fishing REMIFISH
- 1 Other (Please specify):

REMIOT1 _____

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?
(Examiner Note: If less than 1 hour, record number of minutes.)

REMA1DK

REMA1HR

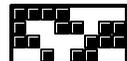
Hours Minutes

Don't know
-1

REMA1MN

What is the main reason you have not done any moderate intensity exercise in the past 7 days?
(Examiner Note: OPTIONAL - Show card #5.)

- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest REMINDEX
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> Year 8 18 hidden <input checked="" type="radio"/> Year 10 16 20

RFID

RFACROS

RFCONTAC

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

22. Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?

RFVWCURJ Yes No Don't know Refused

23. Do you currently do any volunteer work?

RFVWCURV Yes No Don't know Refused

24. Do you currently provide any regular care or assistance to a child or a disabled or sick adult?

RFVWCURA Yes No Don't know Refused

HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of Home Visit 16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> 20 <input type="radio"/> Year 10
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RGID RGACROS RGCONTAC
APPETITE AND WEIGHT CHANGE

25. Now I have some questions about your appetite.

In general, would you say that your appetite or desire to eat has been. . . ?
(Examiner Note: Read response options.)

- 1 Very good
- 2 Good
- 3 Moderate
- 4 Poor **RGAPPET**
- 5 Very poor
- 8 Don't know
- 7 Refused

25A. Because of a health or physical problem, do you have any difficulty preparing meals?

- RGDFPREP** 1 Yes 0 No 9 Does not do 8 Don't know 7 Refused

25B. Because of a health or physical problem, do you have any difficulty shopping for food?

- RGDFSHOP** 1 Yes 0 No 9 Does not do 8 Don't know 7 Refused

25C. How much do you currently weigh?

(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

- RGWTLBS** pounds 8 Don't know/don't remember 7 Refused **RGLBS2**

26. At the present time, are you trying to lose weight?

- RGTRYLS2** 1 Yes 0 No 8 Don't know 7 Refused

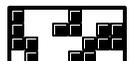
SMOKING HABITS

27. Do you currently smoke cigarettes?

- RGSMOKE** 1 Yes 0 No 8 Don't know 7 Refused

On average, about how many cigarettes a day do you smoke?

- RGSMOKAV** cigarettes per day -1 Don't know **RGFSNUMD**



HABC Enrollment ID #	Acrostic	Year of Home Visit
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RHID
RHACROS
RHCONTAC
MEDICAL CONDITIONS

28. Now I'm going to ask you about some medical problems that you might have had in the past 12 months.

In the past 12 months, has a doctor told you that you had...?

Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.

RHHCHBP 1 Yes 0 No 8 Don't know 7 Refused

29. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.

RHSGDIAB 1 Yes 0 No 8 Don't know 7 Refused

30. In the past 12 months, have you fallen and landed on the floor or ground?

RHAJFALL 1 Yes 0 No 8 Don't know 7 Refused

Go to Question #31

How many times have you fallen in the past 12 months?
If you are unsure, please make your best guess.

1 One

2 Two or three

4 Four or five **RHAJFNUM**

6 Six or more

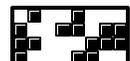
8 Don't know

31. Are you troubled by shortness of breath when hurrying on a level surface or walking up a slight hill?

RHLCSBUP 1 Yes 0 No 8 Don't know 7 Refused

32. Do you ever have to stop for breath when walking at your own pace on a level surface?

RHLCSBLS 1 Yes 0 No 8 Don't know 7 Refused



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RIID RIACROS RICONTAC
MEDICAL CONDITIONS

33. Do you have to walk slower than people your own age when on a level surface because of breathlessness?

RILCSBWS Yes No Don't know Refused

34. During the past 12 months, were there times when you had a cough almost every morning?

RICOF Yes No Don't know Refused

How often did you have this morning cough?
(Examiner Note: The months do not have to be consecutive.)

1 A total of 3 or more months out of the past 12 months
2 Less than 3 months out of the past 12 months RICOFNUM
8 Don't know

35. In the past 12 months, have you had wheezing or whistling in your chest at any time?

RIWHZ Yes No Don't know Refused

Did you require medicine or treatment for any of the times you had wheezing or whistling in your chest?

RIWHZMED Yes No Don't know

36. Has a doctor ever told you that you had asthma?

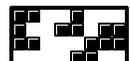
RILCASTH Yes No Don't know Refused

a. Do you still have asthma?

Yes No Don't know RILCSHA

b. Have you had an attack of asthma in the past 12 months?

Yes No Don't know RILCAS12



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RJID RJACROS RJCONTAC
MEDICAL CONDITIONS

37. In the past 12 months, have you gone to a doctor's office or hospital emergency room for asthma or breathing problems?

RJLCASHP Yes No Don't know Refused

38. Has a doctor ever told you that you had any of the following...?

a. Emphysema?

RJLCEMPH Yes No Don't know Refused

b. Chronic obstructive pulmonary disease or COPD?

RJLCCOPD Yes No Don't know Refused

c. Chronic bronchitis?

RJLCCHBR Yes No Don't know Refused

Do you still have chronic bronchitis?

Yes No Don't know

RJLCSHCB

38A. In the past 12 months, have you seen a health professional for new or worsening symptoms of...?

a. Chest pain?

RJCP Yes No Don't know Refused

b. Shortness of breath?

RJSOB Yes No Don't know Refused

c. Angina?

RJANGI Yes No Don't know Refused



HABC Enrollment ID #	Acrostic	Year of Home Visit
H [] [] [] [] []	[] [] [] []	16 <input type="radio"/> Year 8
		18 hidden <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

RKID

RKACROS

RKCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on [] [] / [] [] / [] [] [] []

Month / Day / Year

39. Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?

RKHCHAMI Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RKHOSMI Yes No

No
Go to Question #40

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

- a. [] [] [] [] [] **RKREF39A**
- b. [] [] [] [] [] **RKREF39B**
- c. [] [] [] [] [] **RKREF39C**

40. Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure?

RKCHF Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RKHOSMI3 Yes No

No
Go to Question #41

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

- a. [] [] [] [] [] **RKREF40A**
- b. [] [] [] [] [] **RKREF40B**
- c. [] [] [] [] [] **RKREF40C**



HABC Enrollment ID #	Acrostic	Year of Home Visit
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RLID

RLACROS

RLCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

41. Since we last spoke to you about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

- RLHCCVA** Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RLHOSMI2 Yes No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **RLREF41A**

b. **RLREF41B**

c. **RLREF41C**

[Go to Question #42](#)

42. Since we last spoke to you about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you.

- RLCHMGMT** Yes No Don't know Refused

Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

a. **RLREF42A**

b. **RLREF42B**

c. **RLREF42C**



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RMID

RMACROS

RMCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

43. Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia?

- RMLCPNEU** Yes No Don't know Refused

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

- a. **RMREF43A**
- b. **RMREF43B**
- c. **RMREF43C**

44. Since we last spoke to you about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)?

- RMOSBR45** Yes No Don't know Refused

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

- a. **RMREF44A**
- b. **RMREF44B**
- c. **RMREF44C**



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Home Visit 16 ○ Year 8 18 hidden 20 ○ Year 10
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RNID

RNACROS

RNCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

45. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?

RNHOSP12 Yes No Don't know Refused

Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.

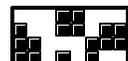
a. [] [] [] [] [] RNREF45A Reason for hospitalization: _____	b. [] [] [] [] [] RNREF45B Reason for hospitalization: _____	c. [] [] [] [] [] RNREF45C Reason for hospitalization: _____
d. [] [] [] [] [] RNREF45D Reason for hospitalization: _____	e. [] [] [] [] [] RNREF45E Reason for hospitalization: _____	f. [] [] [] [] [] RNREF45F Reason for hospitalization: _____

46. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?

RNOUTPA Yes No Don't know Refused

Was it for...?

		Reference #
a. A procedure to open a blocked artery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	→ Complete a Health ABC Event Form, Section III. Record reference #: [] [] [] [] [] RNREF46A
b. Gall bladder surgery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNBLART RNGALLBL
c. Cataract surgery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNCATAR
d. TURP (MEN ONLY) (transurethral resection of prostate)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNTURP



HABC Enrollment ID #	Acrostic	Year of Home Visit
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ROID

ROACROS

ROCONTAC

MEDICAL CONDITIONS AND FATIGUE

47. Is there any other illness or condition for which you see a doctor or other health care professional?

ROOTILL Yes No Don't know Refused

Go to Question #48

48. Please describe your usual energy level in the past month, where 0 is no energy and 10 is the most energy that you have ever had.

(Examiner Note: REQUIRED - Show card #6.)

ROELEV

Energy level

Don't know

Refused

ROELEVRF

48A. In the past month, on the average, have you been feeling unusually tired during the day?

ROELTIRE Yes No Don't know Refused

Have you been feeling unusually tired...?
(Examiner Note: Read response options.)

1 All of the time

2 Most of the time

3 Some of the time **ROELOFTN**

8 Don't know

7 Refused



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RPID RPACROS
EYESIGHT AND DRIVING

RPCONTAC

Now I would like to ask you some questions about your eyesight.

49. At the present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?
(Examiner Note: OPTIONAL - Show card #7.)

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor
- 6 Completely blind
- 8 Don't know
- 7 Refused

RPESQUAL

50. Now, I'd like to ask about driving a car. Are you currently driving, at least once in a while?

- 1 Yes
- 0 No, I never drove
- 2 No, I am no longer driving
- 8 Don't know
- 7 Refused

RPESCAR

a. When did you stop driving?

- 1 Less than 6 months ago
- 2 6-12 months ago
- 3 More than 12 months ago
- 8 Don't know

RPESSTOP

b. Did you stop driving because of your eyesight?

- 1 Yes
- 0 No
- 8 Don't know

RPESSITE

Examiner Note: Questions #51 and #52 have been removed from the Home Visit Interview.



HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of Home Visit 16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 10 20 <input type="radio"/>
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RUID

RUACROS

RUGONTAC

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

Examiner Note: Questions #51 and #52 have been removed from the Home Visit Interview.

53. What is your marital status? Are you...?
(Examiner Note: Read response options.)

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 8 Don't know
- 7 Refused

RUMARSTA

54. Beside yourself, how many other people live in your household?

- 1 Participant lives alone
- Other people in household:
- 8 Don't know
- 7 Refused

RUSSOPRF



HABC Enrollment ID #	Acrostic	Year of Home Visit
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RVID

RVACROS

RVCONTAC

SOCIAL NETWORK AND SUPPORT

55. In a typical week, how often do you get together with friends or neighbors? Would you say...
(Examiner Note: Read response options. **REQUIRED - Show card #8.**)

- 1 At least once a day
- 2 4 to 6 times per week
- 3 2 to 3 times per week
- 4 1 time per week
- 5 Less than once per week
- 8 Don't know
- 7 Refused

RVSSFRNE

56. In a typical week, how often do you get together with your children or other relatives?
Would you say...
(Examiner Note: Read response options. **REQUIRED - Show card #8.**)

- 1 At least once a day
- 2 4 to 6 times per week
- 3 2 to 3 times per week
- 4 1 time per week
- 5 Less than once per week
- 8 Don't know
- 7 Refused

RVSSCHRE



HABC Enrollment ID #	Acrostic	Year of Home Visit
H		16 Year 8
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		20

RWID RWACROS
HEALTH CARE/INSURANCE

RWCONTAC

57. Where do you usually go for health care or advice about health care?
(Examiner Note: Read response options. Mark only ONE answer.)

- 1 Private doctor's office (individual or group practice)
- 2 Public clinic such as a neighborhood health center
- 3 Health Maintenance Organization (HMO) (Please specify: _____)
(Examples: Health Maintenance Organization (e.g., Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring)
- 4 Hospital outpatient clinic
- 5 Emergency room
- 6 Other (Please specify: _____)

RWHCSRC

Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.

58. Do you have a health insurance plan or other supplemental coverage which pays for a visit to a doctor?

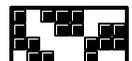
- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

RWHCHI

What type of health insurance do you have?

(Examiner Note: Please record all types below. If participant is unsure whether they have Part B Medicare, ask if you may look at their Medicare card.)

- RWHCHI01⁻¹ Part B Medicare
- RWHCHI02⁻¹ Medicaid/public medical assistance (e.g., Family Care Network; Health Choices; Health Pass, Tenn Care) (Please specify: _____)
- RWHCHI03⁻¹ Health Maintenance Organization (e.g., Keystone; Cigna; UPMC Health Plan; Aetna; HealthAmerica, HealthSpring) (Please specify: _____)
- RWHCHI04⁻¹ Medi-Gap
- RWHCHI05⁻¹ Private insurance (Please specify: _____)
- RWHCHI06⁻¹ Other (Please specify: _____)



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RXID

RXACROS

RXCONTAC

CURRENT ADDRESS AND TELEPHONE NUMBER

59. We would like to update all of your contact information this year. The address that we currently have listed for you is:

(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

RXADDYN Yes

No

Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.

60. The telephone number(s) that we currently have for you is (are):

(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)

Please tell me if these telephone number(s) are correct.

Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.

61. Do you expect to move or have a different address in the next 6 months?

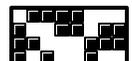
RXSSESPY Yes

No

Don't know

Refused

Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.



HABC Enrollment ID #	Acrostic	Year of Home Visit
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RYID RYACROS		RYCONTAC

CONTACT INFORMATION

62. 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 for yourself. Please tell me if the information I have is still correct.

(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for someone who could provide information and answer questions for the participant is correct.)

Is the contact information for someone who could provide information and answer questions for the participant correct?

RYCIYN 1 Yes 0 No

↓

Go to Question #63

↓

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number on the HABC Participant Contact Information report. Please determine whether this person is next of kin or has power of attorney.

63. Has the participant identified their next of kin?
(Examiner Note: Refer to the HABC Participant Contact Information report.)

RYKNOK 1 Yes 0 No 8 Don't know 7 Refused

↓

Go to Question #64

Go to Question #65

Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for the next of kin is correct.

You previously told us the name and address of your next of kin. Please tell me if the information I have is still correct.

Is the name and address of the next of kin correct?

RYKYN 1 Yes 0 No 8 Don't know 7 Refused

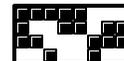
↓

Go to Question #65

Go to Question #65

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.

Go to Question #65



S1ID

HABC Enrollment ID #	Acrostic	Year of Home Visit
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S1ACROS

S1CONTAC

CONTACT INFORMATION

67. You previously told us the name, address, and telephone number of two friends, relatives, or a clergy person who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. These people did not have to be local people. Please tell me if the information I have is still correct.
(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for two, friends, relatives, or a clergy person who do not live with the participant is correct.)

Is the contact information for the two close friends or relatives who do not live with the participant and who would know how to reach the participant in case they move correct?

S1C1YN Yes No

↓

Go to Question #68

↓

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number on the HABC Participant Contact Information report. Please determine whether this person is next of kin or has power of attorney.

Examiner Note: Please answer the following question based on your judgment of the participant's responses to this interview.

68. On the whole, how reliable do you think the participant's responses to this interview are?

Very reliable
 Fairly reliable
 Not very reliable
 Don't know

S1RELY

Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes. We will be calling you in about 6 months from now to find out how you've been doing.



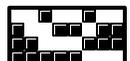
HABC Enrollment ID # <input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of Home Visit <input checked="" type="radio"/> ¹⁶ Year 8 <input checked="" type="radio"/> ²⁰ Year 10	Staff ID# <input type="text"/> <input type="text"/> <input type="text"/>
S4ID	S4ACROS	S4CONTAC	S4STFID2

WEIGHT

Examiner Note: Weight is measured without shoes, heavy jewelry, or wallets.

1. Measurement 1 . lb **S4WTLBS**

2. Measurement 2 . lb **S4WTLBS2**



HABC Enrollment ID #	Acrostic	Year of Home Visit	Staff ID#
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S5ID	S5ACROS	S5CONTAC	S5STFID

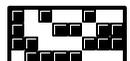
RADIAL PULSE

Measurement 1 beats per 30 seconds **S5PLSSM1**

+

Measurement 2 beats per 30 seconds **S5PLSSM2**

= beats per minute **S5PLSAV**



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
S6ID	S6ACROS	S6CONTAC	S6STFID

BLOOD PRESSURE

1. Cuff Size Small Regular Large Thigh **S6OCUF**

2. Arm Used Right Left →

(Examiner Note: Use arm listed on Data from Prior Visits Report.)

Please explain why right arm was not used:

Pulse Obliteration Level

3. Palpated Systolic [] [] [] **S6POPS** mm Hg * Add +30 to Palpated Systolic to obtain Maximal Inflation Level.

+ Add 30*

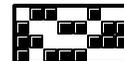
4. Maximal Inflation Level (MIL) [] [] [] **S6POMX** mm Hg † If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.

5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes No **S6BPYN**

Blood Pressure (Seated)

6. Systolic **S6SYS** [] [] [] mm Hg **Comments (required for missing or unusual values):** _____

7. Diastolic **S6DIA** [] [] [] mm Hg _____



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] []
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S7ID

S7ACROS

S7CONTAC

S7STFID

GRIP STRENGTH

(Hand-Held Dynamometry)

1. Have you had any surgery on your hands or wrists in the past 3 months?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **S7WRST1**

Which hand?		
<input type="radio"/> 1 Right	<input type="radio"/> 2 Left	<input type="radio"/> 3 Both right and left S7WRTRL
Do NOT test right.	Do NOT test left.	Do NOT test either hand. Go to Questions #4 and #5 on next page and mark "Unable to test/exclusion/didn't understand."

2. Has any pain or arthritis in your right hand gotten worse recently?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **S7ARWRSR**

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 8 Don't know S7PSQ1

3. Has any pain or arthritis in your left hand gotten worse recently?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **S7ARWRSL**

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 8 Don't know S7PSQ2



HABC Enrollment ID #	Acrostic	Year of Home Visit
<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 16 Year 8 <input type="radio"/> 20 Year 10

S8ID S8ACROS S8CONTAG
GRIP STRENGTH (Hand-Held Dynamometry)

Script: "I'd like you to take your right/left arm, rest it on the table, and bend your elbow. Grip the two bars in your hand, like this. Please slowly squeeze the bars as hard as you can."

Examiner Note: Hand the dynamometer to the participant. Adjust if needed.

Script: "Now try it once just to get the feel of it. For this practice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Examiner Note: Show dial to participant.

Script: "We'll do this two times. This time it counts, so when I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

4. Right Hand ⁻¹ Unable to test/exclusion/didn't understand S8NOTST

S8RTR1 Trial 1 kg 7 Refused 9 Unable to complete S8RRUC1

Examiner Note: Wait 15-20 seconds before second trial.

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8RTR2 Trial 2 kg 7 Refused 9 Unable to complete S8RRUC2

Repeat the procedure on the left side.

5. Left Hand ⁻¹ Unable to test/exclusion/didn't understand S8LNTST

Script: "Now we'll test your left side. When I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR1 Trial 1 kg 7 Refused 9 Unable to complete S8LRUC1

Examiner Note: Wait 15-20 seconds before second trial.

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR2 Trial 2 kg 7 Refused 9 Unable to complete S8LRUC2



HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Scan Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Staff ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
S9ID	S9ACROS	Month Day Year S9DATE	S9STFID

Year of Home Visit: Year 8 Year 10 **S9CONTAC**

BONE DENSITY (DXA) SCAN

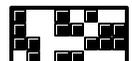
1. Do you have breast implants?
 Yes No Don't know Refused **S9BI**

- ◆ Flag scan for review by DXA Reading Center.
- ◆ Indicate in the table in Question #2 whether breast implant is in "Left ribs" or "Right ribs" subregion, or both.

2. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?
 Yes No Don't know Refused **S9MO**

- a. Flag scan for review by DXA Reading Center.
b. Indicate in the table the location of joint replacement, hardware or other artifacts (sub-regions are those defined by the whole body scan analysis).

Sub-region	Hardware	Other Artifacts	None
Head	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9HEAD
Left arm	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LA
Right arm	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RA
Left ribs	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LR
Right ribs	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RR
Thoracic spine	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9TS
Lumbar spine	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LS
Pelvis	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9PEL
Left leg	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LL
Right leg	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RL



HABC Enrollment ID #	Acrostic	Year of Home Visit
H		16 20
		<input type="radio"/> Year 8 <input type="radio"/> Year 10

SAID SAACROS
BONE DENSITY (DXA) SCAN

3. Have you had any of the following tests within the past ten days?

	Yes	No	Don't know	Refused	
a. Barium enema	SABE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
b. Upper GI X-ray series	SAUGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
c. Lower GI X-ray series	SALGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
d. Nuclear medicine scan	SANUKE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
e. Other tests using contrast ("dye") or radioactive materials	<input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	SAOTH2

**(Examiner Note: If "Yes" to any, reschedule bone density measurement so that at least 10 days will have passed since the tests were performed.)*

4. Have you ever had hip replacement surgery where all or part of your joint was replaced?

SAHIPRP 1 Yes 0 No 8 Don't know 7 Refused

On which side did you have hip replacement surgery?

1 Right 2 Left 3 Both **SAHIPRP2**

Do NOT scan right hip.

Do NOT scan left hip.

Do NOT scan either hip.
Go to Question #6 on the next page.

5. Which hip was scanned at the Baseline (Year 1) Clinic Visit?

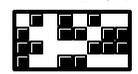
(Examiner Note: Refer to Data from Prior Visits Report to see which hip was scanned at Baseline.)

SAHIPY1 1 Right 2 Left 3 Neither 8 Don't know

Scan right hip unless contraindicated.

Scan left hip unless contraindicated.

Scan right hip unless contraindicated.



HABC Enrollment ID #	Acrostic	Year of Home Visit
H [] [] [] [] []	[] [] [] []	<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10
SBID	SBACROS	SBCONTAC

BONE DENSITY (DXA) SCAN

6. Was a bone density measurement obtained for...?

a. Whole body

1 Yes 0 No **SBWB**

Last 2 characters of scan ID #: [] [] **SBSCAN1**

Date of scan: [] [] / [] [] / [] [] [] [] **SBSCDTE1**

Month Day Year

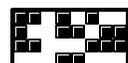
b. Hip

1 Yes 0 No **SBHIP**

Last 2 characters of scan ID #: [] [] **SBSCAN2**

Date of scan: [] [] / [] [] / [] [] [] [] **SBSCDTE2**

Month Day Year



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 <input checked="" type="radio"/> Year 10	Staff ID# [] [] []
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SGID SGACROS SGCONTAC SGSTFID
PULMONARY FUNCTION TEST TRACKING

1. Is the participant's systolic blood pressure greater than 199 mm Hg or diastolic blood pressure greater than 109 mm Hg?

Examiner Note: Check blood pressure recorded on page #39.)

1 Yes 0 No **SGBPCHK**

Do NOT test. Go to Question #9.

2. Have you had any surgery on your chest or abdomen in the past 2 months?

1 Yes 0 No 8 Don't know 7 Refused **SGSURG**

Do NOT test. Go to Question #9.

3. Have you had a heart attack in the past 2 months?

1 Yes 0 No 8 Don't know 7 Refused **SGHA**

Do NOT test. Go to Question #9.

4. Now please think about the past 30 days. Have you been hospitalized for any other heart problem in the past 30 days?

1 Yes 0 No 8 Don't know 7 Refused **SGHOSP**

Do NOT test. Go to Question #9.

5. Do you have a detached retina or have you had eye surgery in the past 2 months?

1 Yes 0 No 8 Don't know 7 Refused **SGRET**

Do NOT test. Go to Question #9.

6. Have you had symptoms of a cold or respiratory infection within the past 2 weeks?

1 Yes 0 No 8 Don't know 7 Refused **SGRESP**



HABC Enrollment ID #	SHACROS Acrostic	Year of Home Visit
SHID H		16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

PULMONARY FUNCTION TEST TRACKING

7. Does the participant regularly use beta-agonist inhalers, an anticholinergic inhaler (Atrovent, Spiriva), or a combination inhaler/nebulizer (Combivent, Advair, DuoNeb)?

Examiner Note: Check Medication Inventory Form or medications identified by the participant. Common beta-agonist inhalers include: Short acting: Albuterol, Brethair, Maxair Autohaler, Proventil, Tonalate, Ventolin, Alupent, Xopenix. Long acting: Serevent, Foradil. Anticholinergic inhaler: Atrovent, Spiriva. Combination inhaler/nebulizer: Combivent, Advair, DuoNeb.

1 Yes 0 No 8 Don't know SHBETA

Has the participant used their . . .

- ◆ Short-acting beta agonist (e.g., Albuterol, Brethair, Maxair Autohaler, Proventil, Tonalate, Ventolin, Alupent, Xopenix, DuoNeb), in the last 4 hours,
- ◆ Atrovent or Combivent in the last 6 hours,
- ◆ Serevent, Advair, or Foradil in the last 10 hours, or
- ◆ Spiriva in the last 24 hours?

(Examiner Note: If a participant has used Atrovent, Spiriva, Combivent, Advair, Foradil, or Serevent within the prescribed time period, they should NOT be asked to use their short-acting bronchodilator.)

1 Yes 0 No 8 Don't know SHINHALE

Administer PFT and go to Question # 8.

If the participant has their short-acting bronchodilator with them, ask them to take two puffs and wait 15 minutes before performing the test. If they do not have their short-acting bronchodilator with them, proceed with the test.

Administer PFT and go to Question # 8.

8. What equipment is being used for the pulmonary function test?

SHSPIRTY

1 Table-top spirometer 2 Hand-held (EasyOne) spirometer

9. Was the spirometry test completed?

0 Yes 0 No SHSPIR

Record the results:

SHFVCBST
FVC Best value: [] . [] [] liters

SHFVCPR
FVC Percent predicted: [] [] [] . [] percent

SHFEVBST
FEV₁ Best value: [] . [] [] liters

SHFEVPR
FEV₁ Percent predicted: [] [] [] . [] percent

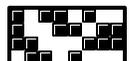
SHFEVPR2
FEV₁/FVC%: [] [] [] . [] percent

Why wasn't the spirometry test completed?

(Examiner Note: Mark all that apply.)

- 1 Equipment failure SHPFTEQ SHPFTUU
- 1 Participant unable to understand instructions
- 1 Participant medically excluded SHPFTME
- 1 Participant physically unable to cooperate SHPFTUC
- 1 Participant refused SHPFTRF
- 1 Other (Please specify:)

SHPFTOT



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
SIID	SIACROS	SICONTAC	SISTFID

CHAIR STANDS

SINGLE CHAIR STAND

Describe: "This is a test of strength in your legs where you stand up without using your arms."

Demonstrate and say: "Fold your arms across your chest, like this, and stand when I say GO, keeping your arms in this position. OK?"

Test: "Ready, Go!"

<input type="radio"/> Participant refused	SISCS	▶	Go to Standing Balance on page 52.
<input type="radio"/> Not attempted, unable		▶	Go to Standing Balance on page 52.
<input type="radio"/> Attempted, unable to stand		▶	Go to Standing Balance on page 52.
<input type="radio"/> Rises using arms		▶	Go to Standing Balance on page 52.
<input type="radio"/> Stands without using arms		▶	Go to Repeated Chair Stands below.

REPEATED CHAIR STANDS

Describe: "This time, I want you to stand up five times as quickly as you can keeping your arms folded across your chest."

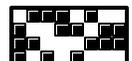
Demonstrate and say: "When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time. I'll demonstrate two chair stands to show you how it's done."

Examiner Note: Rise two times as quickly as you can, counting as you sit down each time.

Test: "When I say 'Go' stand up five times in a row, as quickly as you can, without stopping. Stand up all the way, and sit all the way down each time. Ready, Go!"

Examiner Note: Start timing as soon as you say "Go." Count: "1, 2, 3, 4, 5" as the participant sits down each time.

<input type="radio"/> Participant refused	SIRCS	
<input type="radio"/> Not attempted, unable		
<input type="radio"/> Attempted, unable to complete 5 stands without using arms	→ []	SICOMP Number completed without using arms
<input type="radio"/> Completes 5 stands without using arms	→ [] [] . [] []	Seconds to complete SISEC



HABC Enrollment ID #	Accession	Year of Home Visit	Staff ID#
H [] [] [] []	[] [] [] []	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	[] [] []

STANDING BALANCE

SJCONTAC

SJSTFID

INTRODUCTION: "I'm going to ask you to stand in several different positions that test your balance. I'll demonstrate each position and then ask you to try to stand in each position for 30 seconds. I'll be near you to provide support, and the wall is close enough to prevent you from falling if you lose your balance. Do you have any questions?"

SEMI-TANDEM STAND

Describe: "First I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 30 seconds. Please watch while I demonstrate."

Demonstrate and say: "You may put either foot in front, whichever is more comfortable. You can use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step like this."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Examiner Note: Start timing when the participant lets go. If the participant does not hold onto your arm, start timing when they are in position.

- 7 Participant refused → Go to Teng mini-mental state on page 54.
- 9 Not attempted, unable → Go to Teng mini-mental state on page 54
- 1 Unable to attain position or cannot hold for at least one second → Go to Teng mini-mental state on page 54.
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] **SJSTSTM** seconds. Go to Tandem Stand below.
- 3 Holds position for 30 seconds → Go to Tandem Stand below.

SJSTS

TANDEM STAND

Describe: "Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot. I'll demonstrate."

Demonstrate and say: "Again, you may use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step, like this."

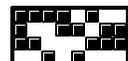
Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

SJTS1

- 7 Participant refused → Go to One-Leg Stand on page 53.
- 9 Not attempted, unable → Go to One-Leg Stand on page 53.
- 1 Unable to attain position or cannot hold for at least one second → Go to Trial 2.
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] **SJSTSTM** seconds. Go to Trial 2.
- 3 Holds position for 30 seconds → Go to One-Leg Stand on page 53.



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10 20
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SKID

SKACROS

SKCONTAC

STANDING BALANCE

TANDEM STAND

Perform a second trial: "Now, let's do the same thing one more time. Hold onto my arm while you get into position. When you are ready, let go."

Trial 2:

Participant refused —————▶ Go to One-Leg Stand below.

Not attempted, unable —————▶ Go to One-Leg Stand below.

SKTS2

Unable to attain position or cannot hold for at least one second —————▶ Go to One-Leg Stand below.

Holds position between 1 and 29 seconds —————▶ [] [] . [] [] SKTS2TM seconds. Go to One-Leg Stand below.

Holds position for 30 seconds —————▶ Go to One-Leg Stand below.

ONE-LEG STAND

Describe: "For the last position, I would like you to try to stand on one leg for 30 seconds. You may stand on either leg, whichever is more comfortable. I'll demonstrate."

Demonstrate and say: "Try to hold your foot up until I say stop. If you lose your balance put your foot down."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

Participant refused —————▶ Go to Teng mini-mental state on page 54.

Not attempted, unable —————▶ Go to Teng mini-mental state on page 54.

SKTR1

Unable to attain position or cannot hold for at least one second —————▶ Go to Trial 2.

Holds position between 1 and 29 seconds —————▶ [] [] . [] [] SKTR1TM seconds. Go to Trial 2.

Holds position for 30 seconds —————▶ Go to Teng mini-mental state on page 54.

Perform a second trial: "Now, let's do the same thing one more time."

SKTR2

Trial 2:

Participant refused —————▶ Go to Teng mini-mental state on page 54.

Not attempted, unable —————▶ Go to Teng mini-mental state on page 54.

Unable to attain position or cannot hold for at least one second —————▶ Go to Teng mini-mental state on page 54.

Holds position between 1 and 29 seconds —————▶ [] [] . [] [] SKTR2TM seconds. Go to Teng mini-mental on page 54.

Holds position for 30 seconds —————▶ Go to Teng mini-mental state on page 54.



HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Date Form Completed [] / [] / [] [] [] [] Month Day Year	Staff ID# [] [] [] [] [] []
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Year of Home Visit
 Year 8 Year 10

SLID SLACROS SLDATE SLSTFID

TENG MINI-MENTAL STATE EXAM (3MS)

SLCONTAC

Are you comfortable? I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once.

(Examiner Note: Record responses. If the participant does not answer, mark the "No response" option.)

1 When were you born? **SLBORNR**

a. [] [] / b. [] [] / c. [] [] No response

Month Day Year

Where were you born? **SLBORN**

(Place of Birth?) Answer given Can't do/Refused Not attempted/disabled

d. City/town	SLCITY 1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
e. State/Country	SLSTE 1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>

Examiner Note:
Ask again in Question #18.

3 a. I would like you to count from 1 to 5. **SLCNT**

1 Able to count forward 2 Unable to count forward
Say 1-2-3-4-5

b. Now I would like to you count backwards from 5 to 1. Record the responses in the order given:
(Examiner Note: Enter "99999" if no response)

[] [] [] [] [] **SLCNTBK**

4 a. Spell "world." **SLSPL**

1 Able to spell 2 Unable to spell
"It's spelled W-O-R-L-D."

b. Now spell "world" backwards
(Examiner Note: Record letters in order given. Enter "xxxxx" if no response.)

[] [] [] [] [] **SLSPWLD**

2 I am going to say three words for you to remember. Repeat them after I have said all three words:
Shirt, Blue, Honesty
(Examiner Note: Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned. Record responses to first attempt below.)

	Correct	Error/Refused	Not attempted/disabled
a. Shirt	SLSHRT 1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. Blue	SLBLU 1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
c. Honesty	SLHON 1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
d. Numbers of presentations necessary for the participant to repeat the sequence:	[] SLNUM		presentations

H				
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16 Year 8
 20 Year 10

5 What three words did I ask you to remember earlier?
 (Examiner Note: The words may be repeated in any order. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices, score "Unable to recall/refused" and provide the correct answer.)

a. Shirt **SMSHRM**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "Something to wear"
- 4 After "Was it shirt, shoes, or socks?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

b. Blue **SMBLRM**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A color"
- 4 After "Was it blue, black, or brown?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

c. Honesty **SMHNRM**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A good personal quality"
- 4 After "Was it honesty, charity, or modesty?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

6 a. What is today's date?
 (Examiner Note: If the participant does not answer, mark the "No response" option.)

No response
 SMTDAYM / SMTDAYD / SMTDAYY / SMTDAYRF
 Month Day Year

b. What is the day of the week?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMDAYWK**
 7 Error/refused Day of the week
 3 Not attempted/disabled

c. What season of the year is it?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMSEAS**
 7 Error/refused Season
 3 Not attempted/disabled

7 a. What state are we in?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMSTAT**
 7 Error/refused State
 3 Not attempted/disabled

b. What county are we in?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

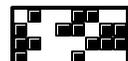
1 Correct **SMCNTY**
 7 Error/refused County
 3 Not attempted/disabled

c. What (city/town) are we in?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMCITN**
 7 Error/refused City/town
 3 Not attempted/disabled

d. Are we in a clinic, store, or home?
 (Examiner Note: If correct answer [e.g., hospital or nursing home] is not among the three alternatives, substitute it for the middle alternative [store]. If the participant states that none is correct, ask them to make the best choice of the three options.)

1 Correct **SMWHRE**
 7 Error/refused
 3 Not attempted/disabled



H					
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16 Year 8 20 Year 10

8 (Examiner Note: Point to the object or a part of your own body and ask the participant to name it. Score "Error/Refused" if the participant cannot name it within 2 seconds or gives an incorrect name. Do not wait for the participant to mentally search for the name.)

	Correct	Error/Refused	Not attempted/disabled
a. Pencil: What is this? SNPENC	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. Watch: What is this? SNWTCH	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. Forehead: What do you call this part of the face? SNFRHD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. Chin: And this part? SNCHIN	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
e. Shoulder: And this part of the body? SNSHLD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
f. Elbow: And this part? SNELP	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
g. Knuckle: And this part? SNKNK	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

9 What animals have four legs? Tell me as many as you can.

(Examiner Note: Discontinue after 30 seconds. Record the total number of correct responses. If the participant gives no response in 10 seconds and there are still at least 10 seconds remaining, gently remind them [once only].

"What (other) animals have four legs?"

The first time an incorrect answer is provided, say,

"I want four-legged animals."

Do not correct for subsequent errors.

Score (total correct responses):

SNE2SCR

(Examiner Note: Write any additional correct answers on a separate sheet of paper.)

10 (Examiner Note: If the initial response is scored "Lesser correct answer" or "Error," coach the participant by saying: "An arm and a leg are both limbs or extremities" to reinforce the correct answer. Coach only for Question #10a. No other prompting or coaching is allowed.)

- a. In what way are an arm and a leg alike? **SNARLG**
- 1 Limbs, extremities, appendages
 - 2 Lesser correct answer (e.g., body parts, both bend, have joints)
 - 7 Error/refused (e.g., states differences, gives unrelated answer)
 - 3 Not attempted/disabled

- b. In what way are laughing and crying alike? **SNLCRY**
- 1 Expressions of feelings, emotions
 - 2 Lesser correct answer (e.g., sounds, expressions, other similar responses)
 - 7 Error/refused (e.g., states differences, gives unrelated answer)
 - 3 Not attempted/disabled

- c. In what way are eating and sleeping alike? **SNETSLS**
- 1 Necessary bodily functions, essential for life
 - 2 Lesser correct answer (e.g., bodily functions, relaxing, good for you or other similar responses)
 - 7 Error/refused (e.g., states differences, gives unrelated answer)
 - 3 Not attempted/disabled

11 Repeat what I say: "I would like to go out." (Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence.)

- SNRPT**
- 1 Correct
 - 2 1 or 2 words missed
 - 7 3 or more words missed/refused
 - 3 Not attempted/disabled



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

SOID

SOACROS

SOCONTAC

12 Now repeat: "No ifs, ands or buts."

(Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence. Give no credit if the participant misses the "s.")

	Correct	Error/ Refused	Not attempted/ disabled
a. no ifs	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. ands	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. or buts	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

SOBUT

14 Please write the following sentence:
I would like to go out.

(Examiner Note: Hand participant a piece of blank paper and a #2 pencil with eraser. If necessary, repeat the sentence word by word as the participant writes. Allow a maximum of 1 minute after the first reading of the sentence for scoring the task. Either printing or cursive writing is allowed. Score "Correct" for each correct word, but no credit for "I". For each word, score "Error/Refused" if there are spelling errors or incorrect mixed capitalizations [all letters printed in uppercase are permissible]. Self-corrected errors are acceptable.)

	Correct	Error/ Refused	Not attempted/ disabled
a. would	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. like	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. to	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. go	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
e. out	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

(Examiner Note: Note which hand the participant uses to write. If this task is not done, ask participant if they are right or left handed. [Use in Question #16])

- 1 Right SOHAND
 2 Left
 8 Unknown

13 Examiner Note: Hold up card #10 and say,

"Please do this."

If the participant does not close their eyes within 5 seconds, prompt by pointing to the sentence and saying

"Read and do what this says."

If the participant has already read the sentence aloud spontaneously, simply say,

"Do what this says."

Allow 5 seconds for the response. Assign the appropriate score (see below). As soon as the participant closes their eyes, say

"Open."
SOCRD1

- 1 Closes eyes without prompting
- 2 Closes eyes after prompting
- 3 Reads aloud, but does not close eyes
- 7 Does not read aloud or close eyes/refused
- 5 Not attempted/disabled



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

SPID

SPACROS

SPCONTAC

15 Here is a drawing. Please copy the drawing onto this piece of paper.
(Examiner Note: Hand participant card #11. Allow 1 minute for copying. For right-handed participants, present the sample on the left side; for left-handed participants, present the sample on the right side. Allow a maximum of 1 minute for response. Do not penalize for self-corrected errors, tremors, minor gaps, or overshoots.)

a. Pentagon 1 SPPENT1

- 1 5 approximately equal sides
- 2 5 sides, but longest:shortest side is >2:1
- 3 nonpentagon enclosed figure
- 4 2 or more lines, but it is not an enclosed figure
- 7 less than 2 lines/refused
- 6 not attempted/disabled

b. Pentagon 2 SPPENT2

- 1 5 approximately equal sides
- 2 5 sides, but longest:shortest side is >2:1
- 3 nonpentagon enclosed figure
- 4 2 or more lines, but it is not an enclosed figure
- 7 less than 2 lines/refused
- 6 not attempted/disabled

c. Intersection SPINT

- 1 4-cornered enclosure
- 2 not a 4-cornered enclosure
- 7 no enclosure/refused
- 4 not attempted/disabled

16 *(Examiner Note: Refer to Question #14 to check whether the participant is right- or left-handed. Ask them to take the paper in their non-dominant hand.)*

"Take this paper with your left (right for left handed person) hand, fold it in half using both hands, and hand it back to me."

(Examiner Note: After saying the whole command, hold the paper within reach of the participant. Do not repeat any part of the command. Do not move the paper toward the participant. The participant may hand back the paper with either hand.)

	Correct	Error/ Refused	Not attempted/ disabled
a. Takes paper in correct hand	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. Folds paper in half	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
c. Hands paper back	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>

SPPCOR

SPPELD

SPPHND



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

SQID

SQACROS

SQCONTAC

17 What three words did I ask you to remember earlier?
(Examiner Note: Administer this item even when the participant scored one or more "unable to recall/refused" on Question #5. The words may be repeated in any order. For each word not readily given, provide the category followed by multiple choices when necessary. Do not wait more than 3 seconds for spontaneous recall and do not wait more than 2 seconds after category cueing before providing the next level of help.)

a. Shirt **SQSH2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "Something to wear"
- 4 After "Was it shirt, shoes, or socks?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

b. Blue **SQBLU2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A color"
- 4 After "Was it blue, black, or brown?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

c. Honesty **SQHON2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A good personal quality"
- 4 After "Was it honesty, charity, or modesty?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

18 Would you please tell me again where you were born?
(Examiner Note: Ask this question only when a response was given in Question #1d and #1e. Score the response by checking against the response in Question #1d and #1e.)

Place of Birth?	Matches	Does not match/Refused	Not attempted/disabled
a. SQCITY2 City/town	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. SQSTE2 State/Country	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>

19 *(Examiner Note: If physical/functional disabilities or other problems exist which cause the participant difficulty in completing any of the tasks, record the nature of the problem listed below. Mark all that apply.)*

- 1 Vision **SQVIS**
- 1 Hearing **SQHEAR**
- 1 Writing problems due to injury or illness **SQWRITE**
- 1 Illiteracy or lack of education **SQILLIT**
- 1 Language **SQLANG**
- 1 Other *(Please record the specific **SQOTH** problem in the space provided.)*



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Home Visit 16 Year 8 20 Year 10	Staff ID# [] [] []
SRID	SRACROS	SRCONTAC	SRSTFID

DIGIT SYMBOL SUBSTITUTION TEST

- Place the task sheet before the participant and point to the task.

Script: "Look at these boxes across the top of the page. On the top of each box is a number from one through nine. On the bottom part of each box there is a symbol. Each symbol is paired with a number."

- Point to the four rows of boxes.

Script: "Down here are boxes with numbers on the top, but the bottom part is blank. What I want you to do is to put the correct symbol in each box like this."

- Fill in the first three sample boxes.

Script: "Now I want you to fill in all boxes up to this line."

- Point to the line separating the samples from the test proper.

SRTST

- | | | |
|----------|---|------------------|
| 1 | ○ | Sample completed |
|----------|---|------------------|

2	○	Unable to complete sample
----------	---	---------------------------

7	○	Refused
----------	---	---------

3	○	Unable to test (arthritis, poor vision, etc.)
----------	---	--

Go on to timed test.

Do NOT go on to timed test.
Write in "00" below for Number Completed and "00" for Number Incorrect.

Do NOT go on to timed test.
Do not score.

Script: "When I tell you to begin, start here and fill in the boxes in these four rows. Do them in order and don't skip any. Please try to work as quickly as possible. Let's begin."

Stop the participant after 90 seconds. Say:

Script: "That's good. That completes this set of tasks."

Score: (Examiner Note: Use card #12 to score test.
DO NOT COUNT ANY SYMBOLS AFTER TWO BLANKS IN A ROW).

Number Completed: [] []

Number Incorrect: [] []

SRNC

SRNI



DIGIT	1	2	3	4	5	6	7	8	9	SCORE
SYMBOL	—	L	3	L	U	0	Λ	X	=	<input type="text"/>

SAMPLES

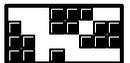
2	1	3	7	2	4	8	1	5	4	2	1	3	2	1	4	2	3	5	2	3	1	4	6	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

1	5	4	2	7	6	3	5	7	2	8	5	4	6	3	7	2	8	1	9	5	8	4	7	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

6	2	5	1	9	2	8	3	7	4	6	5	9	4	8	3	7	2	6	1	5	4	6	3	7
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

9	2	8	1	7	9	4	6	8	5	9	7	1	8	5	2	9	4	8	6	3	7	9	8	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Home Visit <input checked="" type="radio"/> Year 8 <input checked="" type="radio"/> Year 10	Staff ID# [] [] []
SSID	SSACROS	SSCONTAC	SSSTFID

CLOX 1

Examiner Note: Place a plain white sheet of paper in front of the participant and say:

Script: "Draw me a clock that says 1:45. Set the hands and numbers on the face so that a child could read them."

1. Does figure resemble a clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX01
2. Is a circular face present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX02
3. Are the dimensions >1 inch?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX03
4. Are all numbers inside the perimeter?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX04
5. Is there sectoring or are there tic marks?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX05
6. Were 12, 6, 3, & 9 placed first?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX06
7. Is the spacing intact? (Symmetry on either side of 12 o'clock and 6 o'clock?)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX07
8. Were only Arabic numerals used?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX08
9. Are only the numbers 1 through 12 among the numerals present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX09
10. Is the sequence 1 through 12 intact? (No omissions or intrusions.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX10
11. Are there exactly 2 hands present? (Ignore sectoring/tic marks)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX11
12. Are all hands represented as arrows?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX12
13. Is the hour hand between 1 o'clock and 2 o'clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX13
14. Is the minute hand obviously longer than the hour hand?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX14
15. Are there any of the following...?		
a) Hand pointing to 4 or 5 o'clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15A
b) "1:45" present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15B
c) Any other notation (e.g. "9:00")?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15C
d) Any arrows point inward?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15D
e) Intrusions from "hand" or "face" present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15E
f) Any letters, words or pictures?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15F



HABC Enrollment ID #	Acoustic	Year of Home Visit	Staff ID#
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8	20 <input type="radio"/> Year 10

4-METER WALK

T6ACROS

T6CONTAC

T6STFID

Examiner Note: Measure out 4 meters for the walk. If a 4-meter space is not available, measure 3 meters.

1 Which walk was set up?

T64MW ¹ 4-meter ² 3-meter ⁰ None:

No 3-meter space was available →

USUAL PACE WALK

2 Describe the 4-meter walk and demonstrate how to walk past the tape.

Script: "This is a three part walking test. The first and second parts test your usual walking speed. Please walk past the tape, then stop. Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

3 To start the test, say,

Script: "Ready, Go."

4 Start timing with the first footfall over the start line (participant's foot touches the floor). Stop timing with the participant's first footfall over the finish line at 4-meters (or 3-meters). You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor.)

T64MWTM1
Time on stopwatch: .
Second Hundredths/Sec

Examiner Note: If greater than 30 seconds mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.

⁷ Participant refused →

T64MW1 ⁹ Not attempted, unable →

(Please comment: _____)

¹ Attempted, but unable to complete →

(Please comment: _____)

5 Reset the stopwatch and have the participant repeat the usual-pace walk.

Script: "For the next part of the test, I want you to walk again at your usual walking pace. When you walk past the tape please stop. Ready, Go."

Time on stopwatch: . **T64MWTM2**
Second Hundredths/Sec

6 RAPID WALK

Reset the stopwatch and instruct the participant to walk as quickly as they can for the third portion of the test.

Script: "When I say go, I want you to walk as fast as you can. Ready, Go."

Time on stopwatch: . **T64MWTM3**
Second Hundredths/Sec

⁷ Participant refused →

T64MW3 ⁹ Not attempted, unable →

(Please comment: _____)

¹ Attempted, but unable to complete →

(Please comment: _____)

7 Was the participant using a walking aid, such as a cane or walker? ¹ Yes ⁰ No **T6WLKAID**



HABC Enrollment ID # H	Acrostic	Year of Home Visit 16 Year 8 20 Year 10	Staff ID#
SZID	SZACROS	SZCONTAC	SZSTFID

PHLEBOTOMY

1 First sample collection 2 Second sample collection

SZLABVIS

1. Do you bleed or bruise easily?

SZBLBR 1 Yes 0 No 8 Don't know 7 Refused

SZBRCD

Bar Code Label

2. Have you ever experienced fainting spells while having blood drawn?

SZFNT 1 Yes 0 No 8 Don't know 7 Refused

3. Have you ever had a radical mastectomy? **(Female Participants Only)**

SZRADMAS 1 Yes 0 No 8 Don't know 7 Refused

Which side?

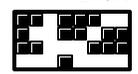
<input type="radio"/> 1 Right	<input type="radio"/> 2 Left	<input type="radio"/> 3 Both SZRMSIDE
Draw blood on left side.	Draw blood on right side.	Do NOT draw blood. Go to Question #10 on page 74.

4. Have you ever had a graft or shunt for kidney dialysis?

1 Yes 0 No 8 Don't know 7 Refused **SZKIDNEY**

Which side?

<input type="radio"/> 1 Right	<input type="radio"/> 2 Left	<input type="radio"/> 3 Both SZKDSIDE
Draw blood on left side.	Draw blood on right side.	Do NOT draw blood. Go to Question #10 on page 74.



HABC Enrollment ID #	Acrostic	Year of Home Visit
H [] [] [] [] []	[] [] [] []	16 <input type="radio"/> Year 8 <input type="radio"/> Year 10

T1ID **T1ACROS**
PHLEBOTOMY

T1CONTAC

¹ First sample collection ² Second sample collection

T1LABVIS

5. Time at start of venipuncture:

T1VTM

[] [] : [] []

Hours Minutes

¹ am

² pm

T1AMP4

6. Time blood draw completed:

T1BLDRTM

[] [] : [] []

Hours Minutes

¹ am

² pm

T1AMP5

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

[] [] minutes

T1TOUR

Comments on phlebotomy:

8. What is the date and time you last ate anything?

a. Date of last food:

[] [] / [] [] / [] [] [] []

Month Day Year

T1LMD

T1MHM

b. Time of last food:

[] [] : [] []

Hours Minutes

¹ am

² pm

T1LMAPM

c. How many hours have passed since the participant last ate any food?

T1FAST

[] []

hours (Question 6 minus Question 8b. Round to nearest hour.)



HABC Enrollment ID #	Acrostic	Type of Annual Contact
T2ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 <input type="radio"/> Year 10

PHLEBOTOMY T2ACROS T2CONTAC

T2LABVIS ¹ First sample collection ² Second sample collection

9. Quality of venipuncture:

- 1 Clean 2 Traumatic T2QVEN

Please describe. Mark all that apply:

- 1 Vein collapse T2PVC
- 1 Hematoma T2PH
- 1 Vein hard to get T2PVHTG
- 1 Multiple sticks T2PMS
- 1 Excessive duration of draw T2PEDD
- 1 Leakage at venipuncture site T2PLVS

T2POTH ₁ Other (Please specify:)

10. Was any blood drawn?

- 1 Yes 0 No T2BLDR

Please describe why not: _____

Were tubes filled to specified capacity? If not, comment why.

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. Serum	10 ml	<input type="radio"/>	<input type="radio"/>	_____
		T2SERUM		
2. EDTA	4 ml	<input type="radio"/>	<input type="radio"/>	_____
		T2EDTA1		
3. EDTA	7 ml	<input type="radio"/>	<input type="radio"/>	_____
		T2EDTA2		
4. PAXgene	10 ml	<input type="radio"/>	<input type="radio"/>	_____
		T2PAXGEN		

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Y A I D	Y A A C R O S	Month Day Year	Y A S T F I D

PROXY INTERVIEW

Year of Contact:

78 Year 7.5 semi-annual (78-mo.) contact

16 Year 8 annual contact

17 Year 8.5 semi-annual contact

18 Year 9 annual contact Y A V I S I T

19 Year 9.5 semi-annual contact

20 Year 10 annual contact

8 Other (*Please specify* _____)

Type of Contact PARTICIPANT would have had:

1 Home (face-to-face interview)

4 Clinic (face-to-face interview)

5 Nursing home (face-to-face interview) Y A C O N T A C

2 Telephone interview

3 Other (*Please specify:* _____) Y A D A T E S

Interviewer Note: This refers to the type of contact the PARTICIPANT would have had, not where the proxy was interviewed.

Date of last regularly scheduled contact: / /

Month Day Year

★ = Semi-annual telephone contact questions

Interviewer Note: Ask all questions for annual contact. Ask only ★ questions during semi-annual telephone contact.

★ 1. What is your relationship to (name of Health ABC participant)?

1 Spouse or partner Y A R E L

2 Child

3 Family member (other than spouse or child) (*Please specify:* _____)

4 Close friend

5 Health care provider

6 Other (*Please specify:* _____)

7 Refused

★ 2. How often do you have contact with (him/her)? (*Interviewer Note: Please mark only one answer.*)

1 Live together → Go to Question #4

2 Daily (but does not live together)

3 3 or more times a week Y A C O N F R Q

4 Less than 3 times a week

8 Don't know

7 Refused



- ★ 3. What is the most frequent type of contact?
- 1 Mostly in person
 - 2 Mostly by phone
 - 3 Both in person and by phone
 - 4 Other (Please specify: **YACONTYP**)
 - 8 Don't know
 - 7 Refused

- ★ 4. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.

1 Yes 0 No 8 Don't know 7 Refused

YABED

- ★ About how many days did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YABEDDAY**

- ★ 5. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) cut down on the things (he/she) usually did, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

YACUT 1 Yes 0 No 8 Don't know 7 Refused

- ★ How many days did (he/she) cut down on the things (he/she) usually did because of illness or injury? Please include days in bed.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YACUTDAY**

- ★ 6. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay overnight as a patient in a nursing home or rehabilitation center?

YAMCNH 1 Yes 0 No 8 Don't know 7 Refused

- ★ 7. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) receive care at home from a visiting nurse, home health aide, or nurse's aide?

YAMCVN 1 Yes 0 No 8 Don't know 7 Refused



Now I'm going to ask you about some medical problems that (name of Health ABC participant) might have had in the past 12 months.

In the past 12 months, was (name of Health ABC participant) told by a doctor that (he/she) had...?

8. Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.
- YAHCHBP** Yes No Don't know Refused

9. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.
- YASGDIAB** Yes No Don't know Refused

10. In the past 12 months, has (name of Health ABC participant) fallen and landed on the floor or ground?
- YAAJFALL** Yes No Don't know Refused

Please go to Question #11

How many times has (he/she) fallen in the past 12 months?
If you are unsure, please make your best guess.

1 One **YAAJFNUM**

2 Two or three

4 Four or five

6 Six or more

8 Don't know



Empty rectangular box for page link number.

Now I'm going to ask about some medical problems (*name of Health ABC participant*) might have had since we last spoke to (*him/her*) about 6 months ago, which was on / /

Month / Day / Year

- ★ 11. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a heart attack, angina, or chest pain due to heart disease?
YAHCHAMI Yes No Don't know Refused

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF11A**

b. **YAREF11B**

c. **YAREF11C**

Go to Question #12

- ★ 12. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a stroke, mini-stroke, or TIA?
 Yes No Don't know Refused **YAHCCVA**

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI2**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF12A**

b. **YAREF12B**

c. **YAREF12C**

Go to Question #13

- ★ 13. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had congestive heart failure?
YACHF Yes No Don't know Refused

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI3**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF13A**

b. **YAREF13B**

c. **YAREF13C**

Go to Question #14



- ★ 14. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had cancer? We are specifically interested in hearing about a cancer that was diagnosed for the first time since we last spoke to *(him/her)*.

1 Yes
 0 No
 8 Don't know
 7 Refused **YACHMGMT**

★ Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF14A

b.

--	--	--	--	--

YAREF14B

c.

--	--	--	--	--

YAREF14C

- ★ 15. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had pneumonia?

1 Yes
 0 No
 8 Don't know
 7 Refused **YALCPNEU**

★ Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF15A

b.

--	--	--	--	--

YAREF15B

c.

--	--	--	--	--

YAREF15C

- ★ 16. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* broke or fractured a bone(s)?

1 Yes
 0 No
 8 Don't know
 7 Refused **YAOSBR45**

★ Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF16A

b.

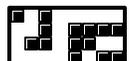
--	--	--	--	--

YAREF16B

c.

--	--	--	--	--

YAREF16C



- ★ 17. Was (name of Health ABC participant) hospitalized overnight for any other reasons since we last spoke to (him/her) about 6 months ago?
- 1 Yes 0 No 8 Don't know 7 Refused **YAHOSP**

★ **Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.**

a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17A	b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17B	c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17C
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____
d.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17D	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17E	f.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17F
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____

- ★ 18. Has (name of Health ABC participant) had any same day outpatient surgery since we last spoke to (him/her) about 6 months ago?
- 1 Yes 0 No 8 Don't know 7 Refused **YAOUTPA**

	Was it for. . . ?		Reference #
★ a.	A procedure to open a blocked artery	1 <input type="radio"/> Yes → Complete a Health ABC Event Form, Section III. Record reference #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		0 <input type="radio"/> No	YAREF18A
		8 <input type="radio"/> Don't know YABLART	
★ b.	Gall bladder surgery	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YAGALLBL	
★ c.	Cataract surgery	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YACATAR	
★ d.	TURP (MEN ONLY) (transurethral resection of prostate)	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YATURP	



19. Is there any other illness or condition for which (*name of Health ABC participant*) sees a doctor or other health care professional?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAOTILL**

Please go to Question #20

Please describe for what:

20. Does (*name of Health ABC participant*) have any problems with (*his/her*) memory?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAMEM**

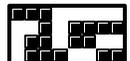
Please go to Question #21

- a. Did (*his/her*) trouble with memory begin suddenly or slowly?
- 1 Suddenly **YAMEMBEG**
 2 Slowly
 8 Don't know
- b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?
- 1 Steady downhill progression **YAMEMPRG**
 2 Abrupt decline
 3 Stayed the same (no decline)
 4 Gotten better
 8 Don't know
- c. Is a doctor aware of (*his/her*) memory problems?

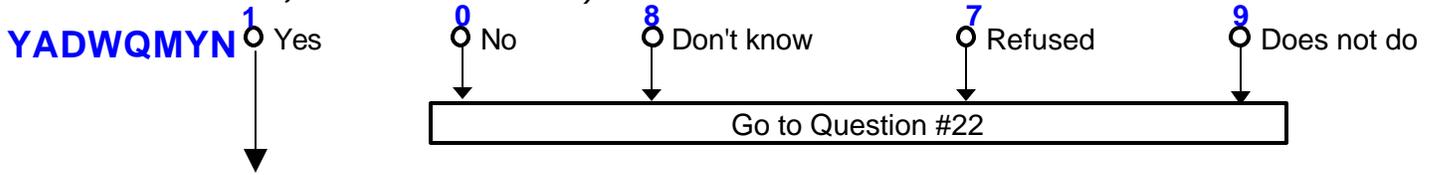
- 1 Yes
 0 No
 8 Don't know **YAMEMDR**

What does the doctor believe is causing (*his/her*) memory problems?
 (**Interviewer Note: Please mark only one answer.**)

- | | |
|---|---|
| <input type="radio"/> 1 Alzheimer's disease | <input type="radio"/> 7 Parkinson's disease YAMEMPRB |
| <input type="radio"/> 2 Confusion | <input type="radio"/> 9 Stroke |
| <input type="radio"/> 3 Delerium | <input type="radio"/> 10 Nothing wrong |
| <input type="radio"/> 4 Dementia | <input type="radio"/> 11 Other (<i>Please specify</i>) |
| <input type="radio"/> 5 Depression | _____ |
| <input type="radio"/> 6 Multiinfarct | <input type="radio"/> 8 Don't know |



- ★ 21. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this was because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Does not do.")



★ How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

1 A little difficulty YADWQMDF

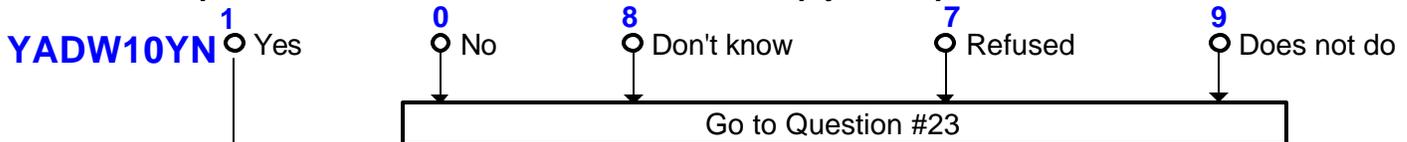
2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know

- ★ 22. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking up 10 steps, that is about 1 flight, without resting?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Does not do.")



★ How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

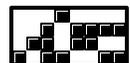
1 A little difficulty YADIF

2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know



★ 23. Does (name of Health ABC participant) have to use a cane, walker, crutches, or other special equipment to help (him/her) get around?
 1 Yes 0 No 8 Don't know 7 Refused **YAEQUIP**

24. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty getting in and out of bed or chairs?
 1 Yes 0 No 8 Don't know 7 Refused **YADIOYN**

a. How much difficulty does (he/she) have?
 (Interviewer Note: Read response options.)

- 1 A little difficulty **YADIODIF**
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are they unable to do it?
- 8 Don't know

b. Does (he/she) usually receive help from another person when (he/she) gets in and out of bed or chairs?

- 1 Yes 0 No 8 Don't know **YADIORHY**

25. Does (name of Health ABC participant) have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused **YABATHYN**

a. How much difficulty does (he/she) have?
 (Interviewer Note: Read response options.)

- 1 A little difficulty **YABATHDF**
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are they unable to do it?
- 8 Don't know

b. Does (he/she) usually receive help from another person in bathing or showering?

- 1 Yes 0 No 8 Don't know **YABATHRH**



26. Does (name of Health ABC participant) have any difficulty dressing?
 Yes No Don't know Refused **YADDYN**

a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

A little difficulty **YADDIF**

Some difficulty

A lot of difficulty

Or are they unable to do it?

Don't know

b. Does (he/she) usually receive help from another person in dressing?
 Yes No Don't know **YADDRHYN**

★ 27. In general, would you say that (name of Health ABC participant's) appetite or desire to eat has been. . . ?
(Interviewer Note: Read response options.)

- Very good Very poor **YAAPPET**
- Good Don't know
- Moderate Refused
- Poor

★ 28. Since we last spoke to (name of Health ABC participant) about 6 months ago, has (his/her) weight changed by 5 or more pounds?
(Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant either 5 or more pounds heavier or lighter than they were 6 months ago?)

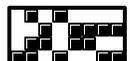
YACHN5LB Yes No Don't know Refused

★ a. Did (he/she) gain or lose weight?
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

Gain Lose Don't know **YAGNLS**

★ b. How many pounds did (he/she) gain/lose in the past 6 months?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

YAHOW6 pounds Don't know **YAHOW6DN**

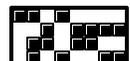


29. Where does *(name of Health ABC participant)* usually go for health care or advice about health care?

(Interviewer Note: Read response options. Please mark only one answer.)

- 1 Private doctor's office (individual or group practice)
- 2 Public clinic such as a neighborhood health center
- 3 Health Maintenance Organization (HMO) **(Please specify: _____)**
(Examples: Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring)
- 4 Hospital outpatient clinic
- 5 Emergency room
- 6 Other **(Please specify: _____)**

Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.



30. We would like to update all of *(name of Health ABC participant's)* contact information this year. The address that we currently have listed for *(name of Health ABC participant)* is:

(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.

The telephone number(s) that we currently have for *(name of Health ABC participant)* is *(are)*
(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)

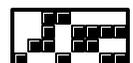
Please tell me if these telephone numbers are correct.

Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.



31. Do you expect (name of Health ABC participant) to move or have a different mailing address in the next 6 months?

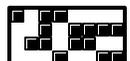
1 Yes

0 No

8 Don't know

7 Refused **YAMOVE**

Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.



32. **Interviewer Note: Please answer the following question based on your judgment of the proxy's responses to the Proxy Interview.**

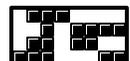
On the whole, how reliable do you think the proxy's responses to the Proxy Interview are?

- 1 Very reliable
2 Fairly reliable **YARELY**
3 Not very reliable
8 Don't know

33. What is the primary reason a proxy was contacted for the Semi-Annual Telephone Interview or Annual Contact? Please mark only one reason.

- 1 Illness/health problem(s)
2 Hearing difficulties
3 Cognitive difficulties **YAPROXY**
4 In nursing home/long-term care facility
5 Refused to give reason
6 Other (*Please specify:* _____)

Thank you very much for answering these questions. Please remember to call us if (*name of Health ABC participant*) is admitted to a hospital or nursing home for any reason so that we can better understand changes in (*his/her*) health. We would also like to hear from you if (*name of Health ABC participant*) moves or if (*his/her*) mailing address changes. We will be calling you in about 6 months from now to find out how (*name of Health ABC participant*) has been doing.



HABC Enrollment ID #	Acrostic	Date Visit Completed	Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
YAID	YAACROS	Month Day Year	YASTFID

PROXY HOME VISIT INTERVIEW

Year of Contact:

78 **hidden**

16 Year 8 annual contact

17 **hidden**

18 **hidden** **YAVISIT**

19 **hidden**

20 Year 10 annual contact

8 Other (*Please specify* _____)

Type of Contact:

1 Home (face-to-face interview)

4 **hidden**

5 Nursing home (face-to-face interview) **YACONTAC**

2 **hidden**

3 Other (*Please specify:* _____)

YADATES

Date of last regularly scheduled contact: / /

Month Day Year

- What is your relationship to (name of Health ABC participant)?
 - 1 Spouse or partner **YAREL**
 - 2 Child
 - 3 Family member (other than spouse or child) (*Please specify:* _____)
 - 4 Close friend
 - 5 Health care provider
 - 6 Other (*Please specify:* _____)
 - 7 Refused

- How often do you have contact with (him/her)? (*Interviewer Note: Please mark only one answer.*)
 - 1 Live together **→** Go to Question #4
 - 2 Daily (but does not live together)
 - 3 3 or more times a week **YACONFRQ**
 - 4 Less than 3 times a week
 - 8 Don't know
 - 7 Refused

PROXY HOME VISIT INTERVIEW

3. What is the most frequent type of contact?

- 1 Mostly in person
- 2 Mostly by phone
- 3 Both in person and by phone
- 4 Other (Please specify: **YACONTYP**)
- 8 Don't know
- 7 Refused

4. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.

- 1 Yes
 - 0 No
 - 8 Don't know
 - 7 Refused
- YABED**

About how many days did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.

(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YABEDDAY**

5. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) cut down on the things (he/she) usually did, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- YACUT** 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

How many days did (he/she) cut down on the things (he/she) usually did because of illness or injury? Please include days in bed.

(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YACUTDAY**

6. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay overnight as a patient in a nursing home or rehabilitation center?

- YAMCNH** 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

7. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) receive care at home from a visiting nurse, home health aide, or nurse's aide?

- YAMCVN** 1 Yes
- 0 No
- 8 Don't know
- 7 Refused



Now I'm going to ask you about some medical problems that *(name of Health ABC participant)* might have had in the past 12 months.

In the past 12 months, was *(name of Health ABC participant)* told by a doctor that *(he/she)* had...?

8. Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.
- YAHCHBP** 1 Yes 0 No 8 Don't know 7 Refused

9. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.
- YASGDIAB** 1 Yes 0 No 8 Don't know 7 Refused

10. In the past 12 months, has *(name of Health ABC participant)* fallen and landed on the floor or ground?
- YAAJFALL** 1 Yes 0 No 8 Don't know 7 Refused
- Please go to Question #11

How many times has *(he/she)* fallen in the past 12 months?
If you are unsure, please make your best guess.

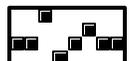
1 One **YAAJFNUM**

2 Two or three

4 Four or five

6 Six or more

8 Don't know



Now I'm going to ask about some medical problems (*name of Health ABC participant*) might have had since we last spoke to (*him/her*) about 6 months ago, which was on / /

Month Day Year

11. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a heart attack, angina, or chest pain due to heart disease?

YAHCHAMI Yes No Don't know Refused

Was (*he/she*) hospitalized overnight for this problem?

Yes No **YAHOSMI**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF11A**

b. **YAREF11B**

c. **YAREF11C**

Go to Question #12

12. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a stroke, mini-stroke, or TIA?

Yes No Don't know Refused **YAHCCVA**

Was (*he/she*) hospitalized overnight for this problem?

Yes No **YAHOSMI2**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF12A**

b. **YAREF12B**

c. **YAREF12C**

Go to Question #13

13. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had congestive heart failure?

YACHF Yes No Don't know Refused

Was (*he/she*) hospitalized overnight for this problem?

Yes No **YAHOSMI3**

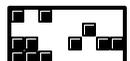
Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF13A**

b. **YAREF13B**

c. **YAREF13C**

Go to Question #14



14. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had cancer? We are specifically interested in hearing about a cancer that was diagnosed for the first time since we last spoke to *(him/her)*.

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YACHMGMT**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--	--

YAREF14A

b.

--	--	--	--	--	--

YAREF14B

c.

--	--	--	--	--	--

YAREF14C

15. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had pneumonia?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YALCPNEU**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--	--

YAREF15A

b.

--	--	--	--	--	--

YAREF15B

c.

--	--	--	--	--	--

YAREF15C

16. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* broke or fractured a bone(s)?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAOSBR45**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--	--

YAREF16A

b.

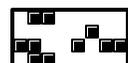
--	--	--	--	--	--

YAREF16B

c.

--	--	--	--	--	--

YAREF16C



17. Was (name of Health ABC participant) hospitalized overnight for any other reasons since we last spoke to (him/her) about 6 months ago?
 1 Yes 0 No 8 Don't know 7 Refused **YAHOSP**

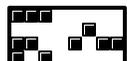
Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.

a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17A	b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17B	c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17C
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____
d.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17D	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17E	f.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17F
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____

18. Has (name of Health ABC participant) had any same day outpatient surgery since we last spoke to (him/her) about 6 months ago?
 1 Yes 0 No 8 Don't know 7 Refused **YAOUTPA**

Was it for . . . ?

a. A procedure to open a blocked artery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know	→ Complete a Health ABC Event Form, Section III. Record reference #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF18A
b. Gall bladder surgery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know		YAGALLBL
c. Cataract surgery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know		YACATAR
d. TURP (MEN ONLY) (transurethral resection of prostate)	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know		YATURP



19. Is there any other illness or condition for which (*name of Health ABC participant*) sees a doctor or other health care professional?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAOTILL**

Please go to Question #20

Please describe for what:

20. Does (*name of Health ABC participant*) have any problems with (*his/her*) memory?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAMEM**

Please go to Question #21

a. Did (*his/her*) trouble with memory begin suddenly or slowly?

1 Suddenly **YAMEMBEG**
 2 Slowly
 8 Don't know

b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?

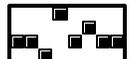
1 Steady downhill progression **YAMEMPRG**
 2 Abrupt decline
 3 Stayed the same (no decline)
 4 Gotten better
 8 Don't know

c. Is a doctor aware of (*his/her*) memory problems?

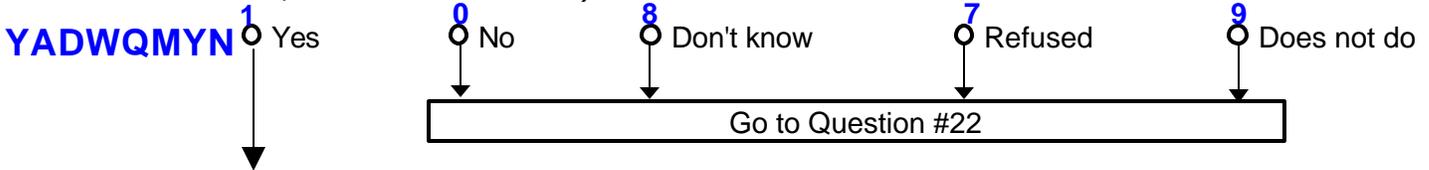
1 Yes
 0 No
 8 Don't know **YAMEMDR**

What does the doctor believe is causing (*his/her*) memory problems?
(Interviewer Note: Please mark only one answer.)

<input type="radio"/> 1 Alzheimer's disease	<input type="radio"/> 7 Parkinson's disease YAMEMPRB
<input type="radio"/> 2 Confusion	<input type="radio"/> 9 Stroke
<input type="radio"/> 3 Delerium	<input type="radio"/> 10 Nothing wrong
<input type="radio"/> 4 Dementia	<input type="radio"/> 11 Other (<i>Please specify</i>)
<input type="radio"/> 5 Depression	_____
<input type="radio"/> 6 Multiinfarct	<input type="radio"/> 8 Don't know



21. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this was because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Does not do.")



How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

1 A little difficulty YADWQMDF

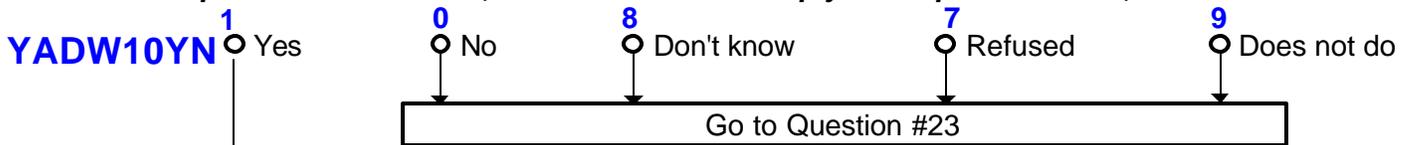
2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know

22. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking up 10 steps, that is about 1 flight, without resting?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Does not do.")



How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

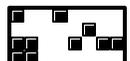
1 A little difficulty YADIF

2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know



23. Does (name of Health ABC participant) have to use a cane, walker, crutches, or other special equipment to help (him/her) get around?
 1 Yes 0 No 8 Don't know 7 Refused **YAEQUIP**

24. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty getting in and out of bed or chairs?
 1 Yes 0 No 8 Don't know 7 Refused **YADIOYN**

a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

1 A little difficulty **YADIODIF**
 2 Some difficulty
 3 A lot of difficulty
 4 Or are they unable to do it?
 8 Don't know

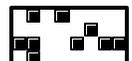
b. Does (he/she) usually receive help from another person when (he/she) gets in and out of bed or chairs?
 1 Yes 0 No 8 Don't know **YADIORHY**

25. Does (name of Health ABC participant) have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused **YABATHYN**

a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

1 A little difficulty **YABATHDF**
 2 Some difficulty
 3 A lot of difficulty
 4 Or are they unable to do it?
 8 Don't know

b. Does (he/she) usually receive help from another person in bathing or showering?
 1 Yes 0 No 8 Don't know **YABATHRH**



26. Does (name of Health ABC participant) have any difficulty dressing?
 ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused **YADDYN**

a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

¹ A little difficulty **YADDIF**
 ² Some difficulty
 ³ A lot of difficulty
 ⁴ Or are they unable to do it?
 ⁸ Don't know

b. Does (he/she) usually receive help from another person in dressing?
 ¹ Yes ⁰ No ⁸ Don't know **YADDRHYN**

27. In general, would you say that (name of Health ABC participant's) appetite or desire to eat has been. . . ?
(Interviewer Note: Read response options.)

¹ Very good ⁵ Very poor **YAAPPET**
 ² Good ⁸ Don't know
 ³ Moderate ⁷ Refused
 ⁴ Poor

28. Since we last spoke to (name of Health ABC participant) about 6 months ago, has (his/her) weight changed by 5 or more pounds?
(Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant either 5 or more pounds heavier or lighter than they were 6 months ago?)

YACHN5LB ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

a. Did (he/she) gain or lose weight?
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

¹ Gain ² Lose ⁸ Don't know **YAGNLS**

b. How many pounds did (he/she) gain/lose in the past 6 months?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

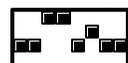
YAHOW6 pounds ⁸ Don't know **YAHOW6DN**

29. Where does (name of Health ABC participant) usually go for health care or advice about health care?

(Interviewer Note: Read response options. Please mark only one answer.)

- 1 Private doctor's office (individual or group practice)
- 2 Public clinic such as a neighborhood health center
- 3 Health Maintenance Organization (HMO) **(Please specify: _____)**
(Examples: Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring)
- 4 Hospital outpatient clinic
- 5 Emergency room
- 6 Other **(Please specify: _____)**

Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.



30. We would like to update all of *(name of Health ABC participant's)* contact information this year. The address that we currently have listed for *(name of Health ABC participant)* is:
(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.

The telephone number(s) that we currently have for *(name of Health ABC participant)* is *(are)*
(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)

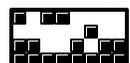
Please tell me if these telephone numbers are correct.

Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.



31. Do you expect (*name of Health ABC participant*) to move or have a different mailing address in the next 6 months?

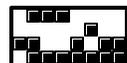
Yes

No

Don't know

Refused **YAMOVE**

Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.



32. **Interviewer Note: Please answer the following question based on your judgment of the proxy's responses to the Proxy Interview.**

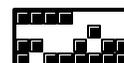
On the whole, how reliable do you think the proxy's responses to the Proxy Interview are?

- 1 Very reliable
2 Fairly reliable **YARELY**
3 Not very reliable
8 Don't know

33. What is the primary reason a proxy was contacted for the Semi-Annual Telephone Interview or Annual Contact? Please mark only one reason.

- 1 Illness/health problem(s)
2 Hearing difficulties
3 Cognitive difficulties **YAPROXY**
4 In nursing home/long-term care facility
5 Refused to give reason
6 Other (*Please specify:* _____)

Thank you very much for answering these questions. Please remember to call us if (*name of Health ABC participant*) is admitted to a hospital or nursing home for any reason so that we can better understand changes in (*his/her*) health. We would also like to hear from you if (*name of Health ABC participant*) moves or if (*his/her*) mailing address changes. We will be calling you in about 6 months from now to find out how (*name of Health ABC participant*) has been doing.



HABC Enrollment ID # H	Acrostic	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID#
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S3PAGE **S3PAGES** **S3ID** **S3ACROS** **S3CONTAC** **S3STFID**

Page of

MEDICATION INVENTORY FORM

Record the name of the prescription medicine, duration of use, formulation code, whether the participant is still using the medication, and frequency of use.

5.Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

6.Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

7.Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

8.Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

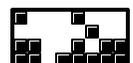
9.Name:

Duration of use: < 1 month 1 month - 1 year 1 - 3 years 3 - 5 years > 5 years Don't know

Formulation code: Still using? Yes No Frequency? As needed Regular

Formulation Codes:

1=oral tablet or capsule; 2=oral liquid; 3=topical liquid, lotion, or ointment; 4=ophthalmic; 5=rectal or vaginal; 6=inhaled; 7=injected; 8=transdermal patch; 9=powder; 10=nasal



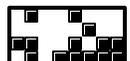
HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 <input type="radio"/> Year 10	<input type="text"/> <input type="text"/>
S4ID	S4ACROS	S4CONTAC	S4STFID2

WEIGHT

Examiner Note: Weight is measured without shoes, heavy jewelry, or wallets.

1. Measurement 1 . lbs. **S4WTLBS**

2. Measurement 2 . lbs. **S4WTLBS2**



HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	<input type="text"/> <input type="text"/>
S5ID	S5ACROS	S5CONTAC	S5STFID

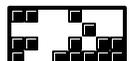
RADIAL PULSE

Measurement 1 beats per 30 seconds **S5PLSSM1**

+

Measurement 2 beats per 30 seconds **S5PLSSM2**

= beats per minute **S5PLSAV**



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
S6ID	S6ACROS	S6CONTAC	S6STFID

BLOOD PRESSURE

1. Cuff Size Small Regular Large Thigh **S6OCUF**

2. Arm Used Right Left **S6ARMRL**
 (Examiner Note: Use arm listed on Data from Prior Visits Report.)

Please explain why right arm was not used:

Pulse Obliteration Level

3. Palpated Systolic [] [] [] **S6POPS** mm Hg * Add +30 to Palpated Systolic to obtain Maximal Inflation Level.

+ Add 30*

4. Maximal Inflation Level (MIL) [] [] [] **S6POMX** mm Hg † If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.

5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes No **S6BPYN**

Blood Pressure (Seated)

6. Systolic **S6SYS** [] [] [] mm Hg *Comments (required for missing or unusual values):* _____

7. Diastolic **S6DIA** [] [] [] mm Hg _____



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] []
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S7ID S7ACROS S7CONTAC S7STFID
GRIP STRENGTH

(Hand-Held Dynamometry)

1. Have you had any surgery on your hands or wrists in the past 3 months?

Yes No Don't know Refused **S7WRST1**

Which hand?		
<input type="radio"/> Right	<input type="radio"/> Left	<input type="radio"/> Both right and left S7WRTRL
Do NOT test right.	Do NOT test left.	Do NOT test either hand. Go to Questions #4 and #5 on next page and mark "Unable to test/exclusion/didn't understand."

2. Has any pain or arthritis in your right hand gotten worse recently?

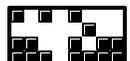
Yes No Don't know Refused **S7ARWRSR**

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know S7PSQ1

3. Has any pain or arthritis in your left hand gotten worse recently?

Yes No Don't know Refused **S7ARWRSL**

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know S7PSQ2



HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10

S8ID S8ACROS S8CONTAC
 GRIP STRENGTH (Hand-Held Dynamometry)

Script: "I'd like you to take your right/left arm, rest it on the table, and bend your elbow. Grip the two bars in your hand, like this. Please slowly squeeze the bars as hard as you can."

Examiner Note: *Hand the dynamometer to the participant. Adjust if needed.*

Script: "Now try it once just to get the feel of it. For this practice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Examiner Note: *Show dial to participant.*

Script: "We'll do this two times. This time it counts, so when I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

4. Right Hand ⁻¹ Unable to test/exclusion/didn't understand **S8NOTST**

S8RTR1
 Trial 1 kg 7 Refused 9 Unable to complete **S8RRUC1**

Examiner Note: *Wait 15-20 seconds before second trial.*

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8RTR2
 Trial 2 kg 7 Refused 9 Unable to complete **S8RRUC2**

Repeat the procedure on the left side.

5. Left Hand ⁻¹ Unable to test/exclusion/didn't understand **S8LNTST**

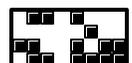
Script: "Now we'll test your left side. When I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR1
 Trial 1 kg 7 Refused 9 Unable to complete **S8LRUC1**

Examiner Note: *Wait 15-20 seconds before second trial.*

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR2
 Trial 2 kg 7 Refused 9 Unable to complete **S8LRUC2**



HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Scan Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Staff ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
S9ID	S9ACROS	Month Day Year S9DATE	S9STFID

Year of Proxy Home Visit: Year 8 Year 10 **S9CONTAC**

BONE DENSITY (DXA) SCAN

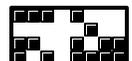
1. Do you have breast implants?
 Yes No Don't know Refused **S9BI**

- ◆ Flag scan for review by DXA Reading Center.
- ◆ Indicate in the table in Question #2 whether breast implant is in "Left ribs" or "Right ribs" subregion, or both.

2. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?
 Yes No Don't know Refused **S9MO**

- a. Flag scan for review by DXA Reading Center.
b. Indicate in the table the location of joint replacement, hardware or other artifacts (sub-regions are those defined by the whole body scan analysis).

Sub-region	Hardware	Other Artifacts	None
Head	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9HEAD
Left arm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9LA
Right arm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9RA
Left ribs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9LR
Right ribs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9RR
Thoracic spine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9TS
Lumbar spine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9LS
Pelvis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9PEL
Left leg	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9LL
Right leg	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9RL



HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit
H		16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

SAID SAACROS SACONTAC
BONE DENSITY (DXA) SCAN

3. Have you had any of the following tests within the past ten days?

	Yes	No	Don't know	Refused
a. Barium enema	SABE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
b. Upper GI X-ray series	SAUGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
c. Lower GI X-ray series	SALGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
d. Nuclear medicine scan	SANUKE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
e. Other tests using contrast ("dye") or radioactive materials	<input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7 SAOTH2

**(Examiner Note: If "Yes" to any, reschedule bone density measurement so that at least 10 days will have passed since the tests were performed.)*

4. Have you ever had hip replacement surgery where all or part of your joint was replaced?

SAHIPRP 1 Yes 0 No 8 Don't know 7 Refused

On which side did you have hip replacement surgery?

1 Right 2 Left 3 Both **SAHIPRP2**

Do NOT scan right hip.

Do NOT scan left hip.

Do NOT scan either hip.
Go to Question #6 on the next page.

5. Which hip was scanned at the Baseline (Year 1) Clinic Visit?

(Examiner Note: Refer to Data from Prior Visits Report to see which hip was scanned at Baseline.)

SAHIPY1 1 Right 2 Left 3 Neither 8 Don't know

Scan right hip unless contraindicated.

Scan left hip unless contraindicated.

Scan right hip unless contraindicated.

HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10 20
SBID	SBACROS	SBCONTAC

BONE DENSITY (DXA) SCAN

6. Was a bone density measurement obtained for...?

a. Whole body

Yes No **SBWB**

Last 2 characters of scan ID #: [] [] **SBSCAN1**

Date of scan: [] [] / [] [] / [] [] [] [] **SBSCDTE1**

Month Day Year

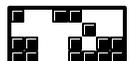
b. Hip

Yes No **SBHIP**

Last 2 characters of scan ID #: [] [] **SBSCAN2**

Date of scan: [] [] / [] [] / [] [] [] [] **SBSCDTE2**

Month Day Year



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] [] []
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SGID
SGACROS
SGCONTAC
SGSTFID

PULMONARY FUNCTION TEST TRACKING

1. Is the participant's systolic blood pressure greater than 199 mm Hg or diastolic blood pressure greater than 109 mm Hg?

Examiner Note: Check blood pressure recorded on page #39.)

Yes No **8** **SGBPCHK**

↓
Do NOT test. Go to Question #9.

2. Have you had any surgery on your chest or abdomen in the past 2 months?

Yes No Don't know Refused **7** **SGSURG**

↓
Do NOT test. Go to Question #9.

3. Have you had a heart attack in the past 2 months?

Yes No Don't know Refused **7** **SGHA**

↓
Do NOT test. Go to Question #9.

4. Now please think about the past 30 days. Have you been hospitalized for any other heart problem in the past 30 days?

Yes No Don't know Refused **7** **SGHOSP**

↓
Do NOT test. Go to Question #9.

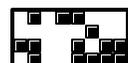
5. Do you have a detached retina or have you had eye surgery in the past 2 months?

Yes No Don't know Refused **7** **SGRET**

↓
Do NOT test. Go to Question #9.

6. Have you had symptoms of a cold or respiratory infection within the past 2 weeks?

Yes No Don't know Refused **7** **SGRESP**



HABC Enrollment ID #	SHACROS Acrostic	Year of Proxy Home Visit
SHID H		16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

PULMONARY FUNCTION TEST TRACKING

7. Does the participant regularly use beta-agonist inhalers, an anticholinergic inhaler (Atrovent, Spiriva), or a combination inhaler/nebulizer (Combivent, Advair, DuoNeb)?

Examiner Note: Check Medication Inventory Form or medications identified by the participant. Common beta-agonist inhalers include: Short acting: Albuterol, Brethair, Maxair Autohaler, Proventil, Tonalate, Ventolin, Alupent, Xopenix. Long acting: Serevent, Foradil. Anticholinergic inhaler: Atrovent, Spiriva. Combination inhaler/nebulizer: Combivent, Advair, DuoNeb.

- Yes
 No
 Don't know

Has the participant used their . . .

- ◆ Short-acting beta agonist (e.g., Albuterol, Brethair, Maxair Autohaler, Proventil, Tonalate, Ventolin, Alupent, Xopenix, DuoNeb), in the last 4 hours,
- ◆ Atrovent or Combivent in the last 6 hours,
- ◆ Serevent, Advair, or Foradil in the last 10 hours, or
- ◆ Spiriva in the last 24 hours?

(Examiner Note: If a participant has used Atrovent, Spiriva, Combivent, Advair, Foradil, or Serevent within the prescribed time period, they should NOT be asked to use their short-acting bronchodilator.)

Yes
 No
 Don't know

Administer PFT and go to Question # 8.

If the participant has their short-acting bronchodilator with them, ask them to take two puffs and wait 15 minutes before performing the test. If they do not have their short-acting bronchodilator with them, proceed with the test.

Administer PFT and go to Question # 8.

8. What equipment is being used for the pulmonary function test?

- Table-top spirometer
 Hand-held (EasyOne) spirometer

9. Was the spirometry test completed?

- Yes
 No

Record the results:

SHFVCBST
 FVC Best value: [] . [] [] liters

SHFVCPR
 FVC Percent predicted: [] [] [] . [] percent

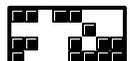
SHFEVBST
 FEV₁ Best value: [] . [] [] liters

SHFEVPR
 FEV₁ Percent predicted: [] [] [] . [] percent

SHFEVPR2
 FEV₁/FVC%: [] [] [] . [] percent

Why wasn't the spirometry test completed?
 (Examiner Note: Mark all that apply.)

Equipment failure
 Participant unable to understand instructions
 Participant medically excluded
 Participant physically unable to cooperate
 Participant refused
 Other (Please specify:)



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
SIID	SIACROS	SICONTAC	SISTFID

CHAIR STANDS

SINGLE CHAIR STAND

Describe: "This is a test of strength in your legs where you stand up without using your arms."

Demonstrate and say: "Fold your arms across your chest, like this, and stand when I say GO, keeping your arms in this position. OK?"

Test: "Ready, Go!"

<input type="radio"/> Participant refused	SISCS	▶	Go to Standing Balance on page 52.
<input type="radio"/> Not attempted, unable		▶	Go to Standing Balance on page 52.
<input type="radio"/> Attempted, unable to stand		▶	Go to Standing Balance on page 52.
<input type="radio"/> Rises using arms		▶	Go to Standing Balance on page 52.
<input type="radio"/> Stands without using arms		▶	Go to Repeated Chair Stands below.

REPEATED CHAIR STANDS

Describe: "This time, I want you to stand up five times as quickly as you can keeping your arms folded across your chest."

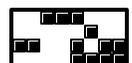
Demonstrate and say: "When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time. I'll demonstrate two chair stands to show you how it's done."

Examiner Note: Rise two times as quickly as you can, counting as you sit down each time.

Test: "When I say 'Go' stand up five times in a row, as quickly as you can, without stopping. Stand up all the way, and sit all the way down each time. Ready, Go!"

Examiner Note: Start timing as soon as you say "Go." Count: "1, 2, 3, 4, 5" as the participant sits down each time.

<input type="radio"/> Participant refused	SIRCS	
<input type="radio"/> Not attempted, unable		
<input type="radio"/> Attempted, unable to complete 5 stands without using arms	→ []	SICOMP Number completed without using arms
<input type="radio"/> Completes 5 stands without using arms	→ [] [] . [] []	Seconds to complete SISEC



HABC Enrollment ID #	Accession #	Year of Proxy Home Visit	Staff ID#
H [] [] [] [] []	[] [] [] [] []	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	[] [] [] []

STANDING BALANCE

SJCONTAC

SJSTFID

INTRODUCTION: "I'm going to ask you to stand in several different positions that test your balance. I'll demonstrate each position and then ask you to try to stand in each position for 30 seconds. I'll be near you to provide support, and the wall is close enough to prevent you from falling if you lose your balance. Do you have any questions?"

SEMI-TANDEM STAND

Describe: "First I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 30 seconds. Please watch while I demonstrate."

Demonstrate and say: "You may put either foot in front, whichever is more comfortable. You can use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step like this."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Examiner Note: Start timing when the participant lets go. If the participant does not hold onto your arm, start timing when they are in position.

- 7 Participant refused → Go to 4-meter walk on page 63.
- 9 Not attempted, unable → Go to 4-meter walk on page 63.
- 1 Unable to attain position or cannot hold for at least one second → Go to 4-meter walk on page 63.
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] seconds. Go to Tandem Stand below. **SJSTSTM**
- 3 Holds position for 30 seconds → Go to Tandem Stand below.

SJSTS

TANDEM STAND

Describe: "Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot. I'll demonstrate."

Demonstrate and say: "Again, you may use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step, like this."

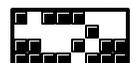
Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

SJTS1

- 7 Participant refused → Go to One-Leg Stand on page 53.
- 9 Not attempted, unable → Go to One-Leg Stand on page 53.
- 1 Unable to attain position or cannot hold for at least one second → Go to Trial 2.
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] seconds. Go to Trial 2. **SJSTSTM**
- 3 Holds position for 30 seconds → Go to One-Leg Stand on page 53.



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10
---	-------------------------------------	--

SKID

SKACROS

SKCONTAC

STANDING BALANCE

TANDEM STAND

Perform a second trial: "Now, let's do the same thing one more time. Hold onto my arm while you get into position. When you are ready, let go."

Trial 2:

Participant refused Go to One-Leg Stand below.

7

Not attempted, unable Go to One-Leg Stand below.

9

SKTS2

Unable to attain position or cannot hold for at least one second Go to One-Leg Stand below.

1

Holds position between 1 and 29 seconds [][] . [][] SKTS2TM seconds. Go to One-Leg Stand below.

2

Holds position for 30 seconds Go to One-Leg Stand below.

3

ONE-LEG STAND

Describe: "For the last position, I would like you to try to stand on one leg for 30 seconds. You may stand on either leg, whichever is more comfortable. I'll demonstrate."

Demonstrate and say: "Try to hold your foot up until I say stop. If you lose your balance put your foot down."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

Participant refused Go to 4-meter walk on page 63.

7

Not attempted, unable Go to 4-meter walk on page 63.

9

SKTR1

Unable to attain position or cannot hold for at least one second Go to Trial 2.

1

Holds position between 1 and 29 seconds [][] . [][] SKTR1TM seconds. Go to Trial 2.

2

Holds position for 30 seconds Go to 4-meter walk on page 63.

3

Perform a second trial: "Now, let's do the same thing one more time."

Trial 2:

SKTR2

Participant refused Go to 4-meter walk on page 63.

7

Not attempted, unable Go to 4-meter walk on page 63.

9

Unable to attain position or cannot hold for at least one second Go to 4-meter walk on page 63.

1

Holds position between 1 and 29 seconds [][] . [][] SKTR2TM seconds. Go to Teng mini-mental on page 54.

2

Holds position for 30 seconds Go to 4-meter walk on page 63.

3



HABC Enrollment ID #	Acoustic	Year of Proxy Home Visit	Staff ID#
T6ACROS		16 <input type="radio"/> Year 8	20 <input type="radio"/> Year 10
H			

4-METER WALK

Examiner Note: Measure out 4 meters for the walk. If a 4-meter space is not available, measure 3 meters.

1 Which walk was set up?

T64MW ¹ 4-meter ² 3-meter ⁰ None:

No 3-meter space was available →

USUAL PACE WALK

2 Describe the 4-meter walk and demonstrate how to walk past the tape.

Script: "This is a three part walking test. The first and second parts test your usual walking speed. Please walk past the tape, then stop. Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

3 To start the test, say,

Script: "Ready, Go."

4 Start timing with the first footfall over the start line (participant's foot touches the floor). Stop timing with the participant's first footfall over the finish line at 4-meters (or 3-meters). You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor.)

T64MWTM1
Time on stopwatch: .
Second Hundredths/Sec

Examiner Note: If greater than 30 seconds mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.

⁷ Participant refused →

T64MW1 ⁹ Not attempted, unable →

(Please comment: _____)

¹ Attempted, but unable to complete →

(Please comment: _____)

5 Reset the stopwatch and have the participant repeat the usual-pace walk.

Script: "For the next part of the test, I want you to walk again at your usual walking pace. When you walk past the tape please stop. Ready, Go."

Time on stopwatch: . **T64MWTM2**
Second Hundredths/Sec

6 RAPID WALK

Reset the stopwatch and instruct the participant to walk as quickly as they can for the third portion of the test.

Script: "When I say go, I want you to walk as fast as you can. Ready, Go."

Time on stopwatch: . **T64MWTM3**
Second Hundredths/Sec

⁷ Participant refused →

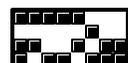
T64MW3 ⁹ Not attempted, unable →

(Please comment: _____)

¹ Attempted, but unable to complete →

(Please comment: _____)

7 Was the participant using a walking aid, such as a cane or walker? ¹ Yes ⁰ No **T6WLKAID**



HABC Enrollment ID # H	Acrostic	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID#
SZID	SZACROS	SZCONTAC	SZSTFID

PHLEBOTOMY

1 First sample collection 2 Second sample collection

SZLABVIS

1. Do you bleed or bruise easily?

SZBLBR 1 Yes 0 No 8 Don't know 7 Refused

SZBRCD

Bar Code Label

2. Have you ever experienced fainting spells while having blood drawn?

SZFNT 1 Yes 0 No 8 Don't know 7 Refused

3. Have you ever had a radical mastectomy? **(Female Participants Only)**

SZRADMAS 1 Yes 0 No 8 Don't know 7 Refused

Which side?

1 Right

2 Left

3 Both **SZRMSIDE**

Draw blood on left side.

Draw blood on right side.

Do NOT draw blood. Go to Question #10 on page 74.

4. Have you ever had a graft or shunt for kidney dialysis?

1 Yes 0 No 8 Don't know 7 Refused **SZKIDNEY**

Which side?

1 Right

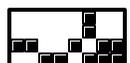
2 Left

3 Both **SZKDSIDE**

Draw blood on left side.

Draw blood on right side.

Do NOT draw blood. Go to Question #10 on page 74.



HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit
H [] [] [] [] []	[] [] [] []	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

T1ID **T1ACROS**
PHLEBOTOMY

T1CONTAC

<input type="radio"/> ¹ First sample collection	<input type="radio"/> ² Second sample collection
--	---

T1LABVIS

5. Time at start of venipuncture:

T1VTM

[] []	:	[] []	<input type="radio"/> ¹ am	<input type="radio"/> ² pm	T1AMP4
Hours		Minutes			

6. Time blood draw completed:

T1BLDRTM

[] []	:	[] []	<input type="radio"/> ¹ am	<input type="radio"/> ² pm	T1AMP5
Hours		Minutes			

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

[] []	minutes
T1TOUR	

Comments on phlebotomy:

8. What is the date and time you last ate anything?

a. Date of last food: [] [] / [] [] / [] [] [] [] **T1LMD**

Month Day Year

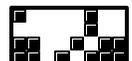
T1MHM

b. Time of last food: [] [] : [] [] ¹ am ² pm **T1LMAPM**

Hours Minutes

c. How many hours have passed since the participant last ate any food?

T1FAST [] [] hours (Question 6 minus Question 8b. Round to nearest hour.)



HABC Enrollment ID #	Acrostic	Type of Annual Contact
T2ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

PHLEBOTOMY T2ACROS T2CONTAC

T2LABVIS ¹ First sample collection ² Second sample collection

9. Quality of venipuncture:

- 1 Clean 2 Traumatic T2QVEN

Please describe. Mark all that apply:

- 1 Vein collapse T2PVC
- 1 Hematoma T2PH
- 1 Vein hard to get T2PVHTG
- 1 Multiple sticks T2PMS
- 1 Excessive duration of draw T2PEDD
- 1 Leakage at venipuncture site T2PLVS

T2POTH ₁ Other (Please specify:)

10. Was any blood drawn?

- 1 Yes 0 No T2BLDR

Please describe why not: _____

Were tubes filled to specified capacity? If not, comment why.

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. Serum	10 ml	<input type="radio"/>	<input type="radio"/>	_____
		T2SERUM		
2. EDTA	4 ml	<input type="radio"/>	<input type="radio"/>	_____
		T2EDTA1		
3. EDTA	7 ml	<input type="radio"/>	<input type="radio"/>	_____
		T2EDTA2		
4. PAXgene	10 ml	<input type="radio"/>	<input type="radio"/>	_____
		T2PAXGEN		

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BJID	BJACROS	Month BJDATE Day Year	BJSTFID

MISSED FOLLOW-UP CONTACT

Complete this form for each regularly scheduled follow-up clinic visit or telephone contact that has been missed and cannot be made-up.

1 Type of Follow-up Contact Missed

BJTYPE
1 Annual Clinic Visit



Which visit?

16 Year 8

18 Year 9

20 Year 10

BJVISIT

2 Semi-Annual Phone Interview



Which contact?

17 Year 8.5

19 Year 9.5

BJCONTAC

2 Reason Follow-up Contact Missed

Please check the primary reason for the missed follow-up visit or telephone contact. Check only one reason.

- | | | |
|---|---|-----------------|
| 1 <input type="radio"/> Illness/health problem(s) | 10 <input type="radio"/> Moved out of area | BJREASON |
| 2 <input type="radio"/> Hearing difficulties | 11 <input type="radio"/> Travelling/on vacation | |
| 3 <input type="radio"/> Cognitive difficulties | 12 <input type="radio"/> Personal problem(s) | |
| 4 <input type="radio"/> In nursing home/long-term care facility | 13 <input type="radio"/> Unable to contact/unable to locate | |
| 5 <input type="radio"/> Too busy; time and/or work conflict | 14 <input type="radio"/> Refused to give reason | |
| 6 <input type="radio"/> Caregiving responsibilities | 15 <input type="radio"/> Modified follow-up regimen
(e.g. will only agree to one contact per year) | |
| 7 <input type="radio"/> Physician's advice | 18 <input type="radio"/> Withdrew from study/withdrew informed consent | |
| 8 <input type="radio"/> Family member's advice | 16 <input type="radio"/> Deceased | |
| 9 <input type="radio"/> Clinic too far/travel time | 17 <input type="radio"/> Other (Please specify: _____) | |

3 Comments



HABC Enrollment ID #	Acrostic	Date Form Completed			Staff ID #
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>			
BLID	BLACROS	Month	BLDATE Day	Year	BLSTFID

SEMI-ANNUAL TELEPHONE CONTACT

Telephone contact: **19** Year 9.5 **21** Year 10.5 **8** Other (*Please specify*)
BLCONTAC _____

Date of last contact: / / **BLDTCON**
 Month Day Year

I would like to ask you some questions that we asked you about 6 months ago, on (date of last contact). The reason for asking them again is to find out how you've been doing during the past six months.

1. In general, how would you say your health is? Would you say it is . . .
(Interviewer Note: Read response options.)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Don't know
- 7 Refused

BLHSTAT

2. Since we last spoke to you about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.

- 1 Yes
- 0 No
- 6 Don't know
- 7 Refused

BLBED12

About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **BLBEDDAY**

3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- 1 Yes
- 0 No
- 6 Don't know
- 7 Refused

BLCUT12

How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **BLCUTDAY**



4. Since we last spoke to you about 6 months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?

- 1 Yes 0 No 8 Don't know 7 Refused **BLMCNH**

5. Since we last spoke to you about 6 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?

- 1 Yes 0 No 8 Don't know 7 Refused **BLMCVN**

6. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?

- 1 Yes 0 No 8 Don't know 7 Refused **BLEQUIP**

7. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?

- 1 Yes 0 No 8 Don't know 7 Refused **BLDIOYN**

Does someone usually help you get in and out of bed or chairs?

- 1 Yes 0 No 8 Don't know **BLDIORHY**

8. Do you have any difficulty bathing or showering?

- 1 Yes 0 No 8 Don't know 7 Refused **BLBATHYN**

Does someone usually help you bathe or shower?

- 1 Yes 0 No 8 Don't know **BLBATHRH**

9. Do you have any difficulty dressing?

- 1 Yes 0 No 8 Don't know 7 Refused **BLDDYN**

Does someone usually help you to dress?

- 1 Yes 0 No 8 Don't know **BLDDRHYN**

10. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
(Interviewer Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Don't do.")

BLDWQMYN

① Yes

② No

⑧ Don't know

⑦ Refused

⑨ Don't do

Go to Question #10d

Go to Question #11

a. How much difficulty do you have?
(Interviewer Note: Read response options.)

① A little difficulty

② Some difficulty

③ A lot of difficulty

BLDWQMDF

④ Or are you unable to do it

⑧ Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?

(Interviewer Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)

BLMNRS

① Arthritis

⑫ Hip fracture

② Back pain

⑬ Injury

③ Balance problems/unsteadiness on feet

⑭ Joint pain

④ Cancer

⑮ Lung disease

(asthma, chronic bronchitis, emphysema, etc)

⑤ Chest pain/discomfort

⑯ Old age

(no mention of a specific condition)

⑥ Circulatory problems

⑰ Osteoporosis

⑦ Diabetes

⑱ Shortness of breath

⑧ Fatigue/tiredness (no specific disease)

⑲ Stroke

⑨ Fall

① Other symptom

(Please specify: _____)

⑳ Foot/ankle pain

BLMNRS4

② Multiple conditions/symptoms given; unable to determine MAIN reason

⑩ Heart disease

(including angina, congestive heart failure, etc)

⑧ Don't know

⑪ High blood pressure/hypertension

c. Do you have any difficulty walking across a small room?

① Yes

② No

⑧ Don't know

⑦ Refused

BLDWSMRM

Go to Question #11



10d. How easy is it for you to walk a quarter of a mile?
(Interviewer Note: Read response options.)

- ① Very easy
- ② Somewhat easy
- ③ Or not that easy
- ⑧ Don't know/don't do

BLDWQMEZ

10e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

- ① Yes
- ② No
- ⑧ Don't know/don't do

→ Go to Question #11

BLDW1MYN

→ Go to Question #10f

→ Go to Question #10f

10f. How easy is it for you to walk one mile?
(Interviewer Note: Read response options.)

- ① Very easy
- ② Somewhat easy
- ③ Or not that easy
- ⑧ Don't know/don't do

BLDW1MEZ



11. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?

(Interviewer Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Don't do.")

BLDW10YN

① Yes

① No

⑧ Don't know

⑦ Refused

⑨ Don't do

Go to Question #11c

Go to Question #12

a. How much difficulty do you have?

(Interviewer Note: Read response options.)

- ① A little difficulty
- ② Some difficulty
- ③ A lot of difficulty
- ④ Or are you unable to do it
- ⑧ Don't know

BLDIF

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?

(Interviewer Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)

BLMNRS2

- | | |
|--|--|
| ① Arthritis | ⑫ Hip fracture |
| ② Back pain | ⑬ Injury |
| ③ Balance problems/unsteadiness on feet | ⑭ Joint pain |
| ④ Cancer | ⑮ Lung disease
(asthma, chronic bronchitis, emphysema, etc) |
| ⑤ Chest pain/discomfort | ⑯ Old age
(no mention of a specific condition) |
| ⑥ Circulatory problems | ⑰ Osteoporosis |
| ⑦ Diabetes | ⑱ Shortness of breath |
| ⑧ Fatigue/tiredness (no specific disease) | ⑲ Stroke |
| ⑨ Fall | ① Other symptom
(Please specify: _____) |
| ⑲ Foot/ankle pain | ② Multiple conditions/symptoms given;
unable to determine MAIN reason |
| ⑩ Heart disease
(including angina, congestive heart failure, etc) | ⑧ Don't know |
| ⑪ High blood pressure/hypertension | |

BLMNRS3

Go to Question #12

Page Link #

[]



11c. How easy is it for you to walk up 10 steps without resting?
(Interviewer Note: Read response options.)

- ① Very easy
- ② Somewhat easy
- ③ Or not that easy
- ⑧ Don't know/don't do

BLDW10EZ

11d. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

① Yes

→

BLDW20YN ② No

→

⑧ Don't know/don't do

→

11e. How easy is it for you to walk up 20 steps without resting?
(Interviewer Note: Read response options.)

- ① Very easy
- ② Somewhat easy
- ③ Or not that easy
- ⑧ Don't know/don't do

BLDW20EZ



12. In general, would you say that your appetite or desire to eat has been. . . ?
(Interviewer Note: Read response options.)

- ① Very good
- ② Good
- ③ Moderate
- ④ Poor **BLAPPET**
- ⑤ Very poor
- ⑧ Don't know
- ⑦ Refused

13. How much do you currently weigh?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

BLWTLBS pounds ⑧ Don't know/don't remember ⑦ Refused
BLLBS2

14. Since we last spoke to you about 6 months ago, has your weight changed by 5 or more pounds?
(Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant currently either 5 or more pounds heavier or lighter than they were 6 months ago.)

- ① Yes
- ⑦ Refused **BLCHN5LB**
- ⑧ Don't know
- ⑦ Refused
- ⑦ Refused
- ⑦ Refused

a. Did you gain or lose weight?
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

- ① Gain
- ② Lose
- ⑧ Don't know/don't remember **BLGNLS**

b. How many pounds did you gain/lose in the past 6 months?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

BLHOW6 pounds ⑧ Don't know/don't remember ⑦ Refused **BLHOW6DN**

c. Were you trying to gain/lose weight?

- ① Yes
- ⑦ Refused
- ⑧ Don't know **BLTRGNLS**
- ⑦ Refused

15. At the present time, are you trying to lose weight?

- ① Yes
- ⑦ Refused **BLTRYLOS**
- ⑧ Don't know
- ⑦ Refused

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on

/ /
 Month Day Year

16. Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?

- Yes
 No
 Don't know
 Refused **BLHCHAMI**

Were you hospitalized overnight for this problem?

Yes
 No **BLHOSMI**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **BLREF13A**

b. **BLREF13B**

c. **BLREF13C**

Go to Question #17

17. Since we last spoke to you about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

- Yes
 No
 Don't know
 Refused **BLHCCVA**

Were you hospitalized overnight for this problem?

Yes
 No **BLHOSMI2**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **BLREF14A**

b. **BLREF14B**

c. **BLREF14C**

Go to Question #18

18. Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure?

- Yes
 No
 Don't know
 Refused **BLCHF**

Were you hospitalized overnight for this problem?

Yes
 No **BLHOMI3**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **BLREF15A**

b. **BLREF15B**

c. **BLREF15C**

Go to Question #19



19. Since we last spoke to you about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you.

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 BLCHMGMT

Complete a Health ABC Event Form(s), Section II, for each event. Record reference #'s below:

a.

--	--	--	--	--

BLREF16A

b.

--	--	--	--	--

BLREF16B

c.

--	--	--	--	--

BLREF16C

20. Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 BLLCPNEU

Complete a Health ABC Event Form(s), Section II, for each event. Record reference #'s below:

a.

--	--	--	--	--

BLREF17A

b.

--	--	--	--	--

BLREF17B

c.

--	--	--	--	--

BLREF17C

21. Since we last spoke to you about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 BLOSBR45

Complete a Health ABC Event Form(s), Section II, for each event. Record reference #'s below:

a.

--	--	--	--	--

BLREF18A

b.

--	--	--	--	--

BLREF18B

c.

--	--	--	--	--

BLREF18C

--



22. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 BLHOSP12



**Complete a Health ABC Event Form, Section I, for each event.
Record reference #'s and reason for hospitalization below.**

a. <input type="text"/> Reason for hospitalization: BLREF19A	b. <input type="text"/> Reason for hospitalization: BLREF19B	c. <input type="text"/> Reason for hospitalization: BLREF19C
d. <input type="text"/> Reason for hospitalization: BLREF19D	e. <input type="text"/> Reason for hospitalization: BLREF19E	f. <input type="text"/> Reason for hospitalization: BLREF19F

23. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 BLOUTPA



Was it for...?			
a. A procedure to open a blocked artery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know	→ Complete a Health ABC Event Form, Section III. Record reference #:	Reference #: <input type="text"/> BLREF20A
b. Gallbladder surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know	BLGALLBL	
c. Cataract surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know	BLCATAR	
d. TURP (MEN ONLY) (transurethral resection of prostate)	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know	BLTURP	



24. Do you expect to move or have a different address in the next 6 months?

Yes No Don't know Refused **BLMOVE**



Interviewer Note: Please record the new mailing address and telephone number, and date when the new address and telephone numbers are effective on the HABC Participant Contact Information report.

Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes. I look forward to talking with you in about 6 months from now.

