

HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID

ACROS

CONTAG

MEDICAL STATUS

- ★ 4. Since we last spoke to you about *[# months since last contact]* months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?
- Yes No Don't know Refused **Y11MCNH**
-

- ★ 5. Since we last spoke to you about *[# months since last contact]* months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?
- Yes No Don't know Refused **Y11MCVN**
-

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HABCID	ACROS	CONTAG
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.")

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

Y11DWQMYN

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

Y11DWQMDF

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.)

- | | |
|---|---|
| <p><input type="radio"/> 1 Arthritis</p> <p><input type="radio"/> 2 Back pain</p> <p><input type="radio"/> 3 Balance problems/unsteadiness on feet</p> <p><input type="radio"/> 4 Cancer</p> <p><input type="radio"/> 5 Chest pain/discomfort</p> <p><input type="radio"/> 6 Circulatory problems</p> <p><input type="radio"/> 7 Diabetes</p> <p><input type="radio"/> 8 Fatigue/tiredness (no specific disease)</p> <p><input type="radio"/> 9 Fall</p> <p><input type="radio"/> 23 Foot/ankle pain</p> <p><input type="radio"/> 10 Heart disease
(including angina, congestive heart failure, etc)</p> <p><input type="radio"/> 11 High blood pressure/hypertension</p> | <p><input type="radio"/> 12 Hip fracture</p> <p><input type="radio"/> 13 Injury</p> <p><input type="radio"/> 14 Joint pain
(Please specify: _____)</p> <p><input type="radio"/> 24 Leg pain</p> <p><input type="radio"/> 15 Lung disease
(asthma, chronic bronchitis, emphysema, etc.)</p> <p><input type="radio"/> 16 Old age
(no mention of a specific condition)</p> <p><input type="radio"/> 17 Osteoporosis</p> <p><input type="radio"/> 18 Shortness of breath</p> <p><input type="radio"/> 19 Stroke</p> <p><input type="radio"/> 20 Other symptom
(Please specify: _____)</p> <p><input type="radio"/> 21 Multiple conditions/symptoms
unable to determine MAIN reason</p> <p><input type="radio"/> 22 Don't know</p> |
|---|---|
- Y11MNRS**

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

1 Yes
 0 No
 8 Don't know
 7 Refused

Y11DWSMRM



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HABCID

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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

Y11DWQMEZ



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 →

Y11DW1MYN



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

Y11DW1MEZ



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HABCID

ACROS

CONTAC

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.")

Y11DW10YN 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.) **Y11DIF**

A little difficulty Some difficulty A lot of difficulty Or are you unable to do it 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.)

Arthritis Hip fracture

Back pain Injury

Balance problems/unsteadiness on feet Joint pain
(Please specify: _____)

Cancer Leg pain

Chest pain/discomfort Lung disease
(asthma, chronic bronchitis, emphysema, etc)

Circulatory problems Old age
(no mention of a specific condition)

Diabetes Osteoporosis

Fatigue/tiredness (no specific disease) Shortness of breath **Y11MNRS2**

Fall Stroke

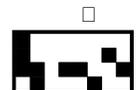
Foot/ankle pain Other symptom
(Please specify: _____)

Heart disease Multiple conditions/symptoms
(including angina, congestive heart failure, etc) unable to determine MAIN reason

High blood pressure/hypertension Don't know

↓

Go to Question #8



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HABCID

ACROS

CONTAC

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

Y11DW10EZ



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 →

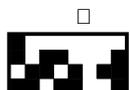
Y11DW20YN



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

Y11DW20EZ



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HABCID **ACROS** **CONTAG**
PHYSICAL FUNCTION

★ 8. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
 Yes No Don't know Refused **Y11EQUIP**

★ 9. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?
 Yes No Don't know Refused **Y11DIOYN**

Does someone usually help you get in and out of bed or chairs?
 Yes No Don't know

Y11DIORHY

★ 10. Do you have any difficulty bathing or showering?
 Yes No Don't know Refused **Y11BATHYN**

Does someone usually help you bathe or shower?
 Yes No Don't know

Y11BATHRH

★ 11. Do you have any difficulty dressing?
 Yes No Don't know Refused **Y11DDYN**

Does someone usually help you to dress?
 Yes No Don't know

Y11DDRHYN

★ 12. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?
 Yes No Don't know Refused **Y11DIFSTA**

★ 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

Y11DSTAMT

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

Y11EZSTA



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HABCID ACROS CONTAG
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.)

1 Yes 0 No 8 Don't know 7 Refused

Y11DIFSK

★

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

1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty **Y11DSCAM**
 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?

1 Yes 0 No 8 Don't know 7 Refused

Y11DIFARM

★

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

1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty **Y11DARMAM**
 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?

1 Yes 0 No 8 Don't know 7 Refused

Y11DIFFN

★

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

1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty **Y11DIFNAM**
 4 Or are you unable to do it
 8 Don't know



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HABCID

ACROS

CONTAG

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?

Y11DIF10

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

Y11D10AMT

a. How easy is it for you to lift or carry something weighing 10 pounds?

(Examiner Note: Read response options.)

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

Y11EZ10LB

b. Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries?

1 Yes

0 No

8 Don't know

Y11D20LBS

Go to Question #17

i. How easy is it for you to lift or carry something weighing 20 pounds?

(Examiner Note: Read response options.)

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

Y11EZ20LB



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HABCID	ACROS	GONTAG

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?

Y11HC12MO 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?

Yes No Don't know Y11HC7DAY

↓ ↓

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.)

HCHRS [] [] HCMINS [] [] Don't know

Hours Minutes Y11HCDK

Y11HCTIM



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HABCID ACROS CONTAG
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?

Y11EW12MO Yes No Don't know Refused

Go to Question #19

In the past 7 days, did you go walking?
 Yes No **Y11EW7DAY**

a. How many times did you go walking in the past 7 days?
Y11EWTIME [] [] times Don't know **Y11EWTMDK**

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.) **EWHR** [] [] Hours **EWMIN** [] [] Minutes Don't know **Y11EWTDK**
Y11EWTIM

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?
Y11EWPACE
 Brisk Moderate Stroll Don't know

What is the main reason you did not go walking in the past 7 days?
(Examiner Note: OPTIONAL - Show card #1.) **Y11EWREAS**

Bad weather
 Not enough time
 Injury
 Health problems
 Lost interest
 Felt unsafe
 Not necessary
 Other
 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 No Don't know Refused **Y11FS12MO**

Go to Question #20

a. In the past 7 days, did you walk up a flight of stairs?
 Yes No Don't know **Y11FS7DAY**

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.
Y11FSNUM [] [] flights Don't know **Y11FSNUMD**

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?
Y11FSLOAD [] [] flights Don't know **Y11FSLODK**



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HABCID ACROS CONTACT
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?

1 Yes 0 No 8 Don't know 7 Refused **Y11HI12MO**

Go to Question #21

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

1 Yes 0 No **Y11HI7DAY**

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

- 1 Bicycling/exercycle **Y11HIABE**
- 1 Swimming **Y11HIASWM**
- 1 Jogging **Y11HIAJOG**
- 1 Aerobics **Y11HIAAER**
- 1 Stair-stepping **Y11HIASS**
- 1 Racquet sports **Y11HIARS**
- 1 Rowing machine **Y11HIAROW**
- 1 Cross country ski machine **Y11HIASKI**
- 1 Other *(Please specify):*

Y11HIAOTH _____

-1 Don't know **Y11HIADK**

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.)

Y11HIA1HR **Y11HIA1M**
 Hours Minutes

-1 Don't know **Y11HIA1DK**

Y11H1TIME

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 **Y11HINDEX**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know



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HABCID ACROS CONTAG
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?

Y11MI12MO Yes No 8 Don't know 7 Refused

Go to Question #22

In the past 7 days, did you do moderate intensity exercise?
Y11MI7DAY Yes No

- a. What activity(ies) did you do?
(Examiner Note: OPTIONAL - Show card #4. Mark all that apply.)
- 1 Golf Y11MIGOLF
 - 1 Bowling Y11MIBOWL
 - 1 Dancing Y11MIDANC
 - 1 Skating Y11MISKAT
 - 1 Bocce Y11MIBOCC
 - 1 Table tennis Y11MITENN
 - 1 Billiards/pool Y11MIPOOL
 - 1 Hunting Y11MIHUNT
 - 1 Sailing/boating Y11MIBOAT
 - 1 Fishing Y11MIFISH
 - 1 Other (Please specify):
Y11MIOT1 _____

 - 1 Don't know Y11MIADK

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 Y11MINDEX
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

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.)

Y11MIA1DK Don't know

Y11MIA1HR Hours Y11MIA1MN Minutes

Y11M1TIME



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HABCID

ACROS

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APPETITE AND WEIGHT CHANGE

★ 22. 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 Y11APPET
- 5 Very poor
- 8 Don't know
- 7 Refused

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

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused Y11TRYLS2

SMOKING HABITS

24. Do you currently smoke cigarettes?

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused Y11SMOKE

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

cigarettes per day -1 Don't know Y11SMOKEDK

Y11SMOKAV



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HABCID	ACROS	CONTAG
ALCOHOLIC BEVERAGES		

These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum, or vodka, and cocktails and mixed drinks containing liquor, such as Manhattans and martinis, and any other drink that contains alcohol.

Please answer for all types of alcoholic beverages together. Let's consider one drink to be equal to . . .

- one 12 ounce can of beer
- one five ounce glass of wine (a full glass),
- a drink containing a "shot," a "jigger" or a "finger of liquor" (approximately one and one quarter ounces.)

25. During the past 12 months, how many drinks did you have in a typical week? If you are unsure, please make your best guess. *(Examiner Note: Do NOT read response categories.)*

- 1 None -- do not drink alcohol at all
- 2 An occasional drink, but less than once a week
- 3 1 to 3 drinks per week
- 4 4 to 7 drinks per week
- 5 8 to 14 drinks per week
- 6 15 to 21 drinks per week
- 9 22 to 27 drinks per week
- 10 28 or more drinks per week
- 8 Don't know
- 7 Refused

Y11DA12MO

Y11DARND

What is your primary reason for not drinking very much?
(Examiner Note: Do NOT read response options. Please check only ONE answer.)

- 1 No need/not necessary
- 2 Don't care for it/dislike it
- 3 Medical/health reasons
- 4 Religious/moral reasons
- 5 Recovering alcoholic
- 6 Family member an alcoholic or problem drinker
- 7 Costs too much
- 8 Other reasons *(Please specify: _____)*
- 9 Don't know

26. Did you ever drink more than you do now?
 1 Yes 0 No 8 Don't know 7 Refused **Y11MORE**

27. Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?
 1 Yes 0 No 8 Don't know 7 Refused **Y11DA5XDA**

During the past 12 months, have you had 5 or more drinks almost every day?
 1 Yes 0 No 8 Don't know **Y11DA5X12**



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HABCID ACROS CONTAG
MEDICAL CONDITIONS

★ **28.** Has a doctor ever told you that you have diabetes or sugar diabetes?
 For women, please don't include diabetes that occurred only during pregnancy.

Yes No Don't know Refused

Y11DIABET

- ★ **a.** In the past 12 months, has a doctor told you for the first time that you had diabetes or sugar diabetes?
 Yes No Don't know **Y11SGDIAB**
- ★ **b.** Are you currently taking insulin?
 Yes No Don't know **Y11SGINSU**
- ★ **c.** Are you currently taking diabetes pills to lower your blood sugar (sometimes called oral agents or oral hypoglycemic agents)?
 Yes No Don't know **Y11SGMED**

29. 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.

Yes No Don't know Refused **Y11HCHBP**

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

Yes No Don't know Refused **Y11AJFALL**

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 **Y11AJFNUM**

Two or three

Four or five

Six or more

Don't know



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LEG CRAMPS AND NEUROLOGIC SYMPTOMS

★ 31. In the past 12 months, have you had muscle cramps in your legs or feet?

1 Yes 0 No 8 Don't know 7 Refused **Y11LC12LF**

↓
↓
↓

Go to Question #40.

★ 32. How often do you get them?
(Examiner Note: Read response options. Mark only ONE answer.)

1 Less than once a month
 2 At least once a month
 4 At least once a week **Y11LCOFT**
 6 Every day
 8 Don't know
 7 Refused

★ 33. Where are the cramps the most severe. . . in your thigh or upper leg, calf or lower leg, feet, toes, or some other place?
(Examiner Note: Read response options. Mark only ONE answer.)

1 Thigh/Upper leg
 2 Calf/Lower leg
 3 Feet/Toes **Y11LCSEV**
 4 Other (Please specify: _____)
 8 Don't know
 7 Refused

★ 34. Do you usually get cramps in both legs or feet?

1 Yes 0 No 8 Don't know 7 Refused **Y11LCBOTH**

★ 35. Do the cramps usually occur during the day or at night?
(Examiner Note: Read response options. Mark only ONE answer.)

1 During the day **Y11LCDN**
 2 At night/in the evening
 8 Don't know
 7 Refused



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LEG CRAMPS AND NEUROLOGIC SYMPTOMS

★ 36. Do the cramps usually occur when you are...?
(Examiner Note: Read response options. Mark only ONE answer.)

- 1 Sitting
- 2 Sleeping or lying still
- 3 Standing
- 4 Walking
- 8 Don't know
- 7 Refused

Y11LCOCR

★ 37. Do the cramps usually get worse at night?

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

Y11LCWNGT

★ 38. Do the cramps usually get worse when you walk?

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

Y11LCWWLK

Go to Question #40.

★ 39. Do the cramps usually get better when you walk?

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

Y11LCBWLK

★ 40. In the past 12 months, have you had any of the following, while sitting or lying down?

- a. A repeated urge to move your legs? **Y11RLURGE** 1 Yes 0 No 8 Don't know 7 Refused
- b. Strange or uncomfortable feelings in your legs? **Y11RLFL** 1 Yes 0 No 8 Don't know 7 Refused
- c. Several leg jerks or jumps in a row? **Y11RLJKS** 1 Yes 0 No 8 Don't know 7 Refused

Examiner Note:

d. Did the participant answer "Yes" to any of the feelings described above?

- 1 Yes
- 0 No

Y11RLYN

Go to Question #45.

★ 41. Which of these feelings bothers you the most?
(Examiner Note: If participant had only one of the feelings described above, mark that one feeling below. Read response options. Mark only ONE answer.)

- 1 A repeated urge to move your legs
- 2 Strange or uncomfortable feelings in your legs
- 3 Several leg jerks or jumps in a row

Y11RLMST



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HABCID	ACROS	CONTAG

LEG CRAMPS AND NEUROLOGIC SYMPTOMS

Now I am going to ask you three questions about these feelings.

(Examiner Note: For the following three questions (Questions #42-#44), ask the participant about the most bothersome feelings that are noted in Question #41. Read response options. Mark only ONE answer.)

- ★ 42. How often do you get these feelings?
 1 Less than once a month
 2 At least once a month
 4 At least once a week
 6 Every day
 8 Don't know
 7 Refused
Y11RLOFT
-
- ★ 43. Do these feelings get better when you start walking?
 1 Yes 0 No 8 Don't know 7 Refused
Y11RLBWLK
-
- ★ 44. Do these feelings get worse at night?
 1 Yes 0 No 8 Don't know 7 Refused
Y11RLWNGT
-
- ★ 45. In the past 12 months, have you ever had numbness, an "asleep feeling," a prickly feeling or tingling in your legs or feet?
 1 Yes 0 No 8 Don't know 7 Refused
Y11PNNMB
-
- ★ 46. In the past 12 months, have you ever had a sudden stabbing or burning pain, or a deep aching in your legs or feet?
 1 Yes 0 No 8 Don't know 7 Refused
Y11PNPAIN
-
- ★ 47. In the past 12 months, have you had an open or persistent sore, or gangrene on either of your feet or legs?
 1 Yes 0 No 8 Don't know 7 Refused
Y11PNSORE



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HABCID	ACROS	CONTAG
LEG PAIN OR DISCOMFORT		

48. Do you get a pain or discomfort in your leg(s) when you walk?
 Yes No Don't know Refused **Y11CSLGPN**

↓

a. Does this pain ever begin when you are standing still or sitting?
 Yes No Don't know **Y11CSLPSS**

b. Do you get it if you walk uphill or hurry?
 Yes No Don't know **Y11CSLPUP**

c. Do you get it when you walk at an ordinary pace on a level surface?
 Yes No Don't know **Y11CSLPLS**

d. What happens to it if you stop walking and stand still? Does it usually continue for more than 10 minutes, or does it usually disappear in 10 minutes or less?
 Usually continues for more than 10 minutes **Y11CSSTST**
 Usually disappears in 10 minutes or less
 Don't know

e. Do you get this pain in your calf (or calves)?
 Yes No Don't know **Y11CSLPCV**

f. Have you ever been hospitalized for this problem in your legs?
 Yes No Don't know **Y11CSLPH**



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HABCID ACROS CONTACT
BACK PAIN AND SURGERY

49. In the past 12 months, have you had any pain in your back?

- Yes No Don't know Refused **Y11AJBP**

Go to Question #50.

a. How often did you have back pain in the past 12 months?
(Examiner Note: Read response options. OPTIONAL - Show card #6.)

- Once or twice **Y11AJBP12**
 A few times
 Fairly often
 Very often
 Every day or nearly everyday
 Don't know

b. How severe was the pain usually? (Examiner Note: Read response options.)

- Mild Moderate Severe Extreme Don't know
Y11AJBPSV

c. In what part of your back was the pain usually located?
(Examiner Note: OPTIONAL - Show card #7. Mark all that apply.)

- Upper Middle Lower Buttocks Don't know

d. **Y11BKUP Y11BK MID Y11BKLWR Y11BK BUT Y11BKDN**
In the past 12 months, have you limited your activities because of pain in your back?

- Yes No Don't know **Y11AJDLTD**

Go to Question #50.

How many days did you limit your activities because of pain in your back?
Your answer can range from 0 to 365 days. If you are unsure, please make your best guess.
(Examiner Note: Include days in bed.)

Y11AJBDAY [] [] [] days Don't know **Y11AJBDRF**

50. Have you ever had lower back surgery?

- Yes No Don't know Refused **Y11LBSURG**

How old were you when you had lower back surgery?
(Examiner Note: If more than one surgery, list age at first.)

Y11LBSAGE [] [] [] years old Don't know **Y11LBSDRF**



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HABCID

ACROS

CONTAG

URINARY HISTORY

The following questions concern your urinary or bladder habits. These questions are personal, but your answers are important in helping us better understand these health issues.

51. On average, how many times a day do you go to the bathroom to urinate...?

a. From when you get up in the morning until you go to bed?

Y11UHDY times per day **8** Don't know **7** Refused **Y11UHDYRF**

b. During the night after going to bed?

Y11UHNT times per night **8** Don't know **7** Refused **Y11UHNTRF**

52. In the past 12 months, did a doctor tell you that you had a urinary tract infection, that is, an infection in your bladder or kidneys?

1 Yes **0** No **8** Don't know **7** Refused **Y11UTIDX**

How many times in the past 12 months were you told by a doctor that you had a urinary tract infection?

Y11UTI times **8** Don't know **Y11UTIDK**

53. Many people complain that they accidentally leak urine. In the past 12 months, did you leak even a small amount of urine?

1 Yes **0** No **8** Don't know **7** Refused **Y11U12LK**

a. In the past 12 months, how often have you leaked urine?
(Examiner Note: Read response options. OPTIONAL - Show card #8.)

- 0** Less than once per month
- 1** One or more times per month
- 2** One or more times per week **Y11ULKFRQ**
- 3** Every day
- 8** Don't know

b. When did you usually leak urine?
(Examiner Note: Read response options. OPTIONAL - Show card #9. Mark only ONE answer.)

- 1** With an activity like coughing, lifting, or exercise
- 2** When you have the urge to urinate and can't get to a toilet fast enough **Y11ULKOCC**
- 3** You leak urine unrelated to an activity or urge
- 8** Don't know



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HABCID	ACROS	CONTAG

URINARY HISTORY

54. Now think about the past 7 days. In the past 7 days, did you leak even a small amount of urine?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11UHLK**

During the past 7 days, how many times did you leak urine...

- a. With an activity like coughing, lifting, or exercise? [] [] times in the past 7 days **Y11UHLKA** Don't know **Y11UHLKAD**
- b. With a physical sense of urgency? [] [] times in the past 7 days **Y11UHLKB** Don't know **Y11UHLKBD**
You may have felt that you were unable to make it to the bathroom in time.
- c. Unrelated to an activity or urge to urinate? [] [] times in the past 7 days **Y11UHLKC** Don't know **Y11UHLKCD**



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HABCID

ACROS

GONTAG

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

★ 55. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?

1 Yes 0 No 8 Don't know 7 Refused **Y11HCHAMI**

Were you hospitalized overnight for this problem?

1 Yes 0 No **Y11HOSMI**

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

a. **REF39A**

b. **REF39B**

c. **REF39C**

Go to Question #56

★ 56. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had congestive heart failure?

1 Yes 0 No 8 Don't know 7 Refused **Y11CHF**

Were you hospitalized overnight for this problem?

1 Yes 0 No **Y11HOSMI3**

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

a. **REF40A**

b. **REF40B**

c. **REF40C**

Go to Question #57

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HABCID

ACROS

CONTAG

MEDICAL CONDITIONS IN PAST 6 MONTHS

★ 57. Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

Yes

No

Don't know

Refused **Y11HCCVA**

Were you hospitalized overnight for this problem?

Yes

No **Y11HOSMI2**

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

Go to Question #58

a. **REF41A**

b. **REF41B**

c. **REF41C**

★ 58. Since we last spoke to you about [*# months since last contact*] 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.

Yes

No

Don't know

Refused **Y11CHMGMT**

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

a. **REF42A**

b. **REF42B**

c. **REF42C**

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HABCID

ACROS

CONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

★ **59.** Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had pneumonia?

Yes

No

Don't know

Refused **Y11LCPNEU**

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

- a. **REF43A**
- b. **REF43B**
- c. **REF43C**

★ **60.** Since we last spoke to you about [*# months since last contact*] months ago, have you been told by a doctor that you broke or fractured a bone(s)?

Yes

No

Don't know

Refused **Y11OSBR45**

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

- a. **REF44A**
- b. **REF44B**
- c. **REF44C**

HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID

ACROS

CONTAG

MEDICAL CONDITIONS IN PAST 6 MONTHS

★ 61. Were you hospitalized overnight for any other reasons since we last spoke to you about [# months since last contact] months ago?

- Yes
 No
 Don't know
 Refused **Y11HOSP12**

★ 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"/> REF45A Reason for hospitalization: _____	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45B Reason for hospitalization: _____	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45C Reason for hospitalization: _____
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45D Reason for hospitalization: _____	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45E Reason for hospitalization: _____	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45F Reason for hospitalization: _____

★ 62. Have you had any same day outpatient surgery since we last spoke to you about [# months since last contact] months ago?

- Yes
 No
 Don't know
 Refused **Y11OUTPA**

Was it for . . . ?

★ a. A procedure to open a blocked artery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y11BLART	→ 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"/> REF46A
★ b. Gall bladder surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y11GALLBL	
★ c. Cataract surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y11CATAR	
★ d. TURP (MEN ONLY) (transurethral resection of prostate)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y11TURP	

HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID

ACROS

CONTAG

MEDICAL CONDITIONS AND FATIGUE

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

- Yes
 No
 Don't know
 Refused **Y11OTILL**

Go to Question #64.

64. 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 #10.**)

- Y11ELEV** Energy level
 Don't know
 Refused **Y11ELEVRF**



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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"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

EYESIGHT AND DRIVING

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

65. 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 #11.**)

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

Y11ESQUAL

66. 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

Y11ESCAR

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

Y11ESSTOP

b. Did you stop driving because of your eyesight?

- 1 Yes 0 No 8 Don't know

Y11ESSITE



HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID	ACROS	CONTAG
EYESIGHT		

67. Do you have glasses or contact lenses?

- Yes
 No
 Don't know
 Refused
 Y11ESCON

Do you wear them. . . ?
(Examiner Note: Read categories.)

Most of the time Y11ESWEAR
 Sometimes
 For special reasons, such as reading or driving
 Never
 Don't know

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

a. A cataract in <u>one</u> eye?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
b. Cataracts in both eyes, at the same time?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
c. Glaucoma?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
d. Problems with your retina, retinopathy, or retinal disease or changes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
e. Macular degeneration?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused

Y11ESCAT1
Y11ESCAT2
Y11ESGLAU
Y11ESRET
Y11ESMACD

69. How much of the time do you worry about your eyesight?

(Examiner Note: Read response options. OPTIONAL - Show card #12.)

- None of the time
 A little of the time
 Some of the time
 Most of the time Y11ESWORRY
 All of the time
 Don't know
 Refused



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HABCID	AGROS	CONTAG
EYESIGHT		

The next questions are about how much difficulty, if any, you have doing certain activities wearing your glasses or contact lenses if you use them.

70. Wearing glasses or contact lenses if you use them, how much difficulty do you have reading ordinary print in newspapers? Would you say you have . . .?
(Examiner Note: Read response options. OPTIONAL - Show card #13.)

- 1 No difficulty at all
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Stopped doing it because of your eyesight
- 6 Stopped doing it for other reasons or not interested in doing this
- 8 Don't know
- 7 Refused

Y11ESREAD

71. How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, sewing, fixing things around the house, or using hand tools? Would you say you have . . .?
(Examiner Note: Read response options. OPTIONAL - Show card #13.)

- 1 No difficulty at all
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Stopped doing it because of your eyesight
- 6 Stopped doing it for other reasons or not interested in doing this
- 8 Don't know
- 7 Refused

Y11ESSWUC



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG
EYESIGHT		

72. Because of your eyesight, how much difficulty do you have recognizing people you know from across a room?

(Examiner Note: Read categories as needed. OPTIONAL - Show card #14.)

- 1 No difficulty at all
 - 2 A little difficulty
 - 3 Moderate difficulty
 - 4 Extreme difficulty
 - 8 Don't know
 - 7 Refused
- Y11ESRECG**

73. The next question is about daily activities that might be affected by your vision, such as your job, housework, child care, school, or community activities.

Are you limited in the kinds or amount of work or other activities you can do because of your eyesight?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11ESACT1**

How much are you limited? Would you say...
(Examiner Note: Read response options. OPTIONAL - Show Card #15.)

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 0 None of the time
 - 8 Don't know
- Y11ESACT2**



HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID **ACROS** **CONTAG**
HEARING

Now I would like to ask you some questions about your ears and hearing.

74. Do you have frequent ear infections?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HINF**

In which ear?

- 1 Right 2 Left 3 Both right and left 8 Don't know

Y11HINFLR

75. Do you have buzzing or ringing in your ear?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HBUZ**

In which ear?

- 1 Right 2 Left 3 Both right and left 8 Don't know

Y11HBUZLR

76. Have you ever had ear surgery?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HSUR**

In which ear?

- 1 Right 2 Left 3 Both right and left 8 Don't know

Y11HSURLR

77. Do you wear a hearing aid?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HAID**

a. In what ear?

- 1 Right 2 Left 3 Both right and left 8 Don't know **Y11HAIDLR**

b. Do you wear it...?

(Examiner Note: Read response options.)

3 Most of the time

2 Some of the time

1 A little of the time

8 Don't know

Y11HAIDWR

78. Can you hear well enough (with a hearing aid if necessary) to carry on a conversation in a crowded room?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HCONV**



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HABCID

AGROS

CONTAG

FEELINGS DURING THE PAST WEEK (CES-D)

79. 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 #16.)*

	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. Y11FBOTHR	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
b. I did not feel like eating; my appetite was poor. Y11FEAT	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
c. I felt that I could not shake off the blues even with help from my family and friends. Y11FBLUES	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
d. I felt that I was just as good as other people. Y11FGOOD	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
e. I had trouble keeping my mind on what I was doing. Y11FMIND	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
f. I felt depressed. Y11FDOWN	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
g. I felt that everything I did was an effort. Y11FEFFRT	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
h. I felt hopeful about the future. Y11FHOPE	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
i. I thought my life had been a failure. Y11FFAIL	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
j. I felt fearful. Y11FFEAR	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
k. My sleep was restless. Y11FSLEEP	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
l. I was happy. Y11FHAPPY	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
m. I talked less than usual. Y11FTALK	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
n. I felt lonely. Y11FLONE	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
o. People were unfriendly. Y11FUNFR	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
p. I enjoyed life. Y11FENJOY	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
q. I had crying spells. Y11FCRY	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
r. I felt sad. Y11FSAD	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
s. I felt that people disliked me. Y11FDISME	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
t. I could not get going. Y11FNOGO	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>



HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID

ACROS

CONTAG

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

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

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated **Y11MARSTA**
- 5 Never married
- 8 Don't know
- 7 Refused

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

- 1 Participant lives alone
- Y11SSOPIH** Other people in household
- 8 Don't know
- 7 Refused **Y11SSOPRF**

HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID

ACROS

CONTAG

LIFE EVENTS

82. Has a close friend or family member had a serious accident or illness in the past 12 months?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **Y11LEACC**

83. Did a child, grandchild, close friend, or relative die in the past 12 months?
(Examiner Note: The death of a spouse or partner should only be recorded in the next question, Question #84.)

- 1 Yes
 0 No
 8 Don't know
 7 Refused **Y11LERDIE**

84. Did your spouse or partner die in the past 12 months?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **Y11LESIE**



Data on this page was collected for clinic use only

HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID

ACROS

CONTAC

CURRENT ADDRESS AND TELEPHONE NUMBER

★ 85. 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 confirm that the address you have for the participant is correct.)

Please tell me if the information I have is still correct.

Is the address that we currently have correct?

Yes

No



Examiner Note: Please update street address, city, state and zip code for participant.

★ 86. The telephone number(s) that we currently have for you is (are):
(Examiner Note: Please 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



Examiner Note: Please update the telephone number(s) for participant.

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

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.



Data on this page was collected for clinic use only

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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT INFORMATION

★ 88. 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 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?

Yes No
 ↓ ↓
 Go to Question #89 ↓

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for someone who could provide information and answer questions for the participant. Please determine whether this person is next of kin or has power of attorney.

★ 89. Has the participant identified their next of kin?
 (Examiner Note: Refer to the participant's chart.)

Yes No Don't know Refused
 ↓ ↓ ↓ ↓
 ↓ Go to Question #90. Go to Question #91.

Examiner Note: Please 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?

Yes No Don't know Refused
 ↓ ↓ ↓ ↓
 Go to Question #91. ↓ ↓ Go to Question #91.

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant.

Go to Question #91

Data on this page was collected for clinic use only

HABC Enrollment ID #	Acrostic	Type of Annual Contact
H [] [] [] [] [] []	[] [] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
CONTACT INFORMATION

★ 90. 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 for the next of kin, and how the person is related to the participant.

★ 91. Has the participant identified their power of attorney?
 (Examiner Note: Refer to the participant's chart.)

Yes
 No
 Don't know
 Refused

↓
 ↓
 ↓
 ↓

Examiner Note: Please 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?

Yes
 No
 Don't know
 Refused

↓
 ↓
 ↓
 ↓

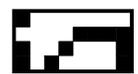
Examiner Note: Please update the name, street address, city, state, zip code, and telephone number of the power of attorney, and how the person is related to the participant.

Go to Question #93

★ 92. Have you given anyone power of attorney?

Yes
 No
 Don't know
 Refused

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number of the power of attorney, and how the person is related to the participant.



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 type="text"/> <input type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTAC
CONTACT INFORMATION

★ 93. 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 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?

Yes No

Go to Question #94.

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for two close friends, relatives, or a clergy person. 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.

★ 94. 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

Y11RELY

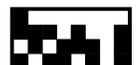


HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTAG
VITAMIN AND MINERAL USE

96. During the past 30 days, how often have you taken any of the following vitamins or minerals?
 Would you say: you didn't take them, you took them a few days per month, 1-3 days per week, 4-6 days per week, or every day?
 (Examiner Note: **REQUIRED. Show card #17.**)

	Didn't take	A few days per month	1-3 days per week	4-6 days per week	Every Day	Don't Know	Refused
Multiple Vitamins							
a. Multivitamin (Regular Once-A-Day, Centrum, or Thera type)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11MULVIT	
b. Vitamin B-Complex type	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11MULTIB	
Single Vitamins (not part of multiple vitamins)							
c. Folic acid, folate	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11FOLIC	
d. Calcium or Tums, alone or combined with vitamin D or magnesium	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11CALCIU	
e. Vitamin B6	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11VITB6	
f. Vitamin B12	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11VITB12	
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>How did you <u>usually</u> take vitamin B12?</p> <p>1 <input type="radio"/> Oral tablet or capsule</p> <p>7 <input type="radio"/> Injection</p> <p>10 <input type="radio"/> Nasal</p> <p>9 <input type="radio"/> Other</p> <p>8 <input type="radio"/> Don't know</p> </div>							
						Y11FCVITB	



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H [] [] [] [] []	[] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

PRESCRIPTION MEDICATION

97. Do you currently have any health insurance that pays for all or part of the cost of prescription medicines?

- Yes No Don't know Refused **Y11RXC0V**

a. What type of plan helps you pay for your prescription medicines?
(Examiner Note: **REQUIRED - Show card #18. Please mark all that apply.**)

- Medicare Part D plan that you signed up for **Y11DSIGN**
- Medicare Part D plan that you were assigned to by Medicaid **Y11DASSIG**
- Medicare Advantage drug plan **Y11MEDADV**
- State Pharmaceutical Assistance program **Y11STPHRM**
- Veterans Administration **Y11VA**
- Department of Defense **Y11DEPTD**
- Health insurance from an employer, job, union **Y11WORK**
- Health insurance that I pay for **Y11PRIVAT**
- Pharmaceutical company Prescription Assistance Program **Y11PHRMCO**
- Other **Y11PINOTH**

(Please specify: _____)

b. On average, how much do you spend each month on your drug insurance payment premium?

- Nothing
- 50 cents to \$20.00
- \$21.00 to \$50.00
- \$51.00 to \$75.00
- \$76.00 to \$100.00 **Y11RXICOST**
- \$101.00 to \$300.00
- More than \$300
- Don't know
- Refused

c. In the past 3 months, was there a time when you had no insurance or benefits to help pay for your prescription medicines?

- Yes No Don't know Refused **Y11RX3MNO**



HABC Enrollment ID # H	Acrostic	Type of Annual Contact
		<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
PRESCRIPTION MEDICATION

98. On average, how much do you spend each month for your prescription medicines? Please include any insurance co-payments or other out-of-pocket costs for your prescription medicines.

- Does not take any prescription medications
- Nothing
- 50 cents to \$20.00
- \$21.00 to \$50.00
- \$51.00 to \$75.00
- \$76.00 to \$100.00
- \$101.00 to \$300.00
- More than \$300
- Don't know
- Refused

End of interview.
Go to next page.

Y11RXCOST

99. During the past 3 months have you not filled a prescription because it was too expensive?

- Yes No Don't know Refused **Y11RXNFIL**

100. During the past 3 months have you skipped a dose, or taken a smaller dose to make the prescription last longer because you were worried about the cost of the medicine?

- Yes No Don't know Refused **Y11RXSKIP**

101. Do you ever forget to take your medicine?

- Yes No Don't know Refused **Y11FORGET**

102. Are you careless at times about taking your medicine?

- Yes No Don't know Refused **Y11CRLESS**

103. When you feel better do you sometimes stop taking your medicine?

- Yes No Don't know Refused **Y11FLBETR**

104. Sometimes if you feel worse when you take the medicine, do you stop taking it?

- Yes No Don't know Refused **Y11FLWRSE**



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	CONTAG	Y11SHSTID

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 **Y11Y1KYP**

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

Yes No **Y11KYP**

3. Measurement 1

 mm

Y11SH1

4. Measurement 2

 mm

Y11SH2

5. Difference between Measurement 1 & Measurement 2

 mm

Y11SHDF

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

Yes

No

Y11SHDF3

Complete Measurement 3 and Measurement 4 below.

Go to Weight.

7. Measurement 3

 mm

Y11SH3

8. Measurement 4

 mm

Y11SH4



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HABCID	ACROS	CONTAC	Y11WTSTID

WEIGHT

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

1. Measurement 1 . kg **Y11WTK1**

2. Measurement 2 . kg **Y11WTK2** **Y11WT2NOT**
 Measurement 2 not done because
of concerns about participant safety.





HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	Staff ID# [] [] []
HABCID	ACROS	CONTAG	Y11RPSTID

RADIAL PULSE

Measurement 1 [] [] [] beats per 30 seconds **Y11PLSSM1**

+

Measurement 2 [] [] [] beats per 30 seconds **Y11PLSSM2**



= [] [] [] beats per minute **Y11PLSAV**



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
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HABCID	ACROS	CONTAG	Y11BPSTID

BLOOD PRESSURE

1. Cuff Size ⁴ Small ¹ Regular ² Large ³ Thigh **Y11OCUF**

2. Arm Used ¹ Right ² Left →

(Examiner Note: **Y11ARMRL**
Use arm listed on Data from Prior Visits Report.)

Please explain why right arm was not used:

Pulse Obliteration Level **Y11POPS**

3. Palpated Systolic mm Hg

* Add +30 to Palpated Systolic to obtain Maximal Inflation Level.

+ Add 30*

4. Maximal Inflation Level (MIL) † mm Hg

† If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.

Y11POMX

5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes No **Y11BPYN**

Blood Pressure (Seated)

6. Systolic **Y11SYS** mm Hg

Comments (required for missing or unusual values):

7. Diastolic **Y11DIA** mm Hg



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	Staff ID# [] [] []
HABCID	ACROS	CONTAC	Y11AASTID

ANKLE-ARM BLOOD PRESSURE ★

1. Cuff Size Small Regular Large Thigh **Y11AACF**

2. Arm Used **Y11AARL** Right Left **Y11AARL**
(Examiner Note: Refer to Data from Prior Visits Report.)

Please explain why right arm was not used:

3. Doppler Systolic [] [] [] **Y11AADOP**
mm Hg

Add 30*

***Add +30 to Doppler Systolic measurement to obtain Maximal Inflation Level.**

4. Maximal Inflation Level [] [] [] **Y11AAMX**
mm Hg

Systolic Measurement #1:

5. Brachial (arm) **Y11AARB1** [] [] [] mm Hg

6. Right Posterior Tibial **Y11AARP1** [] [] [] mm Hg

7. Left Posterior Tibial **Y11AALP1** [] [] [] mm Hg

Systolic Measurement #2:

8. Left Posterior Tibial **Y11AALP2** [] [] [] mm Hg

9. Right Posterior Tibial **Y11AARP2** [] [] [] mm Hg

10. Brachial (arm) **Y11AARB2** [] [] [] mm Hg

11. Was ankle-arm blood pressure measurement completed successfully?
 Yes No **Y11AAPR**

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

Left Leg

- 1 Unable to occlude **Y11AALLUO**
- 1 Ulceration **Y11AALLUL**
- 1 Amputation **Y11AALLAM**
- 1 Unable to locate tibial artery **Y11AALLTA**
- 1 Too painful **Y11AALLTP**
- 1 Unable to lie in supine position **Y11AALLSP**
- 1 Participant refused **Y11AALLPR**
- 1 Other (Please specify: _____)

Right Leg

- 1 Unable to occlude **Y11AARLUO**
- 1 Ulceration **Y11AARLUL**
- 1 Amputation **Y11AARLAM**
- 1 Unable to locate tibial artery **Y11AARLTA**
- 1 Too painful **Y11AARLTP**
- 1 Unable to lie in supine position **Y11AARLSP**
- 1 Participant refused **Y11AARLPR**
- 1 Other (Please specify: _____)

Y11AALLOT

Y11AARLOT



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HABCID	ACROS	CONTAG	Y11VPSTID

VIBRATION PERCEPTION THRESHOLD

- Record surface temperature of the dorsum (top) of the right foot (unless instructed otherwise) using the surface thermistor. Warm the foot to at least 30°C if initial surface temperature is below that level. If the right foot cannot be tested because of ulcer, trauma, surgery, amputation, or Data from Prior Visits Report instructions, record the temperature of the left foot. (Examiner Note: Test foot noted on Data from Prior Visits Report.)**

Script: "I need to make sure that your foot is warm enough to do this next test. I'm going to measure the temperature of your foot before we start."

Measure the participant's skin temperature on the dorsum of the foot.

Initial foot temperature: <input type="text"/> <input type="text"/> . <input type="text"/> °C
Y11VPIFT

- If initial foot temperature is below 30°C, use heating pad to achieve at least 30°C.**

Place the stimulating white button on a table so the participant can touch the vibrating white button with their hand.

Script: "Now we will do a practice test so you can see what this test feels like. Most people say it feels like a vibration or buzzing sensation."

Place the participant's hand on the white button and allow them to feel the vibration.

Record foot temperature following heating and proceed with testing. If, after 5 minutes of warming, foot temperature does not reach 30°C, record temperature below and proceed with testing.

Foot temperature following heating: <input type="text"/> <input type="text"/> . <input type="text"/> °C	<i>Leave blank if participant's initial foot temperature was at least 30°C.</i>
Y11VPFTH	



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"/> <input type="text"/>	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG

VIBRATION PERCEPTION THRESHOLD ★

3. **Have the participant clean their big toe with an alcohol pad. Place the paper foot guard on the platform, being careful not to cover the vibrating white button. Describe the test to the participant, and allow them to become familiar with the equipment.**

Script: "This test measures your ability to feel very small vibrations in your feet. To do this, I'm going to ask you to place your foot on this machine, with your big toe on the white button that will vibrate (point to surface). It won't hurt at all. Let's start by getting used to how the vibration feels, and how to use the button.

"This white button will vibrate. Place your big toe on the foam around the button so it is flat with the surface of the platform. You don't need to press your toe down at all. Just lay your toe flat over the button."

Help the participant place their foot and toe on the device. Place a bean bag over the top of the foot to ensure consistent contact with the vibrating white button.

Script: "Now we will do a practice test. When you feel the vibration, tell me right away. Just try to pay attention to your toe, and tell me when you feel the vibration. It may take some time, so don't become discouraged. Please say 'I feel it' as soon as you do, but please don't guess."

The participant should be seated so they cannot see the computer screen.

Script: "Please close your eyes. I am beginning the first test. Tell me as soon as you feel the vibration."

Click the "Start" button.

When the participant says "I feel it," have them press the button on the computer mouse for "stop immediately." Record the "Stop" number from the computer screen.



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTAC
VIBRATION PERCEPTION THRESHOLD ★

4. "Stop" number on the computer screen: . microns → **Y11VPSTP**

Subtract 20.0 microns

5. "Stop" number minus 20: . microns → **Y11VPS10**

Round this number down to the nearest multiple of 10.

6. Baseline value for the test: **Y11VPBV** microns
(0, 10, 20, 30, 40, etc.)

(Examiner Note: If the number is less than "20," go to Question #6 below and record "0" for the Baseline value. If the number is 120 or 130 [maximum value] go to Question #6 below and record "90" for the Baseline value.)

Script: "Now we'll begin the next test. The vibration will start very softly and get stronger. As soon as you feel the vibration, push the button to indicate that you have felt the vibration. **(Show the mouse, rest finger on the mouse button, and indicate how to push the button.)** We will do this several times in a row. After you press the button, there will be a delay before the next vibration starts. Each time you feel the vibration, just press the button right away to indicate that you have felt the vibration. The vibration will stop immediately. Over the next few minutes, you may feel the vibration several times. Just try to pay attention to your toe, and each time you feel the vibration, push the button. Remember that we want to know when you first begin to feel it. If you don't feel it we don't want you to guess. Again, please close your eyes before we begin the test. Ready?"

Administer the test.

7. Which great toe was tested?
 1 Right 2 Left 3 Neither **Y11VPTOE**

Why wasn't the right toe tested?
(Examiner Note: Mark all that apply.)

Y11VPTY4⁻¹ Left toe tested at Year 4

Y11VPAMPR⁻¹ Amputation

Y11VPULC⁻¹ Ulcer

Y11VPSURG⁻¹ Trauma or surgery

Y11VPOTH1⁻¹ Other (Please specify: _____)

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

Y11VPRF⁻¹ Participant refused

Y11VPPNC⁻¹ Participant physically unable to cooperate

Y11VPNDIR⁻¹ Participant unable to follow directions

Y11VPAMP⁻¹ Amputation of both great toes

Y11VPOTH⁻¹ Other (Please specify: _____)

Go to Peroneal Motor Nerve Conduction Test.



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HABCID
ACROS
CONTAG ★

VIBRATION PERCEPTION THRESHOLD

8. Record the post-test surface temperature of the great toe using the surface thermistor.

Foot temperature after test: . °C **Y11VPFTT**

9. Were five trials completed? Yes No **Y115TCOM1**

How many trials were completed?

One Two Three Four **Y11TCOM1**

↓

Was the participant unable to feel the maximum stimulation (130 microns) at both trials?

Yes No **Y11VPNMX1**

↓

Go to Peroneal Motor Nerve Conduction Test.

10. Record average result from computer screen: . microns **Y11VPAV1**

11. Record variance from computer screen: . microns **Y11VPVAR1**

12. Is variance from computer screen greater than 750 microns?
(Examiner Note: See Question #11 above.)

Yes No **Y11VARGRT**

Re-administer Vibration Threshold Test. Go to Question #13.	Go to Peroneal Motor Nerve Conduction Test.
---	---

13. Were five trials completed? Yes No **Y115TCOM2**

How many trials were completed?

One Two Three Four **Y11TCOM2**

↓

Was the participant unable to feel the maximum stimulation (130 microns) at both trials?

Yes No **Y11VPNMX2**

↓

Go to Peroneal Motor Nerve Conduction Test.

14. Record average result from computer screen: . microns **Y11VPAV2**

15. Record variance from computer screen: . microns **Y11VPVAR2**

If over 750 microns, flag for quality control.



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HABCID ACROS CONTAG Y11PMNSTID
 PERONEAL MOTOR NERVE CONDUCTION ★

1. Have you ever had knee surgery on either leg where all or part of the joint was replaced?
 Yes No Don't know Refused Y11KNRP

Which leg?

Right leg Left leg Both legs Y11KRLB1

Do NOT test right leg.

Do NOT test left leg.

Do NOT test either leg. Go to Question #10.

2. **Examiner Note: Test leg noted on Data from Prior Visits Report unless contraindicated above. Press your fingers on the participant's lower front tibia for 5 seconds and then on the ankle for 5 seconds. If a dimple remains after you apply pressure, this indicates that the participant has pitting edema.**

a. Does the participant have evidence of pitting edema at the lower front tibia?
 Yes No Don't know Participant refused / not examined
Y11EDEMAT

b. Does the participant have evidence of pitting edema at the ankle?
 Yes No Don't know Participant refused / not examined
Y11EDEMAA

Examiner Note: Look at the participant's feet and legs and answer the following question.

3. Are open sores present on either foot?
 Yes No Participant refused / not examined Y11PNFT

4. **Describe nerve conduction testing to the participant and conduct a mock test on the ankle.**

Script: "This test measures how well a sensation travels down a big nerve in your leg. To do this, I will place small patches on your foot. Then I will use this tool (show stimulator) to stimulate your nerve. This test is not painful, but most people say that it feels uncomfortable for just a moment, like when you bump your funny bone. Your foot or leg may twitch during the test. If you want to stop the test at any time, just say so. Before we begin, let's do a practice test so you can see what it feels like."



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HABCID	ACROS	CONTAG	Y11PMNSTID2

PERONEAL MOTOR NERVE CONDUCTION ★

5. **Conduct practice test at ankle.**

Record the surface temperature on the dorsum of the right foot using the surface thermistor. If the right foot cannot be tested, record the temperature of the left foot.

Warm the limb to at least 30°C if initial temperature is below that level.

Script: "Before we begin, I need to check the temperature of your foot. If it isn't warm enough we'll warm it in a heating pad."

Initial foot temperature: [] [] . [] °C **Y11PNIFT**

If the foot temperature is below 30°C, warm the foot and record the temperature again. If, after 5 minutes of warming, the foot does not reach 30°C, record the temperature and proceed with testing.

Foot temperature following heating: [] [] . [] °C **Y11PNFTH** *Leave blank if participant's initial foot temperature was at least 30°C.*

6. **Before beginning testing of the peroneal nerve, say,**

Script: "Now I'm going to start the test on your nerve."

7. **Begin testing of the peroneal nerve. Data on maximum responses will be recorded in the computer and downloaded later.**

8. **Conclude the test when maximum responses have been evoked.**

9. **Record the post-test surface temperature of the foot using the surface thermistor.**

Foot temperature after test: [] [] . [] °C **Y11PNIFTA**

10. Was the peroneal motor nerve conduction test started?

Yes

No **Y11PNTS**

Why wasn't test started?

(Examiner Note: Mark all that apply.)

Participant refused before the test began **Y11PNPRF**

Amputation of both legs **Y11PNAMP**

Bilateral knee replacements **Y11PNBKR**

Other *(Please specify: _____)*

Y11PNOTH

Go to Monofilament Testing.



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HABCID **ACROS** **CONTAG**
PERONEAL MOTOR NERVE CONDUCTION ★

11. Which leg was tested?

1 Right 2 Left **Y11PNLRL**

Why wasn't the right leg tested?
 (Examiner Note: Mark all that apply.)

- 1 Left leg tested at Year 4 **Y11PNLY4**
- 1 Amputation **Y11PNAMPR**
- 1 Ulcer **Y11PNULC**
- 1 Trauma or surgery (including knee replacement) **Y11PNSURG**
- 1 Other (Please specify: _____)

Y11PNOTH1

12. Was distal stimulation completed?

1 Yes 0 No **Y11PNDS**

a. What was the amplitude?

. mV **Y11DSAMP**

b. Was the amplitude greater than 1 mV?

1 Yes 0 No **Y11DSAMP1**

Flag waveform for quality control.

Why wasn't the distal stimulation completed?

- 7 Participant refused **Y11NDS**
- 9 Other (Please specify: _____)

13. Was fibular head stimulation completed?

1 Yes 0 No **Y11PNFHS**

a. What was the amplitude?

. mV **Y11FHAMP**

b. Was the amplitude greater than 1 mV?

1 Yes 0 No **Y11FHAMP1**

Flag waveform for quality control.

Why wasn't the fibular head stimulation completed?

- 7 Participant refused **Y11NFHS**
- 9 Other (Please specify: _____)



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HABCID ACROS CONTAG ★
PERONEAL MOTOR NERVE CONDUCTION

14. What was the conduction velocity between the ankle and fibular head?

Y11CVAFH m/s
 -1 Conduction velocity not obtained Y11CV1

If less than 20 m/s or greater than 70 m/s, flag for quality control.

15. Was popliteal fossa stimulation completed?

1 Yes

0 No Y11PNPFS

a. What was the amplitude?

mV Y11PFAMP

b. Was the amplitude greater than 1 mV?

1 Yes 0 No Y11PFAMP1

Flag waveform for quality control.

Why wasn't the popliteal fossa stimulation completed?

7 Participant refused Y11NPFS

9 Other *(Please specify:*

16. What was the conduction velocity between the ankle and popliteal fossa?

m/s
 -1 Conduction velocity not obtained Y11CV2
Y11CVAPF

If less than 20 m/s or greater than 70 m/s, flag for quality control.

17. Is there a greater than 10 m/s difference between results entered in Questions #14 and #16?

1 Yes

0 No

2 No results for Question #14 or Question #16

Y11VELDIF

Redo Peroneal Motor Nerve Conduction test.
Go to Question #18.

Go to Question #23 on next page.

18. Was distal stimulation completed?

1 Yes

0 No Y11PNDS2

a. What was the amplitude?

mV Y11DSAMP2

b. Was the amplitude greater than 1 mV?

1 Yes 0 No Y11DSMP1

Flag waveform for quality control.

Why wasn't the distal stimulation completed?

7 Participant refused Y11NDS2

9 Other *(Please specify:*

_____)

_____)



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HABCID **ACROS** **CONTAG**
PERONEAL MOTOR NERVE CONDUCTION ★

19. Was fibular head stimulation completed?

Yes

No **Y11PNFHS2**

a. What was the amplitude?

. mV **Y11FHAMP2**

b. Was the amplitude greater than 1 mV?

Yes No **Y11FHAMPA**

Flag waveform for quality control.

Why wasn't the fibular head stimulation completed?

Participant refused **Y11NFHS2**

Other (Please specify: _____)

20. What was the conduction velocity between the ankle and fibular head?

Y11CVAFH2 . m/s Conduction velocity not obtained **Y11CV11**

If less than 20 m/s or greater than 70 m/s, flag for quality control.

21. Was popliteal fossa stimulation completed?

Yes

No **Y11PNPFS2**

a. What was the amplitude?

. mV **Y11PFAMP2**

b. Was the amplitude greater than 1 mV?

Yes No **Y11PFAMPB**

Flag waveform for quality control.

Why wasn't the popliteal fossa stimulation completed?

Participant refused **Y11NPFS2**

Other (Please specify: _____)

22. What was the conduction velocity between the ankle and popliteal fossa?

Y11CVAPF2 . m/s Conduction velocity not obtained **Y11CV22**

If less than 20 m/s or greater than 70 m/s, flag for quality control.

23. Print out a hard copy of peroneal motor nerve conduction results and place in participant's chart.

24. Are the results flagged for quality control?

Yes

No **Y11RFLAG**

25. Are the results flagged for other reason(s)?

Yes

No

Please specify: **Y11RFLAGO** _____



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HABCID	ACROS	GONTAG	Y11MFSTID

MONOFILAMENT TESTING ★

1. Script: "This test is to see if you can feel a light touch on your toe. We press this flexible nylon thread (**show monofilament**) against your toe to see if you can feel it. It does not hurt, but it might tickle a little when you feel it. (**Demonstrate on participant's arm.**) I'm going to touch the thread to your toe several times, and you just need to tell me if and when you feel the thread. Please close your eyes. I'm going to start the test."

2. **Test using the 4.17 monofilament on the dorsum of the right great toe (unless instructed otherwise) 1 cm proximal to the nail bed.**
(**Examiner Note: Test toe noted on Data from Prior Visits Report.**)
Apply the monofilament four times.

Script: "Tell me each time you feel the thread."

If the participant detects the 4.17 monofilament at least three of four times, do not continue testing with the 5.07 monofilament. If the participant does not detect the 4.17 monofilament, test with the 5.07 monofilament in the same way (four trials).

3. Which great toe was tested?

Right

Left

Neither **Y11MTTOE**

Why wasn't the right toe tested?

(**Examiner Note: Mark all that apply.**)

- Left toe tested at Year 4 **Y11MTTY4**
- Amputation **Y11MTAMPR**
- Ulcer **Y11MTULC**
- Trauma or surgery **Y11MTSURG**
- Other (**Please specify:** **Y11MTOTH1**)

Why wasn't the test done?

(**Examiner Note: Mark all that apply.**)

- Participant refused **Y11MTRF**
- Participant physically unable to cooperate **Y11MTPNC**
- Participant unable to follow directions **Y11MTNDIR**
- Amputation of both great toes **Y11MTAMP**
- Other (**Please specify:** **Y11MTOTH**)

Do not test using 5.07 monofilament. Go to next test.

4. Was the participant able to detect light touch with the 4.17 monofilament at least three of four times?

Yes

No

Participant refused **Y11MT2XS**

Do not test using 5.07 monofilament. Go to next test.

5. **Test using the 5.07 monofilament on the dorsum of the the great toe tested above 1 cm proximal to the nail bed. Apply the monofilament four times.**

Script: "Now we're going to try a different thread. Please close your eyes again, and tell me each time you feel this thread."

6. Was the participant able to detect light touch with the 5.07 monofilament at least three of four times?

Yes

No

Participant refused **Y11MT5XS**



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HABCID	ACROS	CONTAG	Y11CSSTID

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 | Y11SCS | → | Go to Standing Balance on page 61. |
| 9 <input type="radio"/> Not attempted, unable | | → | Go to Standing Balance on page 61. |
| 0 <input type="radio"/> Attempted, unable to stand | | → | Go to Standing Balance on page 61. |
| 1 <input type="radio"/> Rises using arms | | → | Go to Standing Balance on page 61. |
| 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 | Y11RCS | |
| 9 <input type="radio"/> Not attempted, unable | | |
| 1 <input type="radio"/> Attempted, unable to complete 5 stands without using arms | → <input type="text"/> | Y11COMP Number completed without using arms |
| 2 <input type="radio"/> Completes 5 stands without using arms | → <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | Seconds to complete Y11SEC |



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HABCID

ACROS

CONTAG

Y11SBSTID

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.

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable **Y11STS** → Go to Walk (pg 63a clinic; 63b home)
- 1 Unable to attain position or cannot hold for at least one second → Go to Walk (pg 63a clinic; 63b home)
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] **Y11STSTM** seconds. Go to Tandem Stand below.
- 3 Holds position for 30 seconds → Go to Tandem Stand below.

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:

- 7 Participant refused → Go to One-Leg Stand on page 62.
- 9 Not attempted, unable **Y11TS1** → Go to One-Leg Stand on page 62.
- 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 → [] [] . [] [] **Y11TSTM** seconds. Go to Trial 2.
- 3 Holds position for 30 seconds → Go to One-Leg Stand on page 62.



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HABCID ACROS CONTAG
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:

- 7 Participant refused → Go to One-Leg Stand below.
- 9 Not attempted, unable → Go to One-Leg Stand below.
- 1 Unable to attain position or cannot hold for at least one second → Go to One-Leg Stand below.
- 2 Holds position between 1 and 29 seconds →
 . Y11TS2TM seconds. Go to One-Leg Stand below.
- 3 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:

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable → Go to Walk (pg 63a clinic; 63b home)
- 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 →
 . Y11TR1TM seconds. Go to Trial 2.
- 3 Holds position for 30 seconds → Go to Walk (pg 63a clinic; 63b home)

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

Trial 2:

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable → Go to Walk (pg 63a clinic; 63b home)
- 1 Unable to attain position or cannot hold for at least one second → Go to Walk (pg 63a clinic; 63b home)
- 2 Holds position between 1 and 29 seconds →
 . Y11TR2TM seconds. Go to Balance Walks on page 63.
- 3 Holds position for 30 seconds → Go to Walk (pg 63a clinic; 63b home)



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HABCID **ACROS** **CONTAC**
BALANCE WALKS ★

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 **Y11UPTM1**

Number of steps: steps **Y11UP1**

Y11UPRU1 ⁷ Participant refused →
⁹ Not attempted, unable to walk →

Trial 2: Time: . seconds **Y11UPTM2**

Number of steps: steps **Y11UP2**

Y11UPRU2 ⁷ Participant refused →
⁹ 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."

Y1120CNA ⁷ Participant refused →
⁹ 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: ¹ Yes → . seconds ⁰ No **Y1120TR1**
Trial 2: ¹ Yes → . seconds **Y1120CT1** ⁰ No **Y1120TR2**
Trial 3: ¹ Yes → . seconds **Y1120CT2** ⁰ No **Y1120TR3**
Y1120CT3



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HABCID

ACROS

Y11TMMDATE

Y11TMMSTID

Type of Annual Contact
 Year 11 Other1 Other2

TENG MINI-MENTAL STATE EXAM (3MS) ★

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? Y11BORNRF

a. [] [] / b. [] [] / c. [] [] No response

Month Day Year

Where were you born? Not attempted/ disabled

(Place of Birth?) Answer given Can't do/ Refused

d. _____ 1 7 3

City/town Y11CITY

e. _____ 1 7 3

State/Country Y11STE

Examiner Note:
Ask again in Question #18.

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

Y11CNT

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)

[] [] [] [] [] Y11CNTBK

4 a. Spell "world."

Y11SPL

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.)

[] [] [] [] [] Y11SPWLD

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	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3	Y11SHRT
b. Blue	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3	
c. Honesty	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3	
d. Numbers of presentations necessary for the participant to repeat the sequence:	[]			Y11NUM presentations

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** Y11SHRM

- 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** Y11BLRM

- 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** Y11HNRM

- 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.)

Y11TDAYM / Y11TDAYD / Y11TDAYR / Y11TDAYY
 No response

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 Y11DAYWK
 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 Y11SEAS
 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 Y11STAT
 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 Y11CNTY
 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 Y11CITN
 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 Y11WHRE
 7 Error/refused
 3 Not attempted/disabled



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? Y11PENC	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. Watch: What is this? Y11WTCH	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. Forehead: What do you call this part of the face? Y11FRHD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. Chin: And this part? Y11CHIN	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
e. Shoulder: And this part of the body? Y11SHLD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
f. Elbow: And this part? Y11ELP	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
g. Knuckle: And this part? Y11KNK	<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):
Y11E2SCR

(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 Y11ARLG
- 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 Y11LCRY
- 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

Y11ETSL

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

Y11RPT



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	Y11IF <input type="radio"/> 7	<input type="radio"/> 3
c. or buts	<input type="radio"/> 1	Y11AND <input type="radio"/> 7	<input type="radio"/> 3
		Y11BUT	

13 Examiner Note: Hold up card #18 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."

Y11CRD1

- 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	Y11WLD <input type="radio"/> 7	<input type="radio"/> 3
c. to	<input type="radio"/> 1	Y11LKE <input type="radio"/> 7	<input type="radio"/> 3
d. go	<input type="radio"/> 1	Y11TO <input type="radio"/> 7	<input type="radio"/> 3
e. out	<input type="radio"/> 1	Y11GO <input type="radio"/> 7	<input type="radio"/> 3
		Y11OUT	

(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
- 2 Left **Y11HAND**
- 8 Unknown



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

15 Here is a drawing. Please copy the drawing onto this piece of paper.
(Examiner Note: Hand participant card #19. 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 **Y11PENT1**

- 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 **Y11PENT2**

- 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

- 1 4-cornered enclosure **Y11INT**
- 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
Y11PCOR			
a. Takes paper in correct hand	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
Y11PFLD			
b. Folds paper in half	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
Y11PHND			
c. Hands paper back	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>



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 type="text"/> <input type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

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 **Y11SHIRT2**

- 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 **Y11BLU2**

- 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 **Y11HON2**

- 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

ACROS

CONTAG

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. <u>Y11CITY2</u> City/town	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. <u>Y11STE2</u> 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.)*

Y11VIS

-1 Vision

Y11HEAR

-1 Hearing

Y11WRITE

-1 Writing problems due to injury or illness

Y11ILLIT

-1 Illiteracy or lack of education

Y11LANG

-1 Language

Y11OTH

-1 Other *(Please record the specific problem in the space provided.)*



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	CONTAG	Y11DSSTID

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.

Y11TST

- | | | | |
|---|--|--|---|
| 1 <input type="radio"/> Sample completed | 2 <input type="radio"/> Unable to complete sample | 7 <input type="radio"/> Refused | 3 <input type="radio"/> 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 #20 to score test.
DO NOT COUNT ANY SYMBOLS AFTER TWO BLANKS IN A ROW).

Number Completed: Number Incorrect:

Y11NC

Y11NI



SCORE

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

SAMPLES

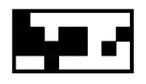
2	1	3	7	2	4	8	1	5	4	2	1	3	2	1	4	2	3	5	2	3	1	4	6	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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 #	Acrostic	Type of Annual Contact	Phlebotomist Staff ID#
H [] [] [] [] []	[] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	[] [] []

HABCID

ACROS

CONTAG

Y11PHSTID1[2]*

PHLEBOTOMY ★

Bar Code Label

***Last digit:**
1 = first sample collection
2 = repeat sample collection

Sample Status
<input type="radio"/> First sample collection
<input type="radio"/> Repeat sample collection

LABVIS

Now I'm going to ask you two questions to see whether it is safe to draw your blood. **BRCD**

1. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpit?

- Yes No Don't know Refused

Y11RADMAS1[2]*

Do NOT draw blood. Go to Procedure Checklist and mark "No: Participant refused" for Blood Collection.

a. Which side?

- Right Left Both

Y11RMSIDE1[2]*

Do NOT draw blood on right side.

Do NOT draw blood on left side.

Do NOT draw blood on either side.

2. Have you ever had a graft or shunt for kidney dialysis?

- Yes No Don't know Refused

Y11KIDNEY1[2]*

Do NOT draw blood. Go to Procedure Checklist and mark "No: Participant refused" for Blood Collection.

a. Which side?

- Right Left Both

Y11KDSIDE1[2]*

Do NOT draw blood on right side.

Do NOT draw blood on left side.

Do NOT draw blood on either side.



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS
PHLEBOTOMY ★

CONTAG

***Last digit:**
1 = first sample collection
2 = repeat sample collection

Sample Status
<input type="radio"/> First sample collection <input type="radio"/> Repeat sample collection

LABVIS

3. Do you bleed or bruise easily?

- Yes
 No
 Don't know
 Refused Y11BLBR1[2]*

4. Have you ever experienced fainting spells while having blood drawn?

- Yes
 No
 Don't know
 Refused Y11FNT1[2]*

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

a. Date of last food:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Y11LMD1[2]*
	Month Day Year	
b. Time of last food:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Y11MHM1[2]*
	Hours Minutes <input type="radio"/> am <input type="radio"/> pm	Y11LMAPM1[2]*
c. How many hours have passed since the participant last ate any food?	<input type="text"/> <input type="text"/>	
	Y11FAST1[2]* hours (Question 8 minus Question 5b. Round to nearest hour.)	

6. Which arm(s) can safely be used for phlebotomy?

(Examiner Note: Refer to Phlebotomy, Questions #1 and #2.)

- Right
 Left
 Either
 Neither Y11PHLARM1[2]*





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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

GONTAG

PHLEBOTOMY ★

Sample Status

First sample collection
 Repeat sample collection

LABVIS

7. Date of blood draw::

/ /

Month Day Year

Y11PHDATE1[2]*

***Last digit:**

1 = first sample collection

2 = repeat sample collection

8. Time venipuncture started:

Y11VTM1[2]*

:

Hours Minutes

am

pm

Y11AMP41[2]*

9. Time venipuncture completed:

Y11BLDRTM1[2]*

:

Hours Minutes

am

pm

Y11AMP51[2]*

10. Total tourniquet time:

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

Note that 2 minutes is optimum.)

minutes

Y11TOUR1[2]*

Comments on phlebotomy:



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS
PHLEBOTOMY ★

CONTAG

LABVIS

Sample Status

First sample collection
 Repeat sample collection

11. Quality of venipuncture:

¹ Clean

² Traumatic **Y11QVEN1[2]**

***Last digit:**

1 = first sample collection

2 = repeat sample collection

Please describe. Mark all that apply:

- 1 Vein collapse **Y11PVC1[2]***
- 1 Hematoma **Y11PH1[2]***
- 1 Vein hard to get **Y11PVHTG1[2]***
- 1 Multiple sticks **Y11PMS1[2]***
- 1 Excessive duration of draw **Y11PEDD1[2]***
- 1 Leakage at venipuncture site **Y11PLVS1[2]***
- 1 Other (*Please specify:*) **Y11OTHER1[2]***

12. Was any blood drawn?

¹ Yes

⁰ No **Y11BLDR1[2]***

Please describe why not: _____

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

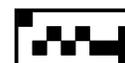
Tube	Volume	Filled to Capacity?		Comment
		Yes	No	

1. Serum	15 mL	<input type="radio"/>	<input type="radio"/>	Y11SERUM1[2]* _____
----------	-------	-----------------------	-----------------------	----------------------------

2. EDTA	4 mL	<input type="radio"/>	<input type="radio"/>	Y11EDTA1[2]* _____
---------	------	-----------------------	-----------------------	---------------------------

(Examiner Note: Refer to Data from Prior Visits Report to see if participant requires CBC.)

3. EDTA for CBC (if required)	4 mL	<input type="radio"/>	<input type="radio"/>	Y11CBC1[2]* _____
----------------------------------	------	-----------------------	-----------------------	--------------------------



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Date Visit Completed	Staff ID#
H [][][][][] HABCID	[][][][] ACROS	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year Y11LPDATE1[2]*	<input type="text"/> Y11LPSTID1[2]*

LABORATORY PROCESSING ★

Bar Code Label

Sample Status

First sample collection
 Repeat sample collection

***Last digit:**
1 = first sample collection
2 = repeat sample collection

Y11TIMSPH1[2]* **Y11TIMSPM1[2]***

Time at start of processing: am pm

Hours Minutes

Y11AMPSP1[2]*

Y11BRCD2

Collection Tubes	Cryo #	Cap / Type Cryo	Sample vol.	Filled? Yes/No	Problems	To	Box	Box Number	Box Row	Box Column
#1 serum	1	O/ 5.0	0.5mL	10 Y00 N Y111F1[2]*	10 H20 P3 B Y111HPB1[2]*	L	L			
	2	O/ 5.0	0.5mL	10 Y00 N Y112F1[2]*	10 H20 P3 B Y112HPB1[2]*	L	L			
	3	R/ 0.5	0.5mL	10 Y00 N Y1113F1[2]*	10 H20 P3 B Y1113HPB1[2]*	PT	ES			
	4	R/ 0.5	0.5mL	10 Y00 N Y114F1[2]*	10 H20 P3 B Y114HPB1[2]*	PT	ES			
	5	R/ 0.5	0.5mL	10 Y00 N Y115F1[2]*	10 H20 P3 B Y115HPB1[2]*	PT	ES			
	6	R/ 0.5	0.5mL	10 Y00 N Y116F1[2]*	10 H20 P3 B Y116HPB1[2]*	PT	MS			
	7	R/ 0.5	0.5mL	10 Y00 N Y117F1[2]*	10 H20 P3 B Y117HPB1[2]*	PT	MS			
	8	R/ 0.5	0.5mL	10 Y00 N Y118F1[2]*	10 H20 P3 B Y118HPB1[2]*	PT	MS			
	9	R/ 0.5	0.5mL	10 Y00 N Y119F1[2]*	10 H20 P3 B Y119HPB1[2]*	PT	MS			
	10	R/ 0.5	0.5mL	10 Y00 N Y1110F1[2]*	10 H20 P3 B Y1110HPB1[2]*	PT	D			

L=LCBR; PT=Pittsburgh
 O=orange; R=red; H=Hemolyzed; P=Partial; B=Both
 ES=E. Strotmeyer Study; MS=Main Study; D=Duplicate



HABC Enrollment ID # H [] [] [] [] [] [] HABCID	Acrostic [] [] [] [] [] [] ACROS	Date Visit Completed [] [] / [] [] / [] [] [] [] Month / Day / Year Y11VISDATE	Staff ID # [] [] [] [] Y11ABSTID
--	---	--	---

YEAR 11 CLINIC/HOME VISIT WORKBOOK

Type of Annual Contact:
 1 Clinic Visit **Y11TYPE1**
 2 Home visit (may include partial clinic visit)

Year of Annual Contact:
 Year 11
 Other1
 Other2
CONTAG

★ = Priority Measurements

What is your...?

[] [] [] [] [] [] [] [] [] [] [] [] FNM	[] [] [] [] [] [] [] [] [] [] [] [] LNM
---	---

First Name

M.I. Last Name

PROCEDURE CHECKLIST

Measurement	Page #	Yes: Fully completed	Yes: Partially completed	No: Participant refused	No: Other reason/ Not applicable	Comments
★ 1. Year 11 interview		1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11RTSADM	
★ 2. Medication assessment	42	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11MIF	
3. Height (CLINIC ONLY)	45	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11HT	
★ 4. Weight	46	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11WT	
5. Radial pulse	47	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11RP	
6. Blood pressure	48	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11BP	
★ 7. Ankle-arm blood pressure (CLINIC ONLY)	49	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11AAP	
★ 8. Vibration perception threshold (CLINIC ONLY)	50	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11VPT	
★ 9. Peroneal motor nerve conduction (CLINIC ONLY)	54	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11PMNC	
★ 10. Monofilament testing	59	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11MT	
★ 11. Chair stands	60	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11CS	
★ 12. Standing balance	61	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11ISB	
★ 13. Balance walks (CLINIC ONLY)	63a	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11IBW	
★ 14. 4-meter walk (HOME ONLY)	63b	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y114MW	
15. Teng mini-mental state	64	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11TMM	
16. Digit symbol substitution test	70	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11DSS	
★ 17. Blood collection	72	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11PHLEB	
★ 18. Laboratory processing	76	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11LAB	
Pittsburgh only		Yes		No: Participant refused	No: Not eligible/ Not required/ Other	Comments
19. Was CT scheduled?		1 <input type="radio"/>		0 <input type="radio"/>	2 <input type="radio"/> Y11CT	
20. Was brain MRI scheduled?		1 <input type="radio"/>		0 <input type="radio"/>	2 <input type="radio"/> Y11MRI	

Would you like us to send a copy of your test results to your doctor? Yes No **DOC**



HABC Enrollment ID #	Acrostic	Date Visit Completed	Staff ID #
H [] [] [] [] []	[] [] [] [] []	[] [] / [] [] / [] [] [] []	[] [] [] []
HABCID	ACROS	Month / Day / Year Y11INTDATE	Y11TISTID

YEAR 11 HOME VISIT WORKBOOK

Year of Annual Visit: Year 11
 CONTAC

Type of Annual Contact: Home Visit **Y11TYPE2**
3

What is the primary reason a home visit was done in lieu of a clinic visit? Please mark only one reason.

1 Illness/health problem(s) **8** Family member's advice
2 Hearing difficulties **9** Clinic too far/travel time
3 Cognitive difficulties **10** Moved out of area
4 In nursing home/long-term care facility **11** Travelling/on vacation **Y11REASON**
5 Too busy; time and/or work conflict **12** Personal problem(s)
6 Caregiving responsibilities **13** Refused to give reason
7 Physician's advice **14** Other (*Please specify:* _____)



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

MEDICAL STATUS

- ★ 4. Since we last spoke to you about *[# months since last contact]* months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?
- Yes
 No
 Don't know
 Refused
- Y11MCNH**

- ★ 5. Since we last spoke to you about *[# months since last contact]* months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?
- Yes
 No
 Don't know
 Refused
- Y11MCVN**



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"/>	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG
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.")

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

Y11DWQMYN

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

Y11DWQMDF

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.)

Y11MNRS

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

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

1 Yes
 0 No
 8 Don't know
 7 Refused

Y11DWSMRM



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

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

Y11DWQMEZ



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

→

→

→

Y11DW1MYN



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

Y11DW1MEZ



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAC

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.")

Y11DW10YN 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.) **Y11DIF**
- A little difficulty Some difficulty A lot of difficulty Or are you unable to do it 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.)
- | | |
|---|---|
| <input type="radio"/> Arthritis | <input type="radio"/> Hip fracture |
| <input type="radio"/> Back pain | <input type="radio"/> Injury |
| <input type="radio"/> Balance problems/unsteadiness on feet | <input type="radio"/> Joint pain
<i>(Please specify: _____)</i> |
| <input type="radio"/> Cancer | <input type="radio"/> Leg pain |
| <input type="radio"/> Chest pain/discomfort | <input type="radio"/> Lung disease
<i>(asthma, chronic bronchitis, emphysema, etc)</i> |
| <input type="radio"/> Circulatory problems | <input type="radio"/> Old age
<i>(no mention of a specific condition)</i> |
| <input type="radio"/> Diabetes | <input type="radio"/> Osteoporosis |
| <input type="radio"/> Fatigue/tiredness (no specific disease) | <input type="radio"/> Shortness of breath Y11MNRS2 |
| <input type="radio"/> Fall | <input type="radio"/> Stroke |
| <input type="radio"/> Foot/ankle pain | <input type="radio"/> Other symptom
<i>(Please specify: _____)</i> |
| <input type="radio"/> Heart disease
<i>(including angina, congestive heart failure, etc)</i> | <input type="radio"/> Multiple conditions/symptoms
unable to determine MAIN reason |
| <input type="radio"/> High blood pressure/hypertension | <input type="radio"/> Don't know |

↓

Go to Question #8



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 type="text"/> <input type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

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

Y11DW10EZ



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 →

Y11DW20YN



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

Y11DW20EZ



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID **ACROS** **CONTAG**
PHYSICAL FUNCTION

★ 8. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
 Yes No Don't know Refused **Y11EQUIP**

★ 9. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?
 Yes No Don't know Refused **Y11DIOYN**

Does someone usually help you get in and out of bed or chairs? **Y11DIORHY**

Yes No Don't know

★ 10. Do you have any difficulty bathing or showering?
 Yes No Don't know Refused **Y11BATHYN**

Does someone usually help you bathe or shower? **Y11BATHRH**

Yes No Don't know

★ 11. Do you have any difficulty dressing?
 Yes No Don't know Refused **Y11DDYN**

Does someone usually help you to dress? **Y11DDRHYN**

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?
 Yes No Don't know Refused **Y11DIFSTA**

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

1 A little difficulty **Y11DSTAMT**

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 **Y11EZSTA**

2 Somewhat easy

3 Or not that easy

8 Don't know



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTAG
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.)

- 1 Yes 0 No 8 Don't know 7 Refused
Y11DIFSK

★

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

1 A little difficulty
2 Some difficulty
3 A lot of difficulty **Y11DSCAM**
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?
1 Yes 0 No 8 Don't know 7 Refused
Y11DIFARM

★

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

1 A little difficulty
2 Some difficulty
3 A lot of difficulty **Y11DARMAM**
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?
1 Yes 0 No 8 Don't know 7 Refused
Y11DIFFN

★

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

1 A little difficulty
2 Some difficulty
3 A lot of difficulty **Y11DIFNAM**
4 Or are you unable to do it
8 Don't know



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="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

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?

Y11DIF10

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

Y11D10AMT

a. How easy is it for you to lift or carry something weighing 10 pounds?

(Examiner Note: Read response options.)

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

Y11EZ10LB

b. Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries?

1 Yes

0 No

8 Don't know

Y11D20LBS

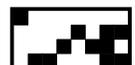
Go to Question #17

i. How easy is it for you to lift or carry something weighing 20 pounds?

(Examiner Note: Read response options.)

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

Y11EZ20LB



HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	GONTAG

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?

Y11HC12MO 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?

Yes No Don't know Y11HC7DAY

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.)

HCHRS [] [] HCMINS [] []
Hours Minutes

Don't know Y11HCDK

Y11HCTIM



HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
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HABCID ACROS CONTAG
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?

Y11EW12MO Yes No Don't know Refused

Go to Question #19

In the past 7 days, did you go walking?
 Yes No **Y11EW7DAY**

a. How many times did you go walking in the past 7 days?
Y11EWTIME [] [] times Don't know **Y11EWTK**

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.) **EWMIN**
EWHRS [] [] Hours Don't know **Y11EWTK**
Minutes **Y11EWTIM**

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?
Y11EWPACE
 Brisk Moderate Stroll Don't know

What is the main reason you did not go walking in the past 7 days?
(Examiner Note: OPTIONAL - Show card #1.) **Y11EWREAS**

Bad weather
 Not enough time
 Injury
 Health problems
 Lost interest
 Felt unsafe
 Not necessary
 Other
 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 No Don't know Refused **Y11FS12MO**

Go to Question #20

a. In the past 7 days, did you walk up a flight of stairs?
 Yes No Don't know **Y11FS7DAY**

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.
Y11FSNUM [] [] flights Don't know **Y11FSNUMD**

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?
Y11FSLOAD [] [] flights Don't know **Y11FSLODK**

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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAC

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?

1 Yes 0 No 8 Don't know 7 Refused **Y11HI12MO**

Go to Question #21

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

1 Yes 0 No **Y11HI7DAY**

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

- 1 Bicycling/exercycle **Y11HIABE**
- 1 Swimming **Y11HIASWM**
- 1 Jogging **Y11HIAJOG**
- 1 Aerobics **Y11HIAAER**
- 1 Stair-stepping **Y11HIASS**
- 1 Racquet sports **Y11HIARS**
- 1 Rowing machine **Y11HIAROW**
- 1 Cross country ski machine **Y11HIASKI**
- 1 Other *(Please specify):*

Y11HIAOTH _____

-1 Don't know **Y11HIADK**

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.)

Y11HIA1HR **Y11HIA1M**
 Hours Minutes

-1 Don't know **Y11HIA1DK**

Y11H1TIME

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 **Y11HINDEX**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
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?

Y11MI12MO Yes No 8 Don't know 7 Refused

Go to Question #22

In the past 7 days, did you do moderate intensity exercise?
Y11MI7DAY Yes No

- a. What activity(ies) did you do?
(Examiner Note: OPTIONAL - Show card #4. Mark all that apply.)
- 1 Golf Y11MIGOLF
 - 1 Bowling Y11MIBOWL
 - 1 Dancing Y11MIDANC
 - 1 Skating Y11MISKAT
 - 1 Bocce Y11MIBOCC
 - 1 Table tennis Y11MITENN
 - 1 Billiards/pool Y11MIPOOL
 - 1 Hunting Y11MIHUNT
 - 1 Sailing/boating Y11MIBOAT
 - 1 Fishing Y11MIFISH
 - 1 Other (Please specify):
Y11MIOT1 _____

 - 1 Don't know Y11MIADK

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 Y11MINDEX
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

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.)

Y11MIA1DK Don't know

Y11MIA1HR Hours Minutes

Y11M1TIME



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 type="text"/> <input type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

GONTAG

APPETITE AND WEIGHT CHANGE

★ 22. 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 Y11APPET
- 5 Very poor
- 8 Don't know
- 7 Refused

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

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused Y11TRYLS2

SMOKING HABITS

24. Do you currently smoke cigarettes?

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused Y11SMOKE

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

cigarettes per day -1 Don't know Y11SMOKEDK

Y11SMOKAV



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG
ALCOHOLIC BEVERAGES		

These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum, or vodka, and cocktails and mixed drinks containing liquor, such as Manhattans and martinis, and any other drink that contains alcohol.

Please answer for all types of alcoholic beverages together. Let's consider one drink to be equal to . . .

- one 12 ounce can of beer
- one five ounce glass of wine (a full glass),
- a drink containing a "shot," a "jigger" or a "finger of liquor" (approximately one and one quarter ounces.)

25. During the past 12 months, how many drinks did you have in a typical week? If you are unsure, please make your best guess. *(Examiner Note: Do NOT read response categories.)*

- None -- do not drink alcohol at all
- An occasional drink, but less than once a week
- 1 to 3 drinks per week
- 4 to 7 drinks per week
- 8 to 14 drinks per week
- 15 to 21 drinks per week
- 22 to 27 drinks per week
- 28 or more drinks per week
- Don't know
- Refused

Y11DA12MO

Y11DARND

What is your primary reason for not drinking very much?
(Examiner Note: Do NOT read response options. Please check only ONE answer.)

- No need/not necessary
- Don't care for it/dislike it
- Medical/health reasons
- Religious/moral reasons
- Recovering alcoholic
- Family member an alcoholic or problem drinker
- Costs too much
- Other reasons *(Please specify: _____)*
- Don't know

26. Did you ever drink more than you do now?

- Yes No Don't know Refused **Y11MORE**

27. Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

- Yes No Don't know Refused **Y11DA5XDA**

During the past 12 months, have you had 5 or more drinks almost every day?

- Yes No Don't know **Y11DA5X12**



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HABCID ACROS CONTAG
MEDICAL CONDITIONS

★ **28.** Has a doctor ever told you that you have diabetes or sugar diabetes?
 For women, please don't include diabetes that occurred only during pregnancy.

Yes No Don't know Refused

Y11DIABET

- ★ **a.** In the past 12 months, has a doctor told you for the first time that you had diabetes or sugar diabetes?
 Yes No Don't know **Y11SGDIAB**
- ★ **b.** Are you currently taking insulin?
 Yes No Don't know **Y11SGINSU**
- ★ **c.** Are you currently taking diabetes pills to lower your blood sugar (sometimes called oral agents or oral hypoglycemic agents)?
 Yes No Don't know **Y11SGMED**

29. 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.

Yes No Don't know Refused **Y11HCHBP**

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

Yes No Don't know Refused **Y11AJFALL**

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 **Y11AJFNUM**

Two or three

Four or five

Six or more

Don't know



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HABCID	ACROS	CONTAG

LEG CRAMPS AND NEUROLOGIC SYMPTOMS

★ 31. In the past 12 months, have you had muscle cramps in your legs or feet?

1 Yes 0 No 8 Don't know 7 Refused **Y11LC12LF**

↓
↓
↓

Go to Question #40.

★ 32. How often do you get them?
(*Examiner Note: Read response options. Mark only ONE answer.*)

1 Less than once a month
 2 At least once a month
 4 At least once a week **Y11LCOFT**
 6 Every day
 8 Don't know
 7 Refused

★ 33. Where are the cramps the most severe. . . in your thigh or upper leg, calf or lower leg, feet, toes, or some other place?
(*Examiner Note: Read response options. Mark only ONE answer.*)

1 Thigh/Upper leg
 2 Calf/Lower leg
 3 Feet/Toes **Y11LCSEV**
 4 Other (*Please specify:* _____)
 8 Don't know
 7 Refused

★ 34. Do you usually get cramps in both legs or feet?

1 Yes 0 No 8 Don't know 7 Refused **Y11LCBOTH**

★ 35. Do the cramps usually occur during the day or at night?
(*Examiner Note: Read response options. Mark only ONE answer.*)

1 During the day **Y11LCDN**
 2 At night/in the evening
 8 Don't know
 7 Refused



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HABCID	ACROS	CONTAG

LEG CRAMPS AND NEUROLOGIC SYMPTOMS

★ 36. Do the cramps usually occur when you are...?
(Examiner Note: Read response options. Mark only ONE answer.)

- 1 Sitting
- 2 Sleeping or lying still
- 3 Standing
- 4 Walking
- 8 Don't know
- 7 Refused

Y11LCOCR

★ 37. Do the cramps usually get worse at night?

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

Y11LCWNGT

★ 38. Do the cramps usually get worse when you walk?

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

Y11LCWWLK

Go to Question #40.

★ 39. Do the cramps usually get better when you walk?

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

Y11LCBWLK

★ 40. In the past 12 months, have you had any of the following, while sitting or lying down?

- a. A repeated urge to move your legs? **Y11RLURGE** 1 Yes 0 No 8 Don't know 7 Refused
- b. Strange or uncomfortable feelings in your legs? **Y11RLFL** 1 Yes 0 No 8 Don't know 7 Refused
- c. Several leg jerks or jumps in a row? **Y11RLJKS** 1 Yes 0 No 8 Don't know 7 Refused

Examiner Note:

d. Did the participant answer "Yes" to any of the feelings described above?

- 1 Yes
- 0 No

Y11RLYN

Go to Question #45.

★ 41. Which of these feelings bothers you the most?
(Examiner Note: If participant had only one of the feelings described above, mark that one feeling below. Read response options. Mark only ONE answer.)

- 1 A repeated urge to move your legs
- 2 Strange or uncomfortable feelings in your legs
- 3 Several leg jerks or jumps in a row

Y11RLMST



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HABCID	ACROS	CONTAG

LEG CRAMPS AND NEUROLOGIC SYMPTOMS

Now I am going to ask you three questions about these feelings.

(Examiner Note: For the following three questions (Questions #42-#44), ask the participant about the most bothersome feelings that are noted in Question #41. Read response options. Mark only ONE answer.)

- ★ 42. How often do you get these feelings?
 1 Less than once a month
 2 At least once a month
 4 At least once a week
 6 Every day
 8 Don't know
 7 Refused
Y11RLOFT
-
- ★ 43. Do these feelings get better when you start walking?
 1 Yes 0 No 8 Don't know 7 Refused
Y11RLBWLK
-
- ★ 44. Do these feelings get worse at night?
 1 Yes 0 No 8 Don't know 7 Refused
Y11RLWNGT
-
- ★ 45. In the past 12 months, have you ever had numbness, an "asleep feeling," a prickly feeling or tingling in your legs or feet?
 1 Yes 0 No 8 Don't know 7 Refused
Y11PNMB
-
- ★ 46. In the past 12 months, have you ever had a sudden stabbing or burning pain, or a deep aching in your legs or feet?
 1 Yes 0 No 8 Don't know 7 Refused
Y11PNPAIN
-
- ★ 47. In the past 12 months, have you had an open or persistent sore, or gangrene on either of your feet or legs?
 1 Yes 0 No 8 Don't know 7 Refused
Y11PNSORE



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG
LEG PAIN OR DISCOMFORT		

48. Do you get a pain or discomfort in your leg(s) when you walk?
 Yes No Don't know Refused **Y11CSLGPN**

↓

a. Does this pain ever begin when you are standing still or sitting?
 Yes No Don't know **Y11CSLPSS**

b. Do you get it if you walk uphill or hurry?
 Yes No Don't know **Y11CSLPUP**

c. Do you get it when you walk at an ordinary pace on a level surface?
 Yes No Don't know **Y11CSLPLS**

d. What happens to it if you stop walking and stand still? Does it usually continue for more than 10 minutes, or does it usually disappear in 10 minutes or less?
 Usually continues for more than 10 minutes **Y11CSSTST**
 Usually disappears in 10 minutes or less
 Don't know

e. Do you get this pain in your calf (or calves)?
 Yes No Don't know **Y11CSLPCV**

f. Have you ever been hospitalized for this problem in your legs?
 Yes No Don't know **Y11CSLPH**



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
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HABCID ACROS CONTACT
BACK PAIN AND SURGERY

49. In the past 12 months, have you had any pain in your back?

- Yes No Don't know Refused **Y11AJBP**

Go to Question #50.

a. How often did you have back pain in the past 12 months?
(Examiner Note: Read response options. OPTIONAL - Show card #6.)

- Once or twice **Y11AJBP12**
 A few times
 Fairly often
 Very often
 Every day or nearly everyday
 Don't know

b. How severe was the pain usually? (Examiner Note: Read response options.)

- Mild Moderate Severe Extreme Don't know
Y11AJBPSV

c. In what part of your back was the pain usually located?
(Examiner Note: OPTIONAL - Show card #7. Mark all that apply.)

- Upper Middle Lower Buttocks Don't know

d. **Y11BKUP Y11BK MID Y11BKLWR Y11BK BUT Y11BKDN**
In the past 12 months, have you limited your activities because of pain in your back?

- Yes No Don't know **Y11AJDLTD**

Go to Question #50.

How many days did you limit your activities because of pain in your back?
Your answer can range from 0 to 365 days. If you are unsure, please make your best guess.
(Examiner Note: Include days in bed.)

Y11AJBDAY [] [] [] days Don't know **Y11AJBDRF**

50. Have you ever had lower back surgery?

- Yes No Don't know Refused **Y11LBSURG**

How old were you when you had lower back surgery?
(Examiner Note: If more than one surgery, list age at first.)

Y11LBSAGE [] [] [] years old Don't know **Y11LBSDRF**



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HABCID

ACROS

CONTAG

URINARY HISTORY

The following questions concern your urinary or bladder habits. These questions are personal, but your answers are important in helping us better understand these health issues.

51. On average, how many times a day do you go to the bathroom to urinate...?

a. From when you get up in the morning until you go to bed?

Y11UHDY times per day 8 Don't know 7 Refused Y11UHDYRF

b. During the night after going to bed?

Y11UHNT times per night 8 Don't know 7 Refused Y11UHNTRF

52. In the past 12 months, did a doctor tell you that you had a urinary tract infection, that is, an infection in your bladder or kidneys?

1 Yes 0 No 8 Don't know 7 Refused Y11UTIDX

How many times in the past 12 months were you told by a doctor that you had a urinary tract infection?

Y11UTI times 8 Don't know Y11UTIDK

53. Many people complain that they accidentally leak urine. In the past 12 months, did you leak even a small amount of urine?

1 Yes 0 No 8 Don't know 7 Refused Y11U12LK

a. In the past 12 months, how often have you leaked urine?

(Examiner Note: Read response options. OPTIONAL - Show card #8.)

- 0 Less than once per month
- 1 One or more times per month
- 2 One or more times per week Y11ULKFRQ
- 3 Every day
- 8 Don't know

b. When did you usually leak urine?

(Examiner Note: Read response options. OPTIONAL - Show card #9. Mark only ONE answer.)

- 1 With an activity like coughing, lifting, or exercise
- 2 When you have the urge to urinate and can't get to a toilet fast enough Y11ULKCOCC
- 3 You leak urine unrelated to an activity or urge
- 8 Don't know



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG

URINARY HISTORY

54. Now think about the past 7 days. In the past 7 days, did you leak even a small amount of urine?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11UHLK**

During the past 7 days, how many times did you leak urine...

- a. With an activity like coughing, lifting, or exercise? [] [] times in the past 7 days **Y11UHLKA** Don't know **Y11UHLKAD**
- b. With a physical sense of urgency?
You may have felt that you were unable to make it to the bathroom in time. [] [] times in the past 7 days **Y11UHLKB** Don't know **Y11UHLKBD**
- c. Unrelated to an activity or urge to urinate? [] [] times in the past 7 days **Y11UHLKC** Don't know **Y11UHLKCD**



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HABCID

ACROS

GONTAG

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

★ 55. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?
 1 Yes 0 No 8 Don't know 7 Refused **Y11HCHAMI**

Were you hospitalized overnight for this problem?
 1 Yes 0 No **Y11HOSMI**

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

a. **REF39A**

b. **REF39B**

c. **REF39C**

Go to Question #56

★ 56. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had congestive heart failure?
 1 Yes 0 No 8 Don't know 7 Refused **Y11CHF**

Were you hospitalized overnight for this problem?
 1 Yes 0 No **Y11HOSMI3**

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

a. **REF40A**

b. **REF40B**

c. **REF40C**

Go to Question #57

HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID

ACROS

CONTAG

MEDICAL CONDITIONS IN PAST 6 MONTHS

★ 57. Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

Yes

No

Don't know

Refused **Y11HCCVA**

Were you hospitalized overnight for this problem?

Yes

No **Y11HOSMI2**

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

Go to Question #58

a. **REF41A**

b. **REF41B**

c. **REF41C**

★ 58. Since we last spoke to you about [*# months since last contact*] 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.

Yes

No

Don't know

Refused **Y11CHMGMT**

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

a. **REF42A**

b. **REF42B**

c. **REF42C**

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HABCID

ACROS

CONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

★ **59.** Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had pneumonia?

Yes

No

Don't know

Refused **Y11LCPNEU**

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

- a. **REF43A**
- b. **REF43B**
- c. **REF43C**

★ **60.** Since we last spoke to you about [*# months since last contact*] months ago, have you been told by a doctor that you broke or fractured a bone(s)?

Yes

No

Don't know

Refused **Y11OSBR45**

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

- a. **REF44A**
- b. **REF44B**
- c. **REF44C**

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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

MEDICAL CONDITIONS IN PAST 6 MONTHS

★ 61. Were you hospitalized overnight for any other reasons since we last spoke to you about [# months since last contact] months ago?

- Yes
 No
 Don't know
 Refused **Y11HOSP12**

★ 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"/> REF45A Reason for hospitalization: _____	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45B Reason for hospitalization: _____	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45C Reason for hospitalization: _____
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45D Reason for hospitalization: _____	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45E Reason for hospitalization: _____	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45F Reason for hospitalization: _____

★ 62. Have you had any same day outpatient surgery since we last spoke to you about [# months since last contact] months ago?

- Yes
 No
 Don't know
 Refused **Y11OUTPA**

Was it for . . . ?

★ a. A procedure to open a blocked artery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y11BLART	→ 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"/> REF46A
★ b. Gall bladder surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y11GALLBL	
★ c. Cataract surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y11CATAR	
★ d. TURP (MEN ONLY) (transurethral resection of prostate)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y11TURP	

HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID

ACROS

CONTAG

MEDICAL CONDITIONS AND FATIGUE

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

- ¹ Yes
 ⁰ No
 ⁸ Don't know
 ⁷ Refused **Y11OTILL**

Go to Question #64.

64. 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 #10.)

- Y11ELEV** Energy level
 ⁸ Don't know
 ⁷ Refused **Y11ELEVRF**



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HABCID

ACROS

CONTAG

EYESIGHT AND DRIVING

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

65. 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 #11.**)

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

Y11ESQUAL

66. 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

Y11ESCAR

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

Y11ESSTOP

b. Did you stop driving because of your eyesight?

- 1 Yes 0 No 8 Don't know

Y11ESSITE



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG
EYESIGHT		

67. Do you have glasses or contact lenses?

- Yes
 No
 Don't know
 Refused
 Y11ESCON

Do you wear them. . . ?
 (Examiner Note: Read categories.)

Most of the time Y11ESWEAR
 Sometimes
 For special reasons, such as reading or driving
 Never
 Don't know

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

a. A cataract in <u>one</u> eye?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	
b. Cataracts in both eyes, at the same time?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	Y11ESCAT1
c. Glaucoma?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	Y11ESCAT2
d. Problems with your retina, retinopathy, or retinal disease or changes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	Y11ESGLAU
e. Macular degeneration?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	Y11ESRET
		Y11ESMACD

69. How much of the time do you worry about your eyesight?

(Examiner Note: Read response options. OPTIONAL - Show card #12.)

- None of the time
 A little of the time
 Some of the time
 Most of the time Y11ESWORRY
 All of the time
 Don't know
 Refused



HABC Enrollment ID # H	Acrostic	Type of Annual Contact
		<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	AGROS	CONTAG
EYESIGHT		

The next questions are about how much difficulty, if any, you have doing certain activities wearing your glasses or contact lenses if you use them.

70. Wearing glasses or contact lenses if you use them, how much difficulty do you have reading ordinary print in newspapers? Would you say you have . . .?
(Examiner Note: Read response options. OPTIONAL - Show card #13.)

- 1 No difficulty at all
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Stopped doing it because of your eyesight
- 6 Stopped doing it for other reasons or not interested in doing this
- 8 Don't know
- 7 Refused

Y11ESREAD

71. How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, sewing, fixing things around the house, or using hand tools? Would you say you have . . .?
(Examiner Note: Read response options. OPTIONAL - Show card #13.)

- 1 No difficulty at all
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Stopped doing it because of your eyesight
- 6 Stopped doing it for other reasons or not interested in doing this
- 8 Don't know
- 7 Refused

Y11ESSWUC



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG
EYESIGHT		

72. Because of your eyesight, how much difficulty do you have recognizing people you know from across a room?

(Examiner Note: Read categories as needed. OPTIONAL - Show card #14.)

- 1 No difficulty at all
 - 2 A little difficulty
 - 3 Moderate difficulty
 - 4 Extreme difficulty
 - 8 Don't know
 - 7 Refused
- Y11ESRECG**

73. The next question is about daily activities that might be affected by your vision, such as your job, housework, child care, school, or community activities.

Are you limited in the kinds or amount of work or other activities you can do because of your eyesight?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11ESACT1**

How much are you limited? Would you say...
(Examiner Note: Read response options. OPTIONAL - Show Card #15.)

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 0 None of the time
 - 8 Don't know
- Y11ESACT2**



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H [] [] [] [] []	[] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID **ACROS** **CONTAG**
HEARING

Now I would like to ask you some questions about your ears and hearing.

74. Do you have frequent ear infections?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HINF**

In which ear?

- 1 Right 2 Left 3 Both right and left 8 Don't know

Y11HINFLR

75. Do you have buzzing or ringing in your ear?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HBUZ**

In which ear?

- 1 Right 2 Left 3 Both right and left 8 Don't know

Y11HBUZLR

76. Have you ever had ear surgery?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HSUR**

In which ear?

- 1 Right 2 Left 3 Both right and left 8 Don't know

Y11HSURLR

77. Do you wear a hearing aid?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HAID**

a. In what ear?

- 1 Right 2 Left 3 Both right and left 8 Don't know **Y11HAIDLR**

b. Do you wear it...?

(Examiner Note: Read response options.)

3 Most of the time

2 Some of the time

1 A little of the time

8 Don't know

Y11HAIDWR

78. Can you hear well enough (with a hearing aid if necessary) to carry on a conversation in a crowded room?

- 1 Yes 0 No 8 Don't know 7 Refused **Y11HCONV**



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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"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

AGROS

CONTAG

FEELINGS DURING THE PAST WEEK (CES-D)

79. 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 #16.)*

	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. Y11FBOTHR	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
b. I did not feel like eating; my appetite was poor. Y11FEAT	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
c. I felt that I could not shake off the blues even with help from my family and friends. Y11FBLUES	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
d. I felt that I was just as good as other people. Y11FGOOD	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
e. I had trouble keeping my mind on what I was doing. Y11FMIND	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
f. I felt depressed. Y11FDOWN	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
g. I felt that everything I did was an effort. Y11FEFFRT	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
h. I felt hopeful about the future. Y11FHOPE	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
i. I thought my life had been a failure. Y11FFAIL	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
j. I felt fearful. Y11FFEAR	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
k. My sleep was restless. Y11FSLEEP	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
l. I was happy. Y11FHAPPY	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
m. I talked less than usual. Y11FTALK	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
n. I felt lonely. Y11FLONE	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
o. People were unfriendly. Y11FUNFR	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
p. I enjoyed life. Y11FENJOY	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
q. I had crying spells. Y11FCRY	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
r. I felt sad. Y11FSAD	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
s. I felt that people disliked me. Y11FDISME	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
t. I could not get going. Y11FNOGO	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>



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HABCID

ACROS

CONTAG

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

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

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated **Y11MARSTA**
- 5 Never married
- 8 Don't know
- 7 Refused

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

- 1 Participant lives alone
- Y11SSOPIH** Other people in household
- 8 Don't know
- 7 Refused **Y11SSOPRF**

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HABCID

ACROS

CONTAG

LIFE EVENTS

82. Has a close friend or family member had a serious accident or illness in the past 12 months?

1 Yes

0 No

8 Don't know

7 Refused **Y11LEACC**

83. Did a child, grandchild, close friend, or relative die in the past 12 months?
(Examiner Note: The death of a spouse or partner should only be recorded in the next question, Question #84.)

1 Yes

0 No

8 Don't know

7 Refused **Y11LERDIE**

84. Did your spouse or partner die in the past 12 months?

1 Yes

0 No

8 Don't know

7 Refused **Y11LESIE**



Data on this page was collected for clinic use only

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HABCID

ACROS

CONTAC

CURRENT ADDRESS AND TELEPHONE NUMBER

★ 85. 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 confirm that the address you have for the participant is correct.)

Please tell me if the information I have is still correct.

Is the address that we currently have correct?

Yes

No

Examiner Note: Please update street address, city, state and zip code for participant.

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

(Examiner Note: Please 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

Examiner Note: Please update the telephone number(s) for participant.

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

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.



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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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT INFORMATION

★ 88. 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 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?

Yes No
 ↓ ↓
 Go to Question #89 ↓

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for someone who could provide information and answer questions for the participant. Please determine whether this person is next of kin or has power of attorney.

★ 89. Has the participant identified their next of kin?
 (Examiner Note: Refer to the participant's chart.)

Yes No Don't know Refused
 ↓ ↓ ↓ ↓
 ↓ Go to Question #90. Go to Question #91.

Examiner Note: Please 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?

Yes No Don't know Refused
 ↓ ↓ ↓ ↓
 Go to Question #91. ↓ ↓ Go to Question #91.

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant.

Go to Question #91

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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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
CONTACT INFORMATION

★ 90. 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 for the next of kin, and how the person is related to the participant.

★ 91. Has the participant identified their power of attorney?
 (Examiner Note: Refer to the participant's chart.)

Yes No Don't know Refused

Yes → Go to Question #92

No → Go to Question #92

Don't know → Go to Question #92

Refused → Go to Question #93

Examiner Note: Please 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?

Yes No Don't know Refused

Yes → Go to Question #93

No → Go to Question #93

Don't know → Go to Question #93

Refused → Go to Question #93

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number of the power of attorney, and how the person is related to the participant.

Go to Question #93

★ 92. Have you given anyone power of attorney?

Yes No Don't know Refused

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number of the power of attorney, and how the person is related to the participant.



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HABCID ACROS CONTAC
CONTACT INFORMATION

★ 93. 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 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?

Yes No

Go to Question #94.

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for two close friends, relatives, or a clergy person. 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.

★ 94. 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

Y11RELY



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HABCID ACROS CONTACT
VITAMIN AND MINERAL USE

96. During the past 30 days, how often have you taken any of the following vitamins or minerals?
 Would you say: you didn't take them, you took them a few days per month, 1-3 days per week, 4-6 days per week, or every day?
 (Examiner Note: **REQUIRED. Show card #17.**)

	Didn't take	A few days per month	1-3 days per week	4-6 days per week	Every Day	Don't Know	Refused
Multiple Vitamins							
a. Multivitamin (Regular Once-A-Day, Centrum, or Thera type)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11MULVIT	
b. Vitamin B-Complex type	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11MULTIB	
Single Vitamins (not part of multiple vitamins)							
c. Folic acid, folate	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11FOLIC	
d. Calcium or Tums, alone or combined with vitamin D or magnesium	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11CALCIU	
e. Vitamin B6	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11VITB6	
f. Vitamin B12	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11VITB12	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>How did you <u>usually</u> take vitamin B12?</p> <p>1 <input type="radio"/> Oral tablet or capsule</p> <p>7 <input type="radio"/> Injection</p> <p>10 <input type="radio"/> Nasal</p> <p>9 <input type="radio"/> Other</p> <p>8 <input type="radio"/> Don't know</p> </div>							
						Y11FCVITB	



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H [] [] [] [] []	[] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

PRESCRIPTION MEDICATION

97. Do you currently have any health insurance that pays for all or part of the cost of prescription medicines?

- Yes
 No
 Don't know
 Refused **Y11RXC0V**

a. What type of plan helps you pay for your prescription medicines?
 (Examiner Note: **REQUIRED - Show card #18. Please mark all that apply.**)

- Medicare Part D plan that you signed up for **Y11DSIGN**
- Medicare Part D plan that you were assigned to by Medicaid **Y11DASSIG**
- Medicare Advantage drug plan **Y11MEDADV**
- State Pharmaceutical Assistance program **Y11STPHRM**
- Veterans Administration **Y11VA**
- Department of Defense **Y11DEPTD**
- Health insurance from an employer, job, union **Y11WORK**
- Health insurance that I pay for **Y11PRIVAT**
- Pharmaceutical company Prescription Assistance Program **Y11PHRMCO**
- Other **Y11PINOTH**

(Please specify: _____)

b. On average, how much do you spend each month on your drug insurance payment premium?

- Nothing
- 50 cents to \$20.00
- \$21.00 to \$50.00
- \$51.00 to \$75.00
- \$76.00 to \$100.00 **Y11RXICOST**
- \$101.00 to \$300.00
- More than \$300
- Don't know
- Refused

c. In the past 3 months, was there a time when you had no insurance or benefits to help pay for your prescription medicines?

- Yes
 No
 Don't know
 Refused **Y11RX3MNO**



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		<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
PRESCRIPTION MEDICATION

98. On average, how much do you spend each month for your prescription medicines? Please include any insurance co-payments or other out-of-pocket costs for your prescription medicines.

- Does not take any prescription medications
- Nothing
- 50 cents to \$20.00
- \$21.00 to \$50.00
- \$51.00 to \$75.00
- \$76.00 to \$100.00
- \$101.00 to \$300.00
- More than \$300
- Don't know
- Refused

End of interview.
Go to next page.

Y11RXCOST

99. During the past 3 months have you not filled a prescription because it was too expensive?

- Yes No Don't know Refused **Y11RXNFIL**

100. During the past 3 months have you skipped a dose, or taken a smaller dose to make the prescription last longer because you were worried about the cost of the medicine?

- Yes No Don't know Refused **Y11RXSKIP**

101. Do you ever forget to take your medicine?

- Yes No Don't know Refused **Y11FORGET**

102. Are you careless at times about taking your medicine?

- Yes No Don't know Refused **Y11CRLESS**

103. When you feel better do you sometimes stop taking your medicine?

- Yes No Don't know Refused **Y11FLBETR**

104. Sometimes if you feel worse when you take the medicine, do you stop taking it?

- Yes No Don't know Refused **Y11FLWRSE**



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HABCID	ACROS	CONTAG	Y11SHSTID

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 **Y11Y1KYP**

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

Yes No **Y11KYP**

3. Measurement 1

 mm

Y11SH1

4. Measurement 2

 mm

Y11SH2

5. Difference between Measurement 1 & Measurement 2

 mm

Y11SHDF

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

Yes

No **Y11SHDF3**

Complete Measurement 3 and Measurement 4 below.

Go to Weight.

7. Measurement 3

 mm

Y11SH3

8. Measurement 4

 mm

Y11SH4



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HABCID	ACROS	CONTAC	Y11WTSTID

WEIGHT

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

1. Measurement 1 . kg **Y11WTK1**

2. Measurement 2 . kg **Y11WTK2** **Y11WT2NOT**
 Measurement 2 not done because
of concerns about participant safety.





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HABCID	ACROS	CONTAG	Y11RPSTID

RADIAL PULSE

Measurement 1 beats per 30 seconds **Y11PLSSM1**

+

Measurement 2 beats per 30 seconds **Y11PLSSM2**



= beats per minute **Y11PLSAV**



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HABCID	ACROS	CONTAG	Y11BPSTID

BLOOD PRESSURE

1. Cuff Size ⁴ Small ¹ Regular ² Large ³ Thigh **Y11OCUF**

2. Arm Used ¹ Right ² Left **Y11ARMRL**
(Examiner Note: Use arm listed on Data from Prior Visits Report.)

Please explain why right arm was not used:

Pulse Obliteration Level **Y11POPS**

3. Palpated Systolic mm Hg

* *Add +30 to Palpated Systolic to obtain Maximal Inflation Level.*

+ Add 30*

4. Maximal Inflation Level (MIL) [†] mm Hg

[†] *If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.*

Y11POMX

5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes No **Y11BPYN**

Blood Pressure (Seated)

6. Systolic **Y11SYS** mm Hg

Comments (required for missing or unusual values):

7. Diastolic **Y11DIA** mm Hg



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	Staff ID# [] [] []
HABCID	ACROS	CONTAC	Y11AASTID

ANKLE-ARM BLOOD PRESSURE ★

1. Cuff Size Small Regular Large Thigh **Y11AACF**

2. Arm Used **Y11AARL** Right Left **Y11AARL**
(Examiner Note: Refer to Data from Prior Visits Report.)

Please explain why right arm was not used:

3. Doppler Systolic [] [] [] **Y11AADOP**
mm Hg

Add 30*

***Add +30 to Doppler Systolic measurement to obtain Maximal Inflation Level.**

4. Maximal Inflation Level [] [] [] **Y11AAMX**
mm Hg

Systolic Measurement #1:

5. Brachial (arm) **Y11AARB1** [] [] [] mm Hg

6. Right Posterior Tibial **Y11AARP1** [] [] [] mm Hg

7. Left Posterior Tibial **Y11AALP1** [] [] [] mm Hg

Systolic Measurement #2:

8. Left Posterior Tibial **Y11AALP2** [] [] [] mm Hg

9. Right Posterior Tibial **Y11AARP2** [] [] [] mm Hg

10. Brachial (arm) **Y11AARB2** [] [] [] mm Hg

11. Was ankle-arm blood pressure measurement completed successfully?
 Yes No **Y11AAPR**

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

Left Leg

Right Leg

-1 Unable to occlude **Y11AALLUO**

-1 Unable to occlude **Y11AARLUO**

-1 Ulceration **Y11AALLUL**

-1 Ulceration **Y11AARLUL**

-1 Amputation **Y11AALLAM**

-1 Amputation **Y11AARLAM**

-1 Unable to locate tibial artery **Y11AALLTA**

-1 Unable to locate tibial artery **Y11AARLTA**

-1 Too painful **Y11AALLTP**

-1 Too painful **Y11AARLTP**

-1 Unable to lie in supine position **Y11AALLSP**

-1 Unable to lie in supine position **Y11AARLSP**

-1 Participant refused **Y11AALLPR**

-1 Participant refused **Y11AARLPR**

-1 Other (Please specify: _____)

-1 Other (Please specify: _____)

Y11AALLOT

Y11AARLOT



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HABCID	ACROS	CONTAG	Y11VPSTID

VIBRATION PERCEPTION THRESHOLD

- Record surface temperature of the dorsum (top) of the right foot (unless instructed otherwise) using the surface thermistor. Warm the foot to at least 30°C if initial surface temperature is below that level. If the right foot cannot be tested because of ulcer, trauma, surgery, amputation, or Data from Prior Visits Report instructions, record the temperature of the left foot. (Examiner Note: Test foot noted on Data from Prior Visits Report.)**

Script: "I need to make sure that your foot is warm enough to do this next test. I'm going to measure the temperature of your foot before we start."

Measure the participant's skin temperature on the dorsum of the foot.

Initial foot temperature: <input type="text"/> <input type="text"/> . <input type="text"/> °C
Y11VPIFT

- If initial foot temperature is below 30°C, use heating pad to achieve at least 30°C.**

Place the stimulating white button on a table so the participant can touch the vibrating white button with their hand.

Script: "Now we will do a practice test so you can see what this test feels like. Most people say it feels like a vibration or buzzing sensation."

Place the participant's hand on the white button and allow them to feel the vibration.

Record foot temperature following heating and proceed with testing. If, after 5 minutes of warming, foot temperature does not reach 30°C, record temperature below and proceed with testing.

Foot temperature following heating: <input type="text"/> <input type="text"/> . <input type="text"/> °C	<i>Leave blank if participant's initial foot temperature was at least 30°C.</i>
Y11VPFTH	



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"/> <input type="text"/>	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG

VIBRATION PERCEPTION THRESHOLD

3. **Have the participant clean their big toe with an alcohol pad. Place the paper foot guard on the platform, being careful not to cover the vibrating white button. Describe the test to the participant, and allow them to become familiar with the equipment.**

Script: "This test measures your ability to feel very small vibrations in your feet. To do this, I'm going to ask you to place your foot on this machine, with your big toe on the white button that will vibrate (point to surface). It won't hurt at all. Let's start by getting used to how the vibration feels, and how to use the button.

"This white button will vibrate. Place your big toe on the foam around the button so it is flat with the surface of the platform. You don't need to press your toe down at all. Just lay your toe flat over the button."

Help the participant place their foot and toe on the device. Place a bean bag over the top of the foot to ensure consistent contact with the vibrating white button.

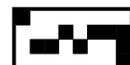
Script: "Now we will do a practice test. When you feel the vibration, tell me right away. Just try to pay attention to your toe, and tell me when you feel the vibration. It may take some time, so don't become discouraged. Please say 'I feel it' as soon as you do, but please don't guess."

The participant should be seated so they cannot see the computer screen.

Script: "Please close your eyes. I am beginning the first test. Tell me as soon as you feel the vibration."

Click the "Start" button.

When the participant says "I feel it," have them press the button on the computer mouse for "stop immediately." Record the "Stop" number from the computer screen.



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HABCID ACROS CONTAC
VIBRATION PERCEPTION THRESHOLD ★

4. "Stop" number on the computer screen:

. microns

Y11VPSTP

Subtract 20.0 microns

5. "Stop" number minus 20:

. microns

Y11VPS10

Round this number down to the nearest multiple of 10.

6. Baseline value for the test:

Y11VPBV microns

(0, 10, 20, 30, 40, etc.)

(Examiner Note: If the number is less than "20," go to Question #6 below and record "0" for the Baseline value. If the number is 120 or 130 [maximum value] go to Question #6 below and record "90" for the Baseline value.)

Script: "Now we'll begin the next test. The vibration will start very softly and get stronger. As soon as you feel the vibration, push the button to indicate that you have felt the vibration. **(Show the mouse, rest finger on the mouse button, and indicate how to push the button.)** We will do this several times in a row. After you press the button, there will be a delay before the next vibration starts. Each time you feel the vibration, just press the button right away to indicate that you have felt the vibration. The vibration will stop immediately. Over the next few minutes, you may feel the vibration several times. Just try to pay attention to your toe, and each time you feel the vibration, push the button. Remember that we want to know when you first begin to feel it. If you don't feel it we don't want you to guess. Again, please close your eyes before we begin the test. Ready?"

Administer the test.

7. Which great toe was tested?

1 Right

2 Left

3 Neither Y11VPTOE

Why wasn't the right toe tested?
(Examiner Note: Mark all that apply.)

- Y11VPTY4⁻¹ Left toe tested at Year 4
- Y11VPAMPR⁻¹ Amputation
- Y11VPULC⁻¹ Ulcer
- Y11VPSURG⁻¹ Trauma or surgery
- Y11VPOTH1⁻¹ Other *(Please specify:*

_____)
_____)

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

- Y11VPRF⁻¹ Participant refused
- Y11VPPNC⁻¹ Participant physically unable to cooperate
- Y11VPNDIR⁻¹ Participant unable to follow directions
- Y11VPAMP⁻¹ Amputation of both great toes
- Y11VPOTH1⁻¹ Other *(Please specify:*

_____)
_____)

Go to Peroneal Motor Nerve Conduction Test.



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTAG ★
VIBRATION PERCEPTION THRESHOLD

8. Record the post-test surface temperature of the great toe using the surface thermistor.

Foot temperature after test: . °C **Y11VPFTT**

9. Were five trials completed? Yes No **Y115TCOM1**

How many trials were completed?
 One Two Three Four **Y11TCOM1**

Was the participant unable to feel the maximum stimulation (130 microns) at both trials?
 Yes No **Y11VPNMX1**

Go to Peroneal Motor Nerve Conduction Test.

10. Record average result from computer screen: . microns **Y11VPAV1**

11. Record variance from computer screen: . microns **Y11VPVAR1**

12. Is variance from computer screen greater than 750 microns?
(Examiner Note: See Question #11 above.)
 Yes No **Y11VARGRT**

Re-administer Vibration Threshold Test. Go to Question #13. Go to Peroneal Motor Nerve Conduction Test.

13. Were five trials completed? Yes No **Y115TCOM2**

How many trials were completed?
 One Two Three Four **Y11TCOM2**

Was the participant unable to feel the maximum stimulation (130 microns) at both trials?
 Yes No **Y11VPNMX2**

Go to Peroneal Motor Nerve Conduction Test.

14. Record average result from computer screen: . microns **Y11VPAV2**

15. Record variance from computer screen: . microns **Y11VPVAR2**

If over 750 microns, flag for quality control.



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
H [] [] [] [] []	[] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	[] [] []

HABCID ACROS GONTAG Y11PMNSTID
 PERONEAL MOTOR NERVE CONDUCTION ★

1. Have you ever had knee surgery on either leg where all or part of the joint was replaced?
 Yes No Don't know Refused Y11KNRP

Which leg?

Right leg Left leg Both legs Y11KRLB1

Do NOT test right leg.

Do NOT test left leg.

Do NOT test either leg. Go to Question #10.

2. **Examiner Note: Test leg noted on Data from Prior Visits Report unless contraindicated above. Press your fingers on the participant's lower front tibia for 5 seconds and then on the ankle for 5 seconds. If a dimple remains after you apply pressure, this indicates that the participant has pitting edema.**

a. Does the participant have evidence of pitting edema at the lower front tibia?
 Yes No Don't know Participant refused / not examined
Y11EDEMAT

b. Does the participant have evidence of pitting edema at the ankle?
 Yes No Don't know Participant refused / not examined
Y11EDEMAA

Examiner Note: Look at the participant's feet and legs and answer the following question.

3. Are open sores present on either foot?
 Yes No Participant refused / not examined Y11PNFT

4. **Describe nerve conduction testing to the participant and conduct a mock test on the ankle.**

Script: "This test measures how well a sensation travels down a big nerve in your leg. To do this, I will place small patches on your foot. Then I will use this tool (show stimulator) to stimulate your nerve. This test is not painful, but most people say that it feels uncomfortable for just a moment, like when you bump your funny bone. Your foot or leg may twitch during the test. If you want to stop the test at any time, just say so. Before we begin, let's do a practice test so you can see what it feels like."



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
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HABCID	ACROS	CONTAG	Y11PMNSTID2

PERONEAL MOTOR NERVE CONDUCTION ★

5. **Conduct practice test at ankle.**

Record the surface temperature on the dorsum of the right foot using the surface thermistor. If the right foot cannot be tested, record the temperature of the left foot.

Warm the limb to at least 30°C if initial temperature is below that level.

Script: "Before we begin, I need to check the temperature of your foot. If it isn't warm enough we'll warm it in a heating pad."

Initial foot temperature: . °C **Y11PNIFT**

If the foot temperature is below 30°C, warm the foot and record the temperature again. If, after 5 minutes of warming, the foot does not reach 30°C, record the temperature and proceed with testing.

Foot temperature following heating: . °C **Y11PNFTH** *Leave blank if participant's initial foot temperature was at least 30°C.*

6. **Before beginning testing of the peroneal nerve, say,**

Script: "Now I'm going to start the test on your nerve."

7. **Begin testing of the peroneal nerve. Data on maximum responses will be recorded in the computer and downloaded later.**

8. **Conclude the test when maximum responses have been evoked.**

9. **Record the post-test surface temperature of the foot using the surface thermistor.**

Foot temperature after test: . °C **Y11PNIFTA**

10. Was the peroneal motor nerve conduction test started?

Yes

No **Y11PNTS**

Why wasn't test started?

(Examiner Note: Mark all that apply.)

Participant refused before the test began **Y11PNPRF**

Amputation of both legs **Y11PNAMP**

Bilateral knee replacements **Y11PNBKR**

Other *(Please specify: _____)*

Y11PNOTH

Go to Monofilament Testing.



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HABCID **ACROS** **CONTAG**
PERONEAL MOTOR NERVE CONDUCTION ★

11. Which leg was tested?

1 Right 2 Left **Y11PNLRL**

Why wasn't the right leg tested?
 (Examiner Note: Mark all that apply.)

-1 Left leg tested at Year 4 **Y11PNLY4**
 -1 Amputation **Y11PNAMPR**
 -1 Ulcer **Y11PNULC**
 -1 Trauma or surgery (including knee replacement) **Y11PNSURG**
 -1 Other (Please specify: _____)

Y11PNOTH1

12. Was distal stimulation completed?

1 Yes 0 No **Y11PNDS**

a. What was the amplitude?
 . mV **Y11DSAMP**

b. Was the amplitude greater than 1 mV?
 1 Yes 0 No **Y11DSAMP1**

Flag waveform for quality control.

Why wasn't the distal stimulation completed?

7 Participant refused **Y11NDS**
 9 Other (Please specify: _____)

13. Was fibular head stimulation completed?

1 Yes 0 No **Y11PNFHS**

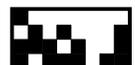
a. What was the amplitude?
 . mV **Y11FHAMP**

b. Was the amplitude greater than 1 mV?
 1 Yes 0 No **Y11FHAMP1**

Flag waveform for quality control.

Why wasn't the fibular head stimulation completed?

7 Participant refused **Y11NFHS**
 9 Other (Please specify: _____)



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HABCID ACROS CONTAG ★
PERONEAL MOTOR NERVE CONDUCTION

14. What was the conduction velocity between the ankle and fibular head?

Y11CVAFH m/s
 -1 Conduction velocity not obtained Y11CV1

If less than 20 m/s or greater than 70 m/s, flag for quality control.

15. Was popliteal fossa stimulation completed?

1 Yes

0 No Y11PNPFS

a. What was the amplitude?

mV Y11PFAMP

b. Was the amplitude greater than 1 mV?

1 Yes 0 No Y11PFAMP1

Flag waveform for quality control.

Why wasn't the popliteal fossa stimulation completed?

7 Participant refused Y11NPFS

9 Other *(Please specify:*

16. What was the conduction velocity between the ankle and popliteal fossa?

m/s
 -1 Conduction velocity not obtained Y11CV2
Y11CVAPF

If less than 20 m/s or greater than 70 m/s, flag for quality control.

17. Is there a greater than 10 m/s difference between results entered in Questions #14 and #16?

1 Yes

0 No

2 No results for Question #14 or Question #16

Y11VELDIF

Redo Peroneal Motor Nerve Conduction test.
Go to Question #18.

Go to Question #23 on next page.

18. Was distal stimulation completed?

1 Yes

0 No Y11PNDS2

a. What was the amplitude?

mV Y11DSAMP2

b. Was the amplitude greater than 1 mV?

1 Yes 0 No Y11DSMP1

Flag waveform for quality control.

Why wasn't the distal stimulation completed?

7 Participant refused Y11NDS2

9 Other *(Please specify:*

 _____)



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HABCID **ACROS** **CONTAG**
PERONEAL MOTOR NERVE CONDUCTION ★

19. Was fibular head stimulation completed?

Yes

No **Y11PNFHS2**

a. What was the amplitude?

. mV **Y11FHAMP2**

b. Was the amplitude greater than 1 mV?

Yes No **Y11FHAMPA**

Flag waveform for quality control.

Why wasn't the fibular head stimulation completed?

Participant refused **Y11NFHS2**

Other (Please specify:

 _____)

20. What was the conduction velocity between the ankle and fibular head?

Y11CVAFH2 . m/s

Conduction velocity not obtained **Y11CV11**

If less than 20 m/s or greater than 70 m/s, flag for quality control.

21. Was popliteal fossa stimulation completed?

Yes

No **Y11PNPFS2**

a. What was the amplitude?

. mV **Y11PFAMP2**

b. Was the amplitude greater than 1 mV?

Yes No **Y11PFAMPB**

Flag waveform for quality control.

Why wasn't the popliteal fossa stimulation completed?

Participant refused **Y11NPFS2**

Other (Please specify:

 _____)

22. What was the conduction velocity between the ankle and popliteal fossa?

Y11CVAPF2 . m/s

Conduction velocity not obtained **Y11CV22**

If less than 20 m/s or greater than 70 m/s, flag for quality control.

23. Print out a hard copy of peroneal motor nerve conduction results and place in participant's chart.

24. Are the results flagged for quality control?

Yes

No **Y11RFLAG**

25. Are the results flagged for other reason(s)?

Yes

No

Please specify: **Y11RFLAGO** _____



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HABCID	ACROS	GONTAG	Y11MFSTID

MONOFILAMENT TESTING ★

1. **Script:** "This test is to see if you can feel a light touch on your toe. We press this flexible nylon thread (**show monofilament**) against your toe to see if you can feel it. It does not hurt, but it might tickle a little when you feel it. (**Demonstrate on participant's arm.**) I'm going to touch the thread to your toe several times, and you just need to tell me if and when you feel the thread. Please close your eyes. I'm going to start the test."

2. **Test using the 4.17 monofilament on the dorsum of the right great toe (unless instructed otherwise) 1 cm proximal to the nail bed.**
 (Examiner Note: Test toe noted on Data from Prior Visits Report.)
 Apply the monofilament four times.

Script: "Tell me each time you feel the thread."

If the participant detects the 4.17 monofilament at least three of four times, do not continue testing with the 5.07 monofilament. If the participant does not detect the 4.17 monofilament, test with the 5.07 monofilament in the same way (four trials).

3. Which great toe was tested?

1 Right

2 Left

3 Neither **Y11MTTOE**

Why wasn't the right toe tested?
 (Examiner Note: Mark all that apply.)

- Left toe tested at Year 4 **Y11MTTY4**
- Amputation **Y11MTAMPR**
- Ulcer **Y11MTULC**
- Trauma or surgery **Y11MTSURG**
- Other (Please specify: **Y11MTOTH1**)

_____)

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

- Participant refused **Y11MTRF**
- Participant physically unable to cooperate **Y11MTPNC**
- Participant unable to follow directions **Y11MTNDIR**
- Amputation of both great toes **Y11MTAMP**
- Other (Please specify: **Y11MTOTH**)

_____)

Do not test using 5.07 monofilament. Go to next test.

4. Was the participant able to detect light touch with the 4.17 monofilament at least three of four times?

1 Yes

0 No

7 Participant refused **Y11MT2XS**

Do not test using 5.07 monofilament. Go to next test.

5. **Test using the 5.07 monofilament on the dorsum of the the great toe tested above 1 cm proximal to the nail bed. Apply the monofilament four times.**

Script: "Now we're going to try a different thread. Please close your eyes again, and tell me each time you feel this thread."

6. Was the participant able to detect light touch with the 5.07 monofilament at least three of four times?

1 Yes

0 No

7 Participant refused **Y11MT5XS**



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HABCID	ACROS	CONTAG	Y11CSSTID

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 | Y11SCS | → | Go to Standing Balance on page 61. |
| 9 <input type="radio"/> Not attempted, unable | | → | Go to Standing Balance on page 61. |
| 0 <input type="radio"/> Attempted, unable to stand | | → | Go to Standing Balance on page 61. |
| 1 <input type="radio"/> Rises using arms | | → | Go to Standing Balance on page 61. |
| 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 | Y11RCS | |
| 9 <input type="radio"/> Not attempted, unable | | |
| 1 <input type="radio"/> Attempted, unable to complete 5 stands without using arms | → <input type="text"/> | Y11COMP Number completed without using arms |
| 2 <input type="radio"/> Completes 5 stands without using arms | → <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | Seconds to complete Y11SEC |



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HABCID

ACROS

CONTAG

Y11SBSTID

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.

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable **Y11STS** → Go to Walk (pg 63a clinic; 63b home)
- 1 Unable to attain position or cannot hold for at least one second → Go to Walk (pg 63a clinic; 63b home)
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] **Y11STSTM** seconds. Go to Tandem Stand below.
- 3 Holds position for 30 seconds → Go to Tandem Stand below.

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:

- 7 Participant refused → Go to One-Leg Stand on page 62.
- 9 Not attempted, unable **Y11TS1** → Go to One-Leg Stand on page 62.
- 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 → [] [] . [] [] **Y11TSTM** seconds. Go to Trial 2.
- 3 Holds position for 30 seconds → Go to One-Leg Stand on page 62.



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HABCID ACROS CONTAG
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:

- 7 Participant refused → Go to One-Leg Stand below.
- 9 Not attempted, unable → Go to One-Leg Stand below.
- 1 Unable to attain position or cannot hold for at least one second → Go to One-Leg Stand below.
- 2 Holds position between 1 and 29 seconds →
 . **Y11TS2TM** seconds. Go to One-Leg Stand below.
- 3 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:

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable → Go to Walk (pg 63a clinic; 63b home)
- 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 →
 . **Y11TR1TM** seconds. Go to Trial 2.
- 3 Holds position for 30 seconds → Go to Walk (pg 63a clinic; 63b home)

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

Trial 2:

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable → Go to Walk (pg 63a clinic; 63b home)
- 1 Unable to attain position or cannot hold for at least one second → Go to Walk (pg 63a clinic; 63b home)
- 2 Holds position between 1 and 29 seconds →
 . **Y11TR2TM** seconds. Go to Balance Walks on page 63.
- 3 Holds position for 30 seconds → Go to Walk (pg 63a clinic; 63b home)



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
BALANCE WALKS ★

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 **Y11UPTM1**

Number of steps: steps **Y11UP1**

Y11UPRU1 ⁷ Participant refused →
⁹ Not attempted, unable to walk →

Trial 2: Time: . seconds **Y11UPTM2**

Number of steps: steps **Y11UP2**

Y11UPRU2 ⁷ Participant refused →
⁹ 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."

Y1120CNA ⁷ Participant refused →
⁹ 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: ¹ Yes → . seconds ⁰ No **Y1120TR1**
Trial 2: ¹ Yes → . seconds **Y1120CT1** ⁰ No **Y1120TR2**
Trial 3: ¹ Yes → . seconds **Y1120CT2** ⁰ No **Y1120TR3**
Y1120CT3



HABC Enrollment ID #	Acrostic	Year of Annual 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"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS		Y114MSTID

4-METER WALK ★ CONTAG

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? **Y1134MW**

- 1 0-4-meter 2 0 3-meter 0 0 None:3-meter space not 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.)

Time: . Seconds

Y114MWTM1

7 0 Participant refused

9 0 Not attempted, unable

1 0 Attempted, but unable to complete

Examiner Note: If greater than 30 seconds mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.

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: . Seconds

Y114MWTM2

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: . Seconds

Y114MWTM3

7 0 Participant refused

9 0 Not attempted, unable

1 0 Attempted, but unable to complete

7. Was the participant using a walking aid, such as a cane or walker? 1 0 Yes 0 0 No **Y11WLKAID**



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

ACROS

Y11TMMDATE

Y11TMMSTID

Type of Annual Contact
 Year 11 Other1 Other2

TENG MINI-MENTAL STATE EXAM (3MS) ★

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? Y11BORNRF

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

Y11BORNM Y11BORND Y11BORY

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

d. _____ Y11CITY

e. _____ Y11STE

**Examiner Note:
Ask again in Question #18.**

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

Y11CNT

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)

[] [] [] [] [] Y11CNTBK

4 a. Spell "world."

Y11SPL

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.)

[] [] [] [] [] Y11SPWLD

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	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3	Y11SHRT
b. Blue	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3	Y11BLU
c. Honesty	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3	Y11HON
d. Numbers of presentations necessary for the participant to repeat the sequence:	[]			Y11NUM presentations



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** Y11SHRM

- 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** Y11BLRM

- 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** Y11HNRM

- 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.)

Y11TDAYM / Y11TDAYD / Y11TDAYR / Y11TDAYY
 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 Y11DAYWK
 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 Y11SEAS
 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 Y11STAT
 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 Y11CNTY
 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 Y11CITN
 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 Y11WHRE
 7 Error/refused
 3 Not attempted/disabled



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? Y11PENC	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. Watch: What is this? Y11WTCH	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. Forehead: What do you call this part of the face? Y11FRHD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. Chin: And this part? Y11CHIN	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
e. Shoulder: And this part of the body? Y11SHLD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
f. Elbow: And this part? Y11ELP	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
g. Knuckle: And this part? Y11KNK	<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): Y11E2SCR

(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 Y11ARLG
- 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 Y11LCRY
- 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

Y11ETSL

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

Y11RPT



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	Y11IF <input type="radio"/> 7	<input type="radio"/> 3
c. or buts	<input type="radio"/> 1	Y11AND <input type="radio"/> 7	<input type="radio"/> 3
		Y11BUT	

13 Examiner Note: Hold up card #18 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."

Y11CRD1

- 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	Y11WLD <input type="radio"/> 7	<input type="radio"/> 3
c. to	<input type="radio"/> 1	Y11LKE <input type="radio"/> 7	<input type="radio"/> 3
d. go	<input type="radio"/> 1	Y11TO <input type="radio"/> 7	<input type="radio"/> 3
e. out	<input type="radio"/> 1	Y11GO <input type="radio"/> 7	<input type="radio"/> 3
		Y11OUT	

(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
- 2 Left **Y11HAND**
- 8 Unknown



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

15 Here is a drawing. Please copy the drawing onto this piece of paper.
(Examiner Note: Hand participant card #19. 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 Y11PENT1

- 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 Y11PENT2

- 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

- 1 4-cornered enclosure **Y11INT**
- 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
Y11PCOR			
a. Takes paper in correct hand	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
Y11PFLD			
b. Folds paper in half	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
Y11PHND			
c. Hands paper back	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

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 **Y11SHIRT2**

- 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 **Y11BLU2**

- 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 **Y11HON2**

- 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

ACROS

CONTAG

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. <u>Y11CITY2</u> City/town	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. <u>Y11STE2</u> 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.)*

Y11VIS

-1 Vision

Y11HEAR

-1 Hearing

Y11WRITE

-1 Writing problems due to injury or illness

Y11ILLIT

-1 Illiteracy or lack of education

Y11LANG

-1 Language

Y11OTH

-1 Other *(Please record the specific problem in the space provided.)*



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	CONTAG	Y11DSSTID

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.

Y11TST

- | | | | |
|--|---|-------------------------------|--|
| <input type="radio"/> Sample completed | <input type="radio"/> Unable to complete sample | <input type="radio"/> Refused | <input type="radio"/> 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 #20 to score test.
DO NOT COUNT ANY SYMBOLS AFTER TWO BLANKS IN A ROW).

Number Completed: Number Incorrect:

Y11NC

Y11NI



SCORE

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

SAMPLES

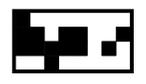
2	1	3	7	2	4	8	1	5	4	2	1	3	2	1	4	2	3	5	2	3	1	4	6	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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 #	Acrostic	Type of Annual Contact	Phlebotomist Staff ID#
H [] [] [] [] []	[] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	[] [] []

HABCID

ACROS

CONTAG

Y11PHSTID1[2]*

PHLEBOTOMY★

Bar Code Label

***Last digit:**
1 = first sample collection
2 = repeat sample collection

Sample Status
<input type="radio"/> First sample collection
<input type="radio"/> Repeat sample collection

LABVIS

Now I'm going to ask you two questions to see whether it is safe to draw your blood. **BRCD**

1. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpit?

Yes No Don't know Refused

Y11RADMAS1[2]*

Do NOT draw blood. Go to Procedure Checklist and mark "No: Participant refused" for Blood Collection.

a. Which side?

Right Left Both

Y11RMSIDE1[2]*

Do NOT draw blood on right side.

Do NOT draw blood on left side.

Do NOT draw blood on either side.

2. Have you ever had a graft or shunt for kidney dialysis?

Yes No Don't know Refused

Y11KIDNEY1[2]*

Do NOT draw blood. Go to Procedure Checklist and mark "No: Participant refused" for Blood Collection.

a. Which side?

Right Left Both

Y11KDSIDE1[2]*

Do NOT draw blood on right side.

Do NOT draw blood on left side.

Do NOT draw blood on either side.

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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

**ACROS
PHLEBOTOMY ★**

CONTAG

***Last digit:
1 = first sample collection
2 = repeat sample collection**

Sample Status
<input type="radio"/> First sample collection <input type="radio"/> Repeat sample collection

LABVIS

3. Do you bleed or bruise easily?

- Yes
 No
 Don't know
 Refused **Y11BLBR1[2]***

4. Have you ever experienced fainting spells while having blood drawn?

- Yes
 No
 Don't know
 Refused **Y11FNT1[2]***

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

a. Date of last food:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Y11LMD1[2]*
	Month Day Year	
b. Time of last food:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Y11MHM1[2]*
	Hours Minutes <input type="radio"/> am <input type="radio"/> pm	Y11LMAPM1[2]*
c. How many hours have passed since the participant last ate any food?	<input type="text"/> <input type="text"/>	
	Y11FAST1[2]* hours (Question 8 minus Question 5b. Round to nearest hour.)	

6. Which arm(s) can safely be used for phlebotomy?

(Examiner Note: Refer to Phlebotomy, Questions #1 and #2.)

- Right
 Left
 Either
 Neither **Y11PHLARM1[2]***





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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

GONTAG

PHLEBOTOMY ★

Sample Status

First sample collection
 Repeat sample collection

LABVIS

7. Date of blood draw::

		/			/				
Month			Day			Year			

Y11PHDATE1[2]*

***Last digit:**

1 = first sample collection

2 = repeat sample collection

8. Time venipuncture started:

Y11VTM1[2]*

		:		
Hours			Minutes	

am

pm

Y11AMP41[2]*

9. Time venipuncture completed:

Y11BLDRTM1[2]*

		:		
Hours			Minutes	

am

pm

Y11AMP51[2]*

10. Total tourniquet time:

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

Note that 2 minutes is optimum.)

		minutes
--	--	---------

Y11TOUR1[2]*

Comments on phlebotomy:



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS
PHLEBOTOMY ★

CONTAG

LABVIS

Sample Status

First sample collection

Repeat sample collection

11. Quality of venipuncture:

¹ Clean

² Traumatic **Y11QVEN1[2]**

***Last digit:**
1 = first sample collection
2 = repeat sample collection

Please describe. Mark all that apply:

- 1 Vein collapse **Y11PVC1[2]***
- 1 Hematoma **Y11PH1[2]***
- 1 Vein hard to get **Y11PVHTG1[2]***
- 1 Multiple sticks **Y11PMS1[2]***
- 1 Excessive duration of draw **Y11PEDD1[2]***
- 1 Leakage at venipuncture site **Y11PLVS1[2]***
- 1 Other (*Please specify:*) **Y11OTHER1[2]***

12. Was any blood drawn?

¹ Yes

⁰ No **Y11BLDR1[2]***

Please describe why not: _____

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

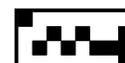
Tube	Volume	Filled to Capacity?		Comment
		Yes	No	

1. Serum	15 mL	<input type="radio"/>	<input type="radio"/>	Y11SERUM1[2]* _____
----------	-------	-----------------------	-----------------------	----------------------------

2. EDTA	4 mL	<input type="radio"/>	<input type="radio"/>	Y11EDTA1[2]* _____
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(Examiner Note: Refer to Data from Prior Visits Report to see if participant requires CBC.)

3. EDTA for CBC (if required)	4 mL	<input type="radio"/>	<input type="radio"/>	Y11CBC1[2]* _____
----------------------------------	------	-----------------------	-----------------------	--------------------------



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Date Visit Completed	Staff ID#
H [][][][][] HABCID	[][][][] ACROS	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year Y11LPDATE1[2]*	<input type="text"/> Y11LPSTID1[2]*

LABORATORY PROCESSING ★

Bar Code Label

Sample Status

First sample collection
 Repeat sample collection

***Last digit:**
1 = first sample collection
2 = repeat sample collection

Y11TIMSPH1[2]* **Y11TIMSPM1[2]***

Time at start of processing: am pm

Hours Minutes

Y11AMPSP1[2]*

Y11BRCD2

Collection Tubes	Cryo #	Cap / Type Cryo	Sample vol.	Filled? Yes/No	Problems	To	Box	Box Number	Box Row	Box Column
#1 serum	1	O/ 5.0	0.5mL	10 Y00 N Y111F1[2]*	10 H0 P3 B Y111HPB1[2]*	L	L			
	2	O/ 5.0	0.5mL	10 Y00 N Y112F1[2]*	10 H0 P3 B Y112HPB1[2]*	L	L			
	3	R/ 0.5	0.5mL	10 Y00 N Y1113F1[2]*	10 H0 P3 B Y1113HPB1[2]*	PT	ES			
	4	R/ 0.5	0.5mL	10 Y00 N Y114F1[2]*	10 H0 P3 B Y114HPB1[2]*	PT	ES			
	5	R/ 0.5	0.5mL	10 Y00 N Y115F1[2]*	10 H0 P3 B Y115HPB1[2]*	PT	ES			
	6	R/ 0.5	0.5mL	10 Y00 N Y116F1[2]*	10 H0 P3 B Y116HPB1[2]*	PT	MS			
	7	R/ 0.5	0.5mL	10 Y00 N Y117F1[2]*	10 H0 P3 B Y117HPB1[2]*	PT	MS			
	8	R/ 0.5	0.5mL	10 Y00 N Y118F1[2]*	10 H0 P3 B Y118HPB1[2]*	PT	MS			
	9	R/ 0.5	0.5mL	10 Y00 N Y119F1[2]*	10 H0 P3 B Y119HPB1[2]*	PT	MS			
	10	R/ 0.5	0.5mL	10 Y00 N Y1110F1[2]*	10 H0 P3 B Y1110HPB1[2]*	PT	D			

L=LCBR; PT=Pittsburgh
 O=orange; R=red; H=Hemolyzed; P=Partial; B=Both
 ES=E. Strotmeyer Study; MS=Main Study; D=Duplicate



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"/> <input type="text"/>		
HABCID	ACROS	Month	Day	Year	Y11TISTID

ANNUAL TELEPHONE INTERVIEW

Year of Annual Interview: Year 11 (in lieu of clinic / home visit)
 Year 12 (in lieu of clinic / home visit)
 Year 13 (in lieu of clinic / home visit) **CONTACT**
 Year 14 (in lieu of clinic / home visit)
 Year 15 (in lieu of clinic / home visit)

Type of Annual Contact: **1** Telephone Interview **Y11TYPE2**
2 [clinic - hidden]
3 [home - hidden]

What is your...?

FNM <input type="text"/>	<input type="text"/>	LN <input type="text"/>
First Name	M.I.	Last Name

What is the primary reason an alternate type of contact was done for the annual clinic / home 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 Y11REASON
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> _____)



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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
HABCID	ACROS	<input type="radio"/> Year 14	<input type="radio"/> Year 15	
		CONTAC		

ANNUAL TELEPHONE INTERVIEW

NOT COLLECTED

Date of last regularly scheduled contact:

/ /

Month Day Year

★ = Priority questions

(Examiner Note: Refer to Data from Prior Visits Report. Please also record this date on the top of page 20. If participant agrees to only partial interview, ask ★ questions first.)

★ 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

Y11HSTAT

★ 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
- 8 Don't know
- 7 Refused **Y11BED12**

★ 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 **Y11BEDDAY**

★ 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
- 8 Don't know
- 7 Refused **Y11CUT12**

★ 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 **Y11CUTDAY**

HABC Enrollment ID # <input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HABCID	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACROS	Year of Annual Interview <input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13 <input type="radio"/> Year 14 <input type="radio"/> Year 15 GONTAG
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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?
 ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused **Y11MCNH**

★ 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 **Y11MCVN**



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H [] [] [] [] [] []	[] [] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13 <input type="radio"/> Year 14 <input type="radio"/> Year 15

HABCID

ACROS

CONTAG

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.")

Yes No Don't know Refused Don't do
Y11DWQMYN

Go to Question #6d Go to Question #7

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

Y11DWQMDF

- 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 <input type="radio"/> Arthritis | 12 <input type="radio"/> Hip fracture | Y11MNRS |
| 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 | |

★ **c.** Do you have any difficulty walking across a small room?
 Yes No Don't know Refused **Y11DWSMRM**

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 type="text"/>	<input type="radio"/> Year 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

GONTAG

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

Y11DWQMEZ



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 **Y11DW1MYN** →
- 8 Don't know/don't do →



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

Y11DW1MEZ



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 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13 <input type="radio"/> Year 14 <input type="radio"/> Year 15

HABCID

AGROS

CONTAG

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.")

Yes No Don't know Refused Don't do
Y11DW10YN

★ a. How much difficulty do you have?
(Examiner Note: Read response options.) Y11DIF

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.)

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

Y11MNRS2

↓

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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

AGROS

CONTAG

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

Y11DW10EZ



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 →

Y11DW20YN



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

Y11DW20EZ



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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

PHYSICAL FUNCTION

★ 8. 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 **Y11EQUIP**

★ 9. 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 **Y11DIOYN**

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

1 Yes 0 No 8 Don't know **Y11DIORHY**

★ 10. Do you have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused **Y11BATHYN**

★ Does someone usually help you bathe or shower?

1 Yes 0 No 8 Don't know **Y11BATHRH**

★ 11. Do you have any difficulty dressing?
 1 Yes 0 No 8 Don't know 7 Refused **Y11DDYN**

★ Does someone usually help you to dress?

1 Yes 0 No 8 Don't know **Y11DDRHYN**

12. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?
 1 Yes 0 No 8 Don't know 7 Refused **Y11DIFSTA**

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

Y11DSTAMT

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

Y11EZSTA

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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

AGROS

CONTAG

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.)

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

Y11DIFSCK

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

Y11DSCKAM

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

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

Y11DIFARM

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

Y11DARMAM

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

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

Y11DIFFN

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

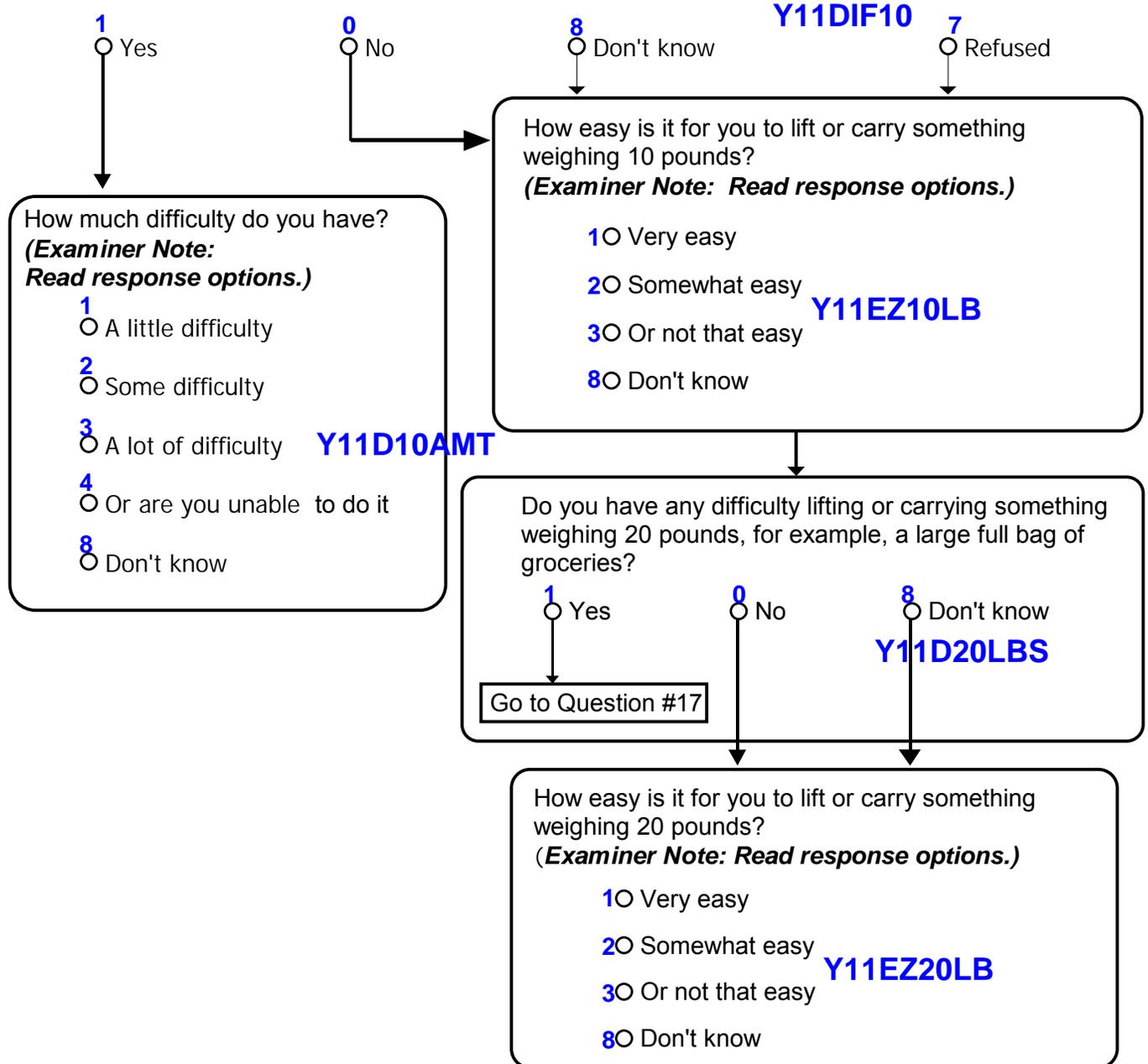
Y11DIFNAM



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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	
HABCID	AGROS	CONTAG		

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 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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

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?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **Y11HC12MO**

Go to Question #18

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

1 Yes
 0 No
 8 Don't know **Y11HC7DAY**

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.)

Y11HCHRS **Y11HCMINS**
 Hours Minutes
 -1 Don't know
Y11HCTIM **Y11HCDK**



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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

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 No Don't know Refused

Go to Question #21

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

Yes No

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

- 1 Bicycling/exercycle **Y11HIAIBE**
- 1 Swimming **Y11HIASWM**
- 1 Jogging **Y11HIAJOG**
- 1 Aerobics **Y11HIAAER**
- 1 Stair-stepping **Y11HIASS**
- 1 Racquet sports **Y11HIARS**
- 1 Rowing machine **Y11HIAROW**
- 1 Cross country ski machine **Y11HIASKI**
- 1 Other (Please specify):

Y11HIAOTH _____

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.)

Hours Minutes

-1 Don't know **Y11HIA1DK**

Y11H1TIME

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 **Y11HINDEX**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

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"/>	Year of Annual Interview <input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13 <input type="radio"/> Year 14 <input type="radio"/> Year 15
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HABCID ACROS CONTAG
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?

Yes No Don't know Refused **Y11MI12MO**

Go to Question #22

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

Yes No **Y11MI7DAY**

- a. What activity(ies) did you do?
Mark all that apply.
- 1 Golf **Y11MIGOLF**
 - 1 Bowling **Y11MIBOWL**
 - 1 Dancing **Y11MIDANC**
 - 1 Skating **Y11MISKAT**
 - 1 Bocce **Y11MIBOCC**
 - 1 Table tennis **Y11MITENN**
 - 1 Billiards/pool **Y11MIPOOL**
 - 1 Hunting **Y11MIHUNT**
 - 1 Sailing/boating **Y11MIBOAT**
 - 1 Fishing **Y11MIFISH**
 - 1 Other (Please specify):
Y11MIOT1 _____

- 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 **Y11MINDEX**
 - 6 Felt unsafe
 - 7 Not necessary
 - 8 Other
 - 9 Don't know

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.)

Y11MIA1DK

Don't know **-1**

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes	Y11MIA1HR Y11MIA1MN
---	-----------------------------------

Y11M1TIME

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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

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

1
 Yes

0
 No

8
 Don't know

7
 Refused **Y11VWCURJ**

23. Do you currently do any volunteer work?

1
 Yes

0
 No

8
 Don't know

7
 Refused **Y11VWCURV**



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

1
 Yes

0
 No

8
 Don't know

7
 Refused **Y11VWCURA**



HABC Enrollment ID #	Acrostic	Year of Annual Interview		
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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID ACROS GONTAG
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 **Y11APPET**
- 5 Very poor
- 8 Don't know
- 7 Refused

25A. Because of a health or physical problem, do you have any difficulty preparing meals?
1 Yes 0 No 9 Does not do 8 Don't know 7 Refused
Y11DFPREP

25B. Because of a health or physical problem, do you have any difficulty shopping for food?
1 Yes 0 No 9 Does not do 8 Don't know 7 Refused
Y11DFSHOP

★ 25C. How much do you currently weigh?
(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")
Y11WTLBS pounds 8 Don't know/don't remember 7 Refused **Y11LBS2**

★ 26. At the present time, are you trying to lose weight?
1 Yes 0 No 8 Don't know 7 Refused **Y11TRYLS2**

SMOKING HABITS

27. Do you currently smoke cigarettes?
1 Yes 0 No 8 Don't know 7 Refused **Y11SMOKE**

On average, about how many cigarettes a day do you smoke?
Y11SMOKAV cigarettes per day -1 Don't know **Y11SMOKEDK**



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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

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.

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y11HCHBP**

★ 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.

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y11SGDIAB**

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

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y11AJFALL**

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 **Y11AJFNUM**

⁶ Six or more

⁸ Don't know



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HABCID ACROS CONTACT
MEDICAL CONDITIONS

Now, please think about the past 6 months.

30A. In the past 6 months, have you fallen and landed on the floor or ground?

Yes No Don't know Refused **Y116MFALL**
 Yes No Don't know Refused

↓ ↓ ↓ ↓

Go to Question #31

i. How many times have you fallen in the past 6 months?
 If you are unsure, please make your best guess.

One Two or three Four or five Six or more Don't know **Y116MFNUM**
 One Two or three Four or five Six or more Don't know

ii. Were you injured in any of your falls?

Yes No Don't know **Y11INJFAL**
 Yes No Don't know

↓ ↓ ↓

Go to Question #31

iii. Did you seek medical treatment after any of your falls?

Yes No Don't know **Y11TRTFAL**
 Yes No Don't know

iv. Were you hospitalized after any of your falls?

Yes No Don't know **Y11HOSFAL**
 Yes No Don't know

v. Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?

Yes No Don't know **Y11BBNFAL**
 Yes No Don't know

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

Yes No Don't know Refused **Y11LCSBUP**
 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?

Yes No Don't know Refused **Y11LCSBLS**
 Yes No Don't know Refused

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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

MEDICAL CONDITIONS

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

a. Emphysema?

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y11LCEMPH**

b. Chronic obstructive pulmonary disease or COPD?

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y11LCCOPD**

c. Chronic bronchitis?

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y11LCCHBR**

Do you still have chronic bronchitis?

¹
 Yes

⁰
 No

⁸
 Don't know **Y11LCSHCB**



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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

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 / / **NOT DATA**
 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?
 Yes No Don't know Refused **Y11HCHAMI**

Were you hospitalized overnight for this problem?
 Yes No **Y11HOSMI**

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

a. **REF39A**

b. **REF39B**

c. **REF39C**

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?
 Yes No Don't know Refused **Y11CHF**

Were you hospitalized overnight for this problem?
 Yes No **Y11HOSMI3**

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

a. **REF40A**

b. **REF40B**

c. **REF40C**

Go to Question #41



HABC Enrollment ID #	Acrostic	Year of Annual Interview		
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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

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 ?
- Yes
 No
 Don't know
 Refused **Y11HCCVA**

Were you hospitalized overnight for this problem?

Yes

No

Y11HOSMI2

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

Go to Question #42

- a. **REF41A**
- b. **REF41B**
- c. **REF41C**

- ★ **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.

Yes

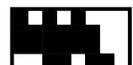
No

Don't know

Refused **Y11CHMGMT**

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

- a. **REF42A**
- b. **REF42B**
- c. **REF42C**



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HABCID

ACROS

CONTAG

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?
- ¹ Yes
 ⁰ No
 ⁸ Don't know
 ⁷ Refused **Y11LCPNEU**

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

- a. **REF43A**
- b. **REF43B**
- c. **REF43C**

- ★ **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)?
- ¹ Yes
 ⁰ No
 ⁸ Don't know
 ⁷ Refused **Y11OSBR45**

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

- a. **REF44A**
- b. **REF44B**
- c. **REF44C**



HABC Enrollment ID #	Acrostic	Year of Annual Interview		
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HABCID

ACROS

CONTAG

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?
- 1 Yes
 0 No
 8 Don't know
 7 Refused **Y11HOSP12**

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"/> REF45A	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45B	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45C
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"/> REF45D	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45E	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REF45F
Reason for hospitalization: _____	Reason for hospitalization: _____	Reason for hospitalization: _____

- ★ 46. 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 **Y11OUTPA**

Was it for...?

a. A procedure to open a blocked artery	<input checked="" type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know Y11BLART	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"/> REF46A
b. Gall bladder surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know Y11GALLBL	
c. Cataract surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know Y11CATAR	
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 Y11TURP	



HABC Enrollment ID #	Acrostic	Year of Annual Interview		
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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

MEDICAL CONDITIONS AND FATIGUE

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

- 1 Yes
 0 No
 8 Don't know
 7 Refused **Y11OTILL**

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.

- Y11ELEV** Energy level
 8 Don't know
 7 Refused

Y11ELEVRF

48A. In the past month, on the average, have you been feeling unusually tired during the day?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **Y11ELTIRE**

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 **Y11ELOFTN**
 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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
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HABCID

ACROS

CONTAG

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

Y11ESQUAL

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

Y11ESCAR

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

Y11ESSTOP

b. Did you stop driving because of your eyesight?

- 1 Yes
- 0 No
- 8 Don't know

Y11ESSITE

Examiner Note: Questions #51 and #52 have been removed from the Annual Telephone Interview.



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 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13 <input type="radio"/> Year 14 <input type="radio"/> Year 15

HABCID

ACROS

CONTAG

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 **Y11MARSTA**
- 5 Never married
- 8 Don't know
- 7 Refused

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

- 1 Participant lives alone **Y11SSOPRF**
- Other people in household **Y11SSOPIH**
- 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="radio"/> Year 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

AGROS

CONTAG

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

Y11SSFRNE

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

Y11SSCHRE



HABC Enrollment ID #	Acrostic	Year of Annual Interview		
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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID ACROS CONTACT
HEALTH CARE/INSURANCE

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: _____ **Y11HCSRC**)*

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

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 **Y11HCHI**

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.)

- Y11HCHI01** ⁻¹ Part B Medicare
- Y11HCHI02** ⁻¹ Medicaid/public medical assistance (e.g., Family Care Network; Health Choices; Health Pass, Tenn Care) *(Please specify: _____)*
- Y11HCHI03** ⁻¹ Health Maintenance Organization (e.g., Keystone; Cigna; UPMC Health Plan; Aetna; HealthAmerica, HealthSpring) *(Please specify: _____)*
- Y11HCHI04** ⁻¹ Medi-Gap
- Y11HCHI05** ⁻¹ Private insurance *(Please specify: _____)*
- Y11HCHI06** ⁻¹ Other *(Please specify: _____)*



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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 11	<input type="radio"/> Year 12	<input type="radio"/> Year 13
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID

ACROS

CONTAG

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 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?

Yes

No

Go to Question #63



Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for someone who could provide information and answer questions for the participant. 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 participant's chart.)

Yes

No

Don't know

Refused

Go to Question #64

Go to Question #65

Examiner Note: Please 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?

Yes

No

Don't know

Refused

Go to Question #65

Go to Question #65

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant.

Go to Question #65

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HABC Enrollment ID #	Acrostic	Year of Annual Interview		
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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

HABCID ACROS CONTACT
CONTACT INFORMATION

★ 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 for the next of kin, and how the person is related to the participant.

★ 65. Has the participant identified their power of attorney?
 (Examiner Note: Refer to the participant's chart.)

Yes No Don't know Refused

Yes → **Go to Question #66**

No → **Go to Question #66**

Don't know → **Go to Question #66**

Refused → **Go to Question #67**

Examiner Note: Please 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?

Yes No Don't know Refused

Yes → **Go to Question #67**

No → **Go to Question #67**

Don't know → **Go to Question #67**

Refused → **Go to Question #67**

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number of the power of attorney, and how the person is related to the participant.

Go to Question #67

★ 66. Have you given anyone power of attorney?

Yes No Don't know Refused

Examiner Note: Please update the name, street address, city, state, zip code, telephone number of the power of attorney, and how the person is related to the participant.

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 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13 <input type="radio"/> Year 14 <input type="radio"/> Year 15

HABCID

ACROS

CONTAG

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 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?

Yes

No

Go to Question #68

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for two close friends, relatives, or clergy person. 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

Y11RELY

3 Not very reliable

8 Don't know

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 #	Acrostic	Date Visit Completed	Staff ID #
H [][][][][]	[][][][]	[][] / [][] / [][][][]	[][][]
HABCID	ACROS	Month / Day / Year	Y11ABSTID

YEAR 11 PROXY CLINIC/HOME VISIT WORKBOOK

Type of Annual Contact:

1 Proxy Clinic Visit **Y11TYPE1**

2 Proxy Home Visit (may include partial clinic visit)

Year of Annual Contact:

Year 11

Other1 **CONTAG**

Other2

★ = Priority Measurements

What is the participant's...?

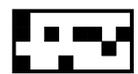
[][][][][][][][] FNM	[][]	[][][][][][][][][][] LNM
First Name	M.I.	Last Name

PROCEDURE CHECKLIST

Measurement	Page #	Yes: Fully completed	Yes: Partially completed	No: Participant refused	No: Other reason/ Not applicable	Comments
★ 1. Year 11 proxy interview		1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11RTSADM	
★ 2. Medication assessment	42	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11MIF	
★ 3. Height (CLINIC ONLY)	45	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11HT	
★ 4. Weight	46	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11WT	
★ 5. Radial pulse	47	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11RP	
★ 6. Blood pressure	48	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11BP	
★ 7. Ankle-arm blood pressure (CLINIC ONLY)	49	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11AAP	
★ 8. Vibration perception threshold (CLINIC ONLY)	50	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11VPT	
★ 9. Peroneal motor nerve conduction (CLINIC ONLY)	54	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11PMNC	
★ 10. Monofilament testing	59	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11MT	
★ 11. Chair stands	60	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11CS	
★ 12. Standing balance	61	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11ISB	
★ 13. Balance walks (CLINIC ONLY)	63a	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11IBW	
★ 14. 4-meter walk (HOME ONLY)	63b	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y114MW	
★ 15. Blood collection	72	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11PHLEB	
★ 16. Laboratory processing	76	1 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/> Y11LAB	
Pittsburgh only		Yes		No: Participant refused	No: Not eligible/ Not required/ Other	Comments
17. Was CT scheduled?		1 <input type="radio"/>		0 <input type="radio"/>	2 <input type="radio"/> Y11CT	

DOC

Would you like us to send a copy of the test results to the participant's doctor? Yes No



HABC Enrollment ID #	Acrostic	Date Visit Completed	Staff ID #
H [] [] [] [] []	[] [] [] [] []	[] [] / [] [] / [] [] [] []	[] [] [] []
HABCID	ACROS	Month / Day / Year Y11INTDATE	Y11TISTID

YEAR 11 HOME VISIT WORKBOOK

Year of Annual Visit: Year 11
 CONTAC

Type of Annual Contact: Home Visit **Y11TYPE2**
3

What is the primary reason a home visit was done in lieu of a clinic visit? Please mark only one reason.

1 Illness/health problem(s) **8** Family member's advice
2 Hearing difficulties **9** Clinic too far/travel time
3 Cognitive difficulties **10** Moved out of area
4 In nursing home/long-term care facility **11** Travelling/on vacation **Y11REASON**
5 Too busy; time and/or work conflict **12** Personal problem(s)
6 Caregiving responsibilities **13** Refused to give reason
7 Physician's advice **14** Other (*Please specify:* _____)



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"/>
HABCID	ACROS	Month	Day	Year	YASTFID

PROXY INTERVIEW

Year of Contact: **VISIT**

Year 11 Year 13.5
 Year 11.5 Year 14
 Year 12 Year 14.5
 Year 12.5 Year 15
 Year 13 Other
 (Please specify _____)

Type of Contact:

Home (face-to-face interview)
 Clinic (face-to-face interview)
 Nursing home (face-to-face interview)
 Telephone interview
 Other (Please specify: _____ **YAGONTAG** _____)

Interviewer Note: This refers to the type of contact the PARTICIPANT would have had, not where the proxy was interviewed.

YADATES

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
 - 2 Child
 - 3 Family member (other than spouse or child) (Please specify: _____)
 - 4 Close friend **YAREL**
 - 5 Health care provider
 - 6 Other (Please specify: _____ **YARELOTH** _____)
 - 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 **YACONFRQ**
 - 4 Less than 3 times a week
 - 8 Don't know
 - 7 Refused

PROXY 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

PROXY INTERVIEW

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.

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

PROXY INTERVIEW

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

PROXY INTERVIEW

- ★ 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

PROXY INTERVIEW

- ★ 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.**

<p>a. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17A</p> <p>Reason for hospitalization: _____</p>	<p>b. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17B</p> <p>Reason for hospitalization: _____</p>	<p>c. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17C</p> <p>Reason for hospitalization: _____</p>
<p>d. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17D</p> <p>Reason for hospitalization: _____</p>	<p>e. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17E</p> <p>Reason for hospitalization: _____</p>	<p>f. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17F</p> <p>Reason for hospitalization: _____</p>

- ★ 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**

		Reference #
<p>★ a. Was it for...? A procedure to open a blocked artery</p> <p><input checked="" type="radio"/> 1 Yes → Complete a Health ABC Event Form, Section III. Record reference #:</p> <p><input type="radio"/> 0 No</p> <p><input type="radio"/> 8 Don't know YABLART</p>	<p><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>	<p>YAREF18A</p>
<p>★ b. Gall bladder surgery</p> <p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 0 No</p> <p><input type="radio"/> 8 Don't know YAGALLBL</p>		
<p>★ c. Cataract surgery</p> <p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 0 No</p> <p><input type="radio"/> 8 Don't know YACATAR</p>		
<p>★ d. TURP (MEN ONLY) (transurethral resection of prostate)</p> <p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 0 No</p> <p><input type="radio"/> 8 Don't know YATURP</p>		

PROXY INTERVIEW

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

PROXY INTERVIEW

- ★ 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.")

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

Go to Question #22

★ 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.")

YADW10YN 1 Yes 0 No 8 Don't know 7 Refused 9 Does not do

Go to Question #23

★ 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

PROXY INTERVIEW

- ★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**

PROXY INTERVIEW

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**

PROXY INTERVIEW

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: _____)***

YAHCSRC

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.

PROXY INTERVIEW

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.

PROXY INTERVIEW

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.

PROXY INTERVIEW

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
- 4 In nursing home/long-term care facility **YAPROXY**
- 5 Refused to give reason
- 6 Other (*Please specify:* **YAPROXOT**)

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.

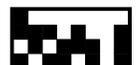
HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
VITAMIN AND MINERAL USE

96. During the past 30 days, how often have you taken any of the following vitamins or minerals? Would you say: you didn't take them, you took them a few days per month, 1-3 days per week, 4-6 days per week, or every day?

(Examiner Note: REQUIRED. Show card #17.)

	Didn't take	A few days per month	1-3 days per week	4-6 days per week	Every Day	Don't Know	Refused
Multiple Vitamins							
a. Multivitamin (Regular Once-A-Day, Centrum, or Thera type)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11MULVIT	
b. Vitamin B-Complex type	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11MULTIB	
Single Vitamins (not part of multiple vitamins)							
c. Folic acid, folate	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11FOLIC	
d. Calcium or Tums, alone or combined with vitamin D or magnesium	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11CALCIU	
e. Vitamin B6	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11VITB6	
f. Vitamin B12	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>
						Y11VITB12	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>How did you <u>usually</u> take vitamin B12?</p> <p>1 <input type="radio"/> Oral tablet or capsule</p> <p>7 <input type="radio"/> Injection</p> <p>10 <input type="radio"/> Nasal</p> <p>9 <input type="radio"/> Other</p> <p>8 <input type="radio"/> Don't know</p> </div>							
						Y11FCVITB	



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H [] [] [] [] []	[] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

CONTAG

PRESCRIPTION MEDICATION

97. Do you currently have any health insurance that pays for all or part of the cost of prescription medicines?

- Yes No Don't know Refused **Y11RXC0V**

a. What type of plan helps you pay for your prescription medicines?
(Examiner Note: **REQUIRED - Show card #18. Please mark all that apply.**)

- Medicare Part D plan that you signed up for **Y11DSIGN**
- Medicare Part D plan that you were assigned to by Medicaid **Y11DASSIG**
- Medicare Advantage drug plan **Y11MEDADV**
- State Pharmaceutical Assistance program **Y11STPHRM**
- Veterans Administration **Y11VA**
- Department of Defense **Y11DEPTD**
- Health insurance from an employer, job, union **Y11WORK**
- Health insurance that I pay for **Y11PRIVAT**
- Pharmaceutical company Prescription Assistance Program **Y11PHRMCO**
- Other **Y11PINOTH**

(Please specify: _____)

b. On average, how much do you spend each month on your drug insurance payment premium?

- Nothing
- 50 cents to \$20.00
- \$21.00 to \$50.00
- \$51.00 to \$75.00
- \$76.00 to \$100.00 **Y11RXICOST**
- \$101.00 to \$300.00
- More than \$300
- Don't know
- Refused

c. In the past 3 months, was there a time when you had no insurance or benefits to help pay for your prescription medicines?

- Yes No Don't know Refused **Y11RX3MNO**



HABC Enrollment ID # H	Acrostic	Type of Annual Contact
		<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
PRESCRIPTION MEDICATION

98. On average, how much do you spend each month for your prescription medicines? Please include any insurance co-payments or other out-of-pocket costs for your prescription medicines.

- Does not take any prescription medications
- Nothing
- 50 cents to \$20.00
- \$21.00 to \$50.00
- \$51.00 to \$75.00
- \$76.00 to \$100.00
- \$101.00 to \$300.00
- More than \$300
- Don't know
- Refused

End of interview.
Go to next page.

Y11RXCOST

99. During the past 3 months have you not filled a prescription because it was too expensive?

- Yes No Don't know Refused **Y11RXNFIL**

100. During the past 3 months have you skipped a dose, or taken a smaller dose to make the prescription last longer because you were worried about the cost of the medicine?

- Yes No Don't know Refused **Y11RXSKIP**

101. Do you ever forget to take your medicine?

- Yes No Don't know Refused **Y11FORGET**

102. Are you careless at times about taking your medicine?

- Yes No Don't know Refused **Y11CRLESS**

103. When you feel better do you sometimes stop taking your medicine?

- Yes No Don't know Refused **Y11FLBETR**

104. Sometimes if you feel worse when you take the medicine, do you stop taking it?

- Yes No Don't know Refused **Y11FLWRSE**



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	CONTAG	Y11SHSTID

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 **Y11Y1KYP**

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

Yes No **Y11KYP**

3. Measurement 1 mm **Y11SH1**

4. Measurement 2 mm **Y11SH2**

5. Difference between Measurement 1 & Measurement 2 mm **Y11SHDF**

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

Yes No **Y11SHDF3**

Complete Measurement 3 and Measurement 4 below.

Go to Weight.

7. Measurement 3 mm **Y11SH3**

8. Measurement 4 mm **Y11SH4**



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	CONTAC	Y11WTSTID

WEIGHT

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

1. Measurement 1 . kg **Y11WTK1**

2. Measurement 2 . kg **Y11WTK2** **Y11WT2NOT**
 Measurement 2 not done because
of concerns about participant safety.





HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2 CONTAG	Staff ID# [] [] []
HABCID	ACROS		Y11RPSTID

RADIAL PULSE

Measurement 1 [] [] [] beats per 30 seconds **Y11PLSSM1**

+

Measurement 2 [] [] [] beats per 30 seconds **Y11PLSSM2**



= [] [] [] beats per minute **Y11PLSAV**



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	Staff ID# [] [] []
HABCID	ACROS	CONTAG	Y11BPSTID

BLOOD PRESSURE

1. Cuff Size ⁴ Small ¹ Regular ² Large ³ Thigh **Y11OCUF**

2. Arm Used ¹ Right ² Left →

(Examiner Note: **Y11ARMRL**
Use arm listed on Data from Prior Visits Report.)

Please explain why right arm was not used:

Pulse Obliteration Level **Y11POPS**

3. Palpated Systolic [] [] [] mm Hg

* Add +30 to Palpated Systolic to obtain Maximal Inflation Level.

+ Add 30*

4. Maximal Inflation Level (MIL) [] [] [] † mm Hg

† If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.

Y11POMX

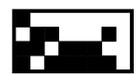
5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes No **Y11BPYN**

Blood Pressure (Seated)

6. Systolic **Y11SYS** [] [] [] mm Hg

7. Diastolic **Y11DIA** [] [] [] mm Hg

Comments (required for missing or unusual values):



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	CONTAG	Y11VPSTID

VIBRATION PERCEPTION THRESHOLD

- Record surface temperature of the dorsum (top) of the right foot (unless instructed otherwise) using the surface thermistor. Warm the foot to at least 30°C if initial surface temperature is below that level. If the right foot cannot be tested because of ulcer, trauma, surgery, amputation, or Data from Prior Visits Report instructions, record the temperature of the left foot. (Examiner Note: Test foot noted on Data from Prior Visits Report.)**

Script: "I need to make sure that your foot is warm enough to do this next test. I'm going to measure the temperature of your foot before we start."

Measure the participant's skin temperature on the dorsum of the foot.

Initial foot temperature: <input type="text"/> <input type="text"/> . <input type="text"/> °C
Y11VPIFT

- If initial foot temperature is below 30°C, use heating pad to achieve at least 30°C.**

Place the stimulating white button on a table so the participant can touch the vibrating white button with their hand.

Script: "Now we will do a practice test so you can see what this test feels like. Most people say it feels like a vibration or buzzing sensation."

Place the participant's hand on the white button and allow them to feel the vibration.

Record foot temperature following heating and proceed with testing. If, after 5 minutes of warming, foot temperature does not reach 30°C, record temperature below and proceed with testing.

Foot temperature following heating: <input type="text"/> <input type="text"/> . <input type="text"/> °C	<i>Leave blank if participant's initial foot temperature was at least 30°C.</i>
Y11VPFTH	



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"/>	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
HABCID	ACROS	CONTAG

VIBRATION PERCEPTION THRESHOLD

3. ***Have the participant clean their big toe with an alcohol pad. Place the paper foot guard on the platform, being careful not to cover the vibrating white button. Describe the test to the participant, and allow them to become familiar with the equipment.***

Script: "This test measures your ability to feel very small vibrations in your feet. To do this, I'm going to ask you to place your foot on this machine, with your big toe on the white button that will vibrate (point to surface). It won't hurt at all. Let's start by getting used to how the vibration feels, and how to use the button."

"This white button will vibrate. Place your big toe on the foam around the button so it is flat with the surface of the platform. You don't need to press your toe down at all. Just lay your toe flat over the button."

Help the participant place their foot and toe on the device. Place a bean bag over the top of the foot to ensure consistent contact with the vibrating white button.

Script: "Now we will do a practice test. When you feel the vibration, tell me right away. Just try to pay attention to your toe, and tell me when you feel the vibration. It may take some time, so don't become discouraged. Please say 'I feel it' as soon as you do, but please don't guess."

The participant should be seated so they cannot see the computer screen.

Script: "Please close your eyes. I am beginning the first test. Tell me as soon as you feel the vibration."

Click the "Start" button.

When the participant says "I feel it," have them press the button on the computer mouse for "stop immediately." Record the "Stop" number from the computer screen.



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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTAC
VIBRATION PERCEPTION THRESHOLD ★

4. "Stop" number on the computer screen:

. microns

Y11VPSTP

Subtract 20.0 microns

5. "Stop" number minus 20:

. microns

Y11VPS10

Round this number down to the nearest multiple of 10.

6. Baseline value for the test:

Y11VPBV microns

(0, 10, 20, 30, 40, etc.)

(Examiner Note: If the number is less than "20," go to Question #6 below and record "0" for the Baseline value. If the number is 120 or 130 [maximum value] go to Question #6 below and record "90" for the Baseline value.)

Script: "Now we'll begin the next test. The vibration will start very softly and get stronger. As soon as you feel the vibration, push the button to indicate that you have felt the vibration. **(Show the mouse, rest finger on the mouse button, and indicate how to push the button.)** We will do this several times in a row. After you press the button, there will be a delay before the next vibration starts. Each time you feel the vibration, just press the button right away to indicate that you have felt the vibration. The vibration will stop immediately. Over the next few minutes, you may feel the vibration several times. Just try to pay attention to your toe, and each time you feel the vibration, push the button. Remember that we want to know when you first begin to feel it. If you don't feel it we don't want you to guess. Again, please close your eyes before we begin the test. Ready?"

Administer the test.

7. Which great toe was tested?

1 Right

2 Left

3 Neither Y11VPTOE

Why wasn't the right toe tested?
(Examiner Note: Mark all that apply.)

- Y11VPTY4⁻¹ Left toe tested at Year 4
- Y11VPAMPR⁻¹ Amputation
- Y11VPULC⁻¹ Ulcer
- Y11VPSURG⁻¹ Trauma or surgery
- Y11VPOTH1⁻¹ Other *(Please specify:*

_____)
_____)

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

- Y11VPRF⁻¹ Participant refused
- Y11VPPNC⁻¹ Participant physically unable to cooperate
- Y11VPNDIR⁻¹ Participant unable to follow directions
- Y11VPAMP⁻¹ Amputation of both great toes
- Y11VPOTH⁻¹ Other *(Please specify:*

_____)
_____)

Go to Peroneal Motor Nerve Conduction Test.



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="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID
ACROS
CONTAG ★

VIBRATION PERCEPTION THRESHOLD

8. Record the post-test surface temperature of the great toe using the surface thermistor.

Foot temperature after test: . °C **Y11VPFTT**

9. Were five trials completed? Yes No **Y115TCOM1**

How many trials were completed?

One Two Three Four **Y11TCOM1**

↓

Was the participant unable to feel the maximum stimulation (130 microns) at both trials?

Yes No **Y11VPNMX1**

↓

Go to Peroneal Motor Nerve Conduction Test.

10. Record average result from computer screen: . microns **Y11VPAV1**

11. Record variance from computer screen: . microns **Y11VPVAR1**

12. Is variance from computer screen greater than 750 microns?
(Examiner Note: See Question #11 above.)

Yes No **Y11VARGRT**

Re-administer Vibration Threshold Test. Go to Question #13.	Go to Peroneal Motor Nerve Conduction Test.
---	---

13. Were five trials completed? Yes No **Y115TCOM2**

How many trials were completed?

One Two Three Four **Y11TCOM2**

↓

Was the participant unable to feel the maximum stimulation (130 microns) at both trials?

Yes No **Y11VPNMX2**

↓

Go to Peroneal Motor Nerve Conduction Test.

14. Record average result from computer screen: . microns **Y11VPAV2**

15. Record variance from computer screen: . microns **Y11VPVAR2**

If over 750 microns, flag for quality control.



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
H [] [] [] [] []	[] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	[] [] []

HABCID
 ACROS
 GONTAG
 Y11PMNSTID

PERONEAL MOTOR NERVE CONDUCTION ★

1. Have you ever had knee surgery on either leg where all or part of the joint was replaced?
 Yes No Don't know Refused Y11KNRP

Which leg?

Right leg
 Left leg
 Both legs Y11KRLB1

Do NOT test right leg.

Do NOT test left leg.

Do NOT test either leg. Go to Question #10.

2. **Examiner Note: Test leg noted on Data from Prior Visits Report unless contraindicated above. Press your fingers on the participant's lower front tibia for 5 seconds and then on the ankle for 5 seconds. If a dimple remains after you apply pressure, this indicates that the participant has pitting edema.**

a. Does the participant have evidence of pitting edema at the lower front tibia?
 Yes No Don't know Participant refused / not examined Y11EDEMAT

b. Does the participant have evidence of pitting edema at the ankle?
 Yes No Don't know Participant refused / not examined Y11EDEMAA

Examiner Note: Look at the participant's feet and legs and answer the following question.

3. Are open sores present on either foot?
 Yes No Participant refused / not examined Y11PNFT

4. **Describe nerve conduction testing to the participant and conduct a mock test on the ankle.**

Script: "This test measures how well a sensation travels down a big nerve in your leg. To do this, I will place small patches on your foot. Then I will use this tool (show stimulator) to stimulate your nerve. This test is not painful, but most people say that it feels uncomfortable for just a moment, like when you bump your funny bone. Your foot or leg may twitch during the test. If you want to stop the test at any time, just say so. Before we begin, let's do a practice test so you can see what it feels like."



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	CONTAG	Y11PMNSTID2

PERONEAL MOTOR NERVE CONDUCTION ★

5. **Conduct practice test at ankle.**

Record the surface temperature on the dorsum of the right foot using the surface thermistor. If the right foot cannot be tested, record the temperature of the left foot.

Warm the limb to at least 30°C if initial temperature is below that level.

Script: "Before we begin, I need to check the temperature of your foot. If it isn't warm enough we'll warm it in a heating pad."

Initial foot temperature: . °C **Y11PNIFT**

If the foot temperature is below 30°C, warm the foot and record the temperature again. If, after 5 minutes of warming, the foot does not reach 30°C, record the temperature and proceed with testing.

Foot temperature following heating: . °C **Y11PNFTH** *Leave blank if participant's initial foot temperature was at least 30°C.*

6. **Before beginning testing of the peroneal nerve, say,**

Script: "Now I'm going to start the test on your nerve."

7. **Begin testing of the peroneal nerve. Data on maximum responses will be recorded in the computer and downloaded later.**

8. **Conclude the test when maximum responses have been evoked.**

9. **Record the post-test surface temperature of the foot using the surface thermistor.**

Foot temperature after test: . °C **Y11PNIFTA**

10. Was the peroneal motor nerve conduction test started?

Yes

No **Y11PNTS**

Why wasn't test started?

(Examiner Note: Mark all that apply.)

-1 Participant refused before the test began **Y11PNPRF**

-1 Amputation of both legs **Y11PNAMP**

-1 Bilateral knee replacements **Y11PNBKR**

-1 Other **(Please specify: _____)**

Y11PNOTH

Go to Monofilament Testing.



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID **ACROS** **CONTAG**
PERONEAL MOTOR NERVE CONDUCTION ★

11. Which leg was tested?

1 Right 2 Left **Y11PNLRL**

Why wasn't the right leg tested?
 (Examiner Note: Mark all that apply.)

-1 Left leg tested at Year 4 **Y11PNLY4**
 -1 Amputation **Y11PNAMPR**
 -1 Ulcer **Y11PNULC**
 -1 Trauma or surgery (including knee replacement) **Y11PNSURG**
 -1 Other (Please specify: _____)

Y11PNOTH1

12. Was distal stimulation completed?

1 Yes 0 No **Y11PNDS**

a. What was the amplitude?
 . mV **Y11DSAMP**

b. Was the amplitude greater than 1 mV?
 1 Yes 0 No **Y11DSAMP1**

Flag waveform for quality control.

Why wasn't the distal stimulation completed?

7 Participant refused **Y11NDS**
 9 Other (Please specify: _____)

13. Was fibular head stimulation completed?

1 Yes 0 No **Y11PNFHS**

a. What was the amplitude?
 . mV **Y11FHAMP**

b. Was the amplitude greater than 1 mV?
 1 Yes 0 No **Y11FHAMP1**

Flag waveform for quality control.

Why wasn't the fibular head stimulation completed?

7 Participant refused **Y11NFHS**
 9 Other (Please specify: _____)



HABC Enrollment ID #	Acrostic	Type of Annual Contact
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HABCID ACROS CONTAG ★
PERONEAL MOTOR NERVE CONDUCTION

14. What was the conduction velocity between the ankle and fibular head?

Y11CVAFH m/s
 -1 Conduction velocity not obtained Y11CV1

If less than 20 m/s or greater than 70 m/s, flag for quality control.

15. Was popliteal fossa stimulation completed?

1 Yes

0 No Y11PNPFS

a. What was the amplitude?

mV Y11PFAMP

b. Was the amplitude greater than 1 mV?

1 Yes 0 No Y11PFAMP1

Flag waveform for quality control.

Why wasn't the popliteal fossa stimulation completed?

7 Participant refused Y11NPFS

9 Other *(Please specify:*

16. What was the conduction velocity between the ankle and popliteal fossa?

m/s
 -1 Conduction velocity not obtained Y11CV2
Y11CVAPF

If less than 20 m/s or greater than 70 m/s, flag for quality control.

17. Is there a greater than 10 m/s difference between results entered in Questions #14 and #16?

1 Yes

0 No

2 No results for Question #14 or Question #16

Y11VELDIF

Redo Peroneal Motor Nerve Conduction test.
Go to Question #18.

Go to Question #23 on next page.

18. Was distal stimulation completed?

1 Yes

0 No Y11PNDS2

a. What was the amplitude?

mV Y11DSAMP2

b. Was the amplitude greater than 1 mV?

1 Yes 0 No Y11DSMP1

Flag waveform for quality control.

Why wasn't the distal stimulation completed?

7 Participant refused Y11NDS2

9 Other *(Please specify:*

 _____)



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2
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HABCID **ACROS** **CONTAG**
PERONEAL MOTOR NERVE CONDUCTION ★

19. Was fibular head stimulation completed?

Yes

No **Y11PNFHS2**

a. What was the amplitude?

[] [] . [] mV **Y11FHAMP2**

b. Was the amplitude greater than 1 mV?

Yes No **Y11FHAMPA**

Flag waveform for quality control.

Why wasn't the fibular head stimulation completed?

Participant refused **Y11NFHS2**

Other (Please specify:

 _____)

20. What was the conduction velocity between the ankle and fibular head?

Y11CVAFH2 [] [] [] . [] m/s

Conduction velocity not obtained **Y11CV11**

If less than 20 m/s or greater than 70 m/s, flag for quality control.

21. Was popliteal fossa stimulation completed?

Yes

No **Y11PNPFS2**

a. What was the amplitude?

[] [] . [] mV **Y11PFAMP2**

b. Was the amplitude greater than 1 mV?

Yes No **Y11PFAMPB**

Flag waveform for quality control.

Why wasn't the popliteal fossa stimulation completed?

Participant refused **Y11NPFS2**

Other (Please specify:

 _____)

22. What was the conduction velocity between the ankle and popliteal fossa?

Y11CVAPF2 [] [] [] . [] m/s

Conduction velocity not obtained **Y11CV22**

If less than 20 m/s or greater than 70 m/s, flag for quality control.

23. Print out a hard copy of peroneal motor nerve conduction results and place in participant's chart.

24. Are the results flagged for quality control?

Yes

No **Y11RFLAG**

25. Are the results flagged for other reason(s)?

Yes

No

Please specify: **Y11RFLAGO** _____



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	GONTAG	Y11MFSTID

MONOFILAMENT TESTING ★

1. Script: "This test is to see if you can feel a light touch on your toe. We press this flexible nylon thread (**show monofilament**) against your toe to see if you can feel it. It does not hurt, but it might tickle a little when you feel it. (**Demonstrate on participant's arm.**) I'm going to touch the thread to your toe several times, and you just need to tell me if and when you feel the thread. Please close your eyes. I'm going to start the test."

2. **Test using the 4.17 monofilament on the dorsum of the right great toe (unless instructed otherwise) 1 cm proximal to the nail bed.**
(Examiner Note: Test toe noted on Data from Prior Visits Report.)
Apply the monofilament four times.

Script: "Tell me each time you feel the thread."

If the participant detects the 4.17 monofilament at least three of four times, do not continue testing with the 5.07 monofilament. If the participant does not detect the 4.17 monofilament, test with the 5.07 monofilament in the same way (four trials).

3. Which great toe was tested?

Right

Left

Neither **Y11MTTOE**

Why wasn't the right toe tested?

(Examiner Note: Mark all that apply.)

- Left toe tested at Year 4 **Y11MTTY4**
- Amputation **Y11MTAMPR**
- Ulcer **Y11MTULC**
- Trauma or surgery **Y11MTSURG**
- Other *(Please specify: **Y11MTOTH1**)*

Why wasn't the test done?

(Examiner Note: Mark all that apply.)

- Participant refused **Y11MTRF**
- Participant physically unable to cooperate **Y11MTPNC**
- Participant unable to follow directions **Y11MTNDIR**
- Amputation of both great toes **Y11MTAMP**
- Other *(Please specify: **Y11MTOTH**)*

Do not test using 5.07 monofilament. Go to next test.

4. Was the participant able to detect light touch with the 4.17 monofilament at least three of four times?

Yes

No

Participant refused **Y11MT2XS**

Do not test using 5.07 monofilament. Go to next test.

5. **Test using the 5.07 monofilament on the dorsum of the the great toe tested above 1 cm proximal to the nail bed. Apply the monofilament four times.**

Script: "Now we're going to try a different thread. Please close your eyes again, and tell me each time you feel this thread."

6. Was the participant able to detect light touch with the 5.07 monofilament at least three of four times?

Yes

No

Participant refused **Y11MT5XS**



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	CONTAG	Y11CSSTID

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 | Y11SCS | → | Go to Standing Balance on page 61. |
| 9 <input type="radio"/> Not attempted, unable | | → | Go to Standing Balance on page 61. |
| 0 <input type="radio"/> Attempted, unable to stand | | → | Go to Standing Balance on page 61. |
| 1 <input type="radio"/> Rises using arms | | → | Go to Standing Balance on page 61. |
| 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 | Y11RCS | |
| 9 <input type="radio"/> Not attempted, unable | | |
| 1 <input type="radio"/> Attempted, unable to complete 5 stands without using arms | → <input type="text"/> | Y11COMP Number completed without using arms |
| 2 <input type="radio"/> Completes 5 stands without using arms | → <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | Seconds to complete Y11SEC |



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact <input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	Staff ID# [] [] []
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HABCID

ACROS

CONTAG

Y11SBSTID

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.

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable **Y11STS** → Go to Walk (pg 63a clinic; 63b home)
- 1 Unable to attain position or cannot hold for at least one second → Go to Walk (pg 63a clinic; 63b home)
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] **Y11STSTM** seconds. Go to Tandem Stand below.
- 3 Holds position for 30 seconds → Go to Tandem Stand below.

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:

- 7 Participant refused → Go to One-Leg Stand on page 62.
- 9 Not attempted, unable **Y11TS1** → Go to One-Leg Stand on page 62.
- 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 → [] [] . [] [] **Y11TSTM** seconds. Go to Trial 2.
- 3 Holds position for 30 seconds → Go to One-Leg Stand on page 62.



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTAG
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:

- 7 Participant refused → Go to One-Leg Stand below.
- 9 Not attempted, unable → Go to One-Leg Stand below.
- 1 Unable to attain position or cannot hold for at least one second → Go to One-Leg Stand below.
- 2 Holds position between 1 and 29 seconds →
 . Y11TS2TM seconds. Go to One-Leg Stand below.
- 3 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:

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable → Go to Walk (pg 63a clinic; 63b home)
- 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 →
 . Y11TR1TM seconds. Go to Trial 2.
- 3 Holds position for 30 seconds → Go to Walk (pg 63a clinic; 63b home)

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

Trial 2:

- 7 Participant refused → Go to Walk (pg 63a clinic; 63b home)
- 9 Not attempted, unable → Go to Walk (pg 63a clinic; 63b home)
- 1 Unable to attain position or cannot hold for at least one second → Go to Walk (pg 63a clinic; 63b home)
- 2 Holds position between 1 and 29 seconds →
 . Y11TR2TM seconds. Go to Balance Walks on page 63.
- 3 Holds position for 30 seconds → Go to Walk (pg 63a clinic; 63b home)



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID ACROS CONTACT
BALANCE WALKS ★

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 **Y11UPTM1**

Number of steps: steps **Y11UP1**

Y11UPRU1 ⁷ Participant refused →
⁹ Not attempted, unable to walk →

Trial 2:

Time: . seconds **Y11UPTM2**

Number of steps: steps **Y11UP2**

Y11UPRU2 ⁷ Participant refused →
⁹ 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."

Y1120CNA ⁷ Participant refused →
⁹ 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: ¹ Yes → . seconds ⁰ No **Y1120TR1**
Trial 2: ¹ Yes → . seconds **Y1120CT1** ⁰ No **Y1120TR2**
Trial 3: ¹ Yes → . seconds **Y1120CT2** ⁰ No **Y1120TR3**
Y1120CT3



HABC Enrollment ID #	Acrostic	Year of Annual Visit	Staff ID#
H [] [] [] []	[] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	[] [] []
HABCID	ACROS		Y114MSTID

4-METER WALK ★ CONTAG

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? **Y1134MW**
 1 0-4-meter 2 0 3-meter 0 0 None:3-meter space not 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.)

Time: [] [] . [] [] Seconds

Examiner Note: If greater than 30 seconds mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.

Y114MWTM1
 7 0 Participant refused →

9 0 Not attempted, unable **Y114MW1** →

1 0 Attempted, but unable to complete →

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: [] [] . [] [] **Y114MWTM2**
 Seconds

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: [] [] . [] [] **Y114MWTM3**
 Seconds

7 0 Participant refused →

9 0 Not attempted, unable **QT4MW3** →

1 0 Attempted, but unable to complete →

7. Was the participant using a walking aid, such as a cane or walker? 1 0 Yes 0 0 No **Y11WLKAID**



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Phlebotomist Staff ID#
H [] [] [] [] []	[] [] [] [] []	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	[] [] []

HABCID

ACROS

PHLEBOTOMY★

CONTAG

Y11PHSTID1[2]*

Bar Code Label

***Last digit:**
1 = first sample collection
2 = repeat sample collection

Sample Status
<input type="radio"/> First sample collection
<input type="radio"/> Repeat sample collection

LABVIS

Now I'm going to ask you two questions to see whether it is safe to draw your blood. BRCD

1. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpit?

Yes No Don't know Refused

Y11RADMAS1[2]*

Do NOT draw blood. Go to Procedure Checklist and mark "No: Participant refused" for Blood Collection.

a. Which side?

Right Left Both

Y11RMSIDE1[2]*

Do NOT draw blood on right side.

Do NOT draw blood on left side.

Do NOT draw blood on either side.

2. Have you ever had a graft or shunt for kidney dialysis?

Yes No Don't know Refused

Y11KIDNEY1[2]*

Do NOT draw blood. Go to Procedure Checklist and mark "No: Participant refused" for Blood Collection.

a. Which side?

Right Left Both

Y11KDSIDE1[2]*

Do NOT draw blood on right side.

Do NOT draw blood on left side.

Do NOT draw blood on either side.

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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

**ACROS
PHLEBOTOMY ★**

CONTAG

***Last digit:
1 = first sample collection
2 = repeat sample collection**

Sample Status
<input type="radio"/> First sample collection <input type="radio"/> Repeat sample collection

LABVIS

3. Do you bleed or bruise easily?

- Yes
 No
 Don't know
 Refused **Y11BLBR1[2]***

4. Have you ever experienced fainting spells while having blood drawn?

- Yes
 No
 Don't know
 Refused **Y11FNT1[2]***

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

a. Date of last food:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Y11LMD1[2]*
	Month Day Year	
b. Time of last food:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Y11MHM1[2]*
	Hours Minutes <input type="radio"/> am <input type="radio"/> pm	Y11LMAPM1[2]*
c. How many hours have passed since the participant last ate any food?	<input type="text"/> <input type="text"/>	
	Y11FAST1[2]* hours (Question 8 minus Question 5b. Round to nearest hour.)	

6. Which arm(s) can safely be used for phlebotomy?

(Examiner Note: Refer to Phlebotomy, Questions #1 and #2.)

- Right
 Left
 Either
 Neither **Y11PHLARM1[2]***





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 type="text"/>	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS

GONTAG

PHLEBOTOMY ★

Sample Status

First sample collection
 Repeat sample collection

LABVIS

7. Date of blood draw::

/ /

Month Day Year

Y11PHDATE1[2]*

***Last digit:**

1 = first sample collection

2 = repeat sample collection

8. Time venipuncture started:

Y11VTM1[2]*

:

Hours Minutes

am

pm

Y11AMP41[2]*

9. Time venipuncture completed:

Y11BLDRTM1[2]*

:

Hours Minutes

am

pm

Y11AMP51[2]*

10. Total tourniquet time:

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

Note that 2 minutes is optimum.)

minutes

Y11TOUR1[2]*

Comments on phlebotomy:



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 type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2

HABCID

ACROS
PHLEBOTOMY ★

CONTAG

LABVIS

Sample Status

First sample collection

Repeat sample collection

11. Quality of venipuncture:

¹ Clean

² Traumatic **Y11QVEN1[2]**

***Last digit:**
1 = first sample collection
2 = repeat sample collection

Please describe. Mark all that apply:

- 1 Vein collapse **Y11PVC1[2]***
- 1 Hematoma **Y11PH1[2]***
- 1 Vein hard to get **Y11PVHTG1[2]***
- 1 Multiple sticks **Y11PMS1[2]***
- 1 Excessive duration of draw **Y11PEDD1[2]***
- 1 Leakage at venipuncture site **Y11PLVS1[2]***
- 1 Other (*Please specify:*) **Y11OTHER1[2]***

12. Was any blood drawn?

¹ Yes

⁰ No **Y11BLDR1[2]***

Please describe why not: _____

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

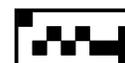
Tube	Volume	Filled to Capacity?		Comment
		Yes	No	

1. Serum	15 mL	<input type="radio"/>	<input checked="" type="radio"/>	Y11SERUM1[2]* _____
----------	-------	-----------------------	----------------------------------	----------------------------

2. EDTA	4 mL	<input type="radio"/>	<input checked="" type="radio"/>	Y11EDTA1[2]* _____
---------	------	-----------------------	----------------------------------	---------------------------

(Examiner Note: Refer to Data from Prior Visits Report to see if participant requires CBC.)

3. EDTA for CBC (if required)	4 mL	<input type="radio"/>	<input checked="" type="radio"/>	Y11CBC1[2]* _____
----------------------------------	------	-----------------------	----------------------------------	--------------------------



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Date Visit Completed	Staff ID#
H [][][][][]	[][][][]	<input type="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	[][] / [][] / [][][][] Month / Day / Year	[][][]

HABCID

ACROS

Y11LPDATE1[2]*

Y11LPSTID1[2]*

LABORATORY PROCESSING ★

Bar Code Label

Sample Status

First sample collection
 Repeat sample collection

***Last digit:
1 = first sample collection
2 = repeat sample collection**

Y11TIMSPH1[2]*

Y11TIMSPM1[2]*

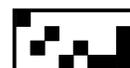
Time at start of processing: [][] [][] am pm
 Hours Minutes

Y11AMPSP1[2]*

Y11BRCD2

Collection Tubes	Cryo #	Cap / Type Cryo	Sample vol.	Filled? Yes/No	Problems	To	Box	Box Number	Box Row	Box Column
#1 serum	1	O/ 5.0	0.5mL	10 Y00 N Y111F1[2]*	10 H20 P3 B Y111HPB1[2]*	L	L			
	2	O/ 5.0	0.5mL	10 Y00 N Y112F1[2]*	10 H20 P3 B Y112HPB1[2]*	L	L			
	3	R/ 0.5	0.5mL	10 Y00 N Y1113F1[2]*	10 H20 P3 B Y1113HPB1[2]*	PT	ES			
	4	R/ 0.5	0.5mL	10 Y00 N Y114F1[2]*	10 H20 P3 B Y114HPB1[2]*	PT	ES			
	5	R/ 0.5	0.5mL	10 Y00 N Y115F1[2]*	10 H20 P3 B Y115HPB1[2]*	PT	ES			
	6	R/ 0.5	0.5mL	10 Y00 N Y116F1[2]*	10 H20 P3 B Y116HPB1[2]*	PT	MS			
	7	R/ 0.5	0.5mL	10 Y00 N Y117F1[2]*	10 H20 P3 B Y117HPB1[2]*	PT	MS			
	8	R/ 0.5	0.5mL	10 Y00 N Y118F1[2]*	10 H20 P3 B Y118HPB1[2]*	PT	MS			
	9	R/ 0.5	0.5mL	10 Y00 N Y119F1[2]*	10 H20 P3 B Y119HPB1[2]*	PT	MS			
	10	R/ 0.5	0.5mL	10 Y00 N Y1110F1[2]*	10 H20 P3 B Y1110HPB1[2]*	PT	D			

L=LCBR; PT=Pittsburgh
 O=orange; R=red; H=Hemolyzed; P=Partial; B=Both
 ES=E. Strotmeyer Study; MS=Main Study; D=Duplicate





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="radio"/> Year 11 <input type="radio"/> Other1 <input type="radio"/> Other2	<input type="text"/> <input type="text"/> <input type="text"/>

HABCID

ACROS

CONTAG

Y11CBCSTID

CBC INTERVIEW

Examiner Note: Refer to Data from Prior Visits Report to see if participant requires this interview.

1. In the past 6 months, has a doctor told you that you had any of the following?

a. Anemia, low hematocrit or low hemoglobin level?

1 Yes

0 No

8 Don't know

7 Refused Y11ANEMIA

b. Myelodysplasia, chronic lymphocytic leukemia (CLL) or some other blood disorder?

1 Yes

0 No

8 Don't know

7 Refused Y11BLDDIS

c. A loss of blood due to surgery or internal bleeding?

1 Yes

0 No

8 Don't know

7 Refused Y11BLDLOS

d. A stomach or intestinal ulcer?

1 Yes

0 No

8 Don't know

7 Refused Y11ULCER

2. In the past 6 months, have you received chemotherapy for the treatment of cancer, leukemia, or lymphoma?

1 Yes

0 No

8 Don't know

7 Refused Y11CHEMO

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"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
HABCID	ACROS	Month	Day	Year	BLSTFID

SEMI-ANNUAL TELEPHONE CONTACT

Telephone contact: Year 11.5 Year 12.5 Year 13.5 Year 14.5 Year 15.5

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
- 2 No
- 3 Don't know
- 4 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
- 2 No
- 3 Don't know
- 4 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

③ Don't know

④ Refused

⑤ 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

⑤ 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: _____)

⑩ Foot/ankle pain

BLMNRS4

② Multiple conditions/symptoms given; unable to determine MAIN reason

⑪ Heart disease

(including angina, congestive heart failure, etc)

③ Don't know

⑫ High blood pressure/hypertension

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

① Yes

② No

③ Don't know

④ Refused

BLDWSMRM

Go to Question #11

Page Link #

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

→

BLDW1MYN

→

→

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

② 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



Go to Question #12

BLDW20YN ② No



Go to Question #11e

⑧ Don't know/don't do



Go to Question #11e

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
- ① No
- ⑧ Don't know
- ⑦ Refused **BLCHN5LB**

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
- ① No
- ⑧ Don't know **BLTRGNLS**

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

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

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

Page Link #

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

--



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 11.5 <input type="radio"/> Year 12.5 <input type="radio"/> Year 13.5 <input type="radio"/> Year 14.5 <input type="radio"/> Year 15.5

HABCID ACROS CONTAG
SEMI-ANNUAL TELEPHONE CONTACT

21d. In the past 6 months, have you fallen and landed on the floor or ground?

Yes No Don't know Refused **T86MFALL**

↓ ↓ ↓ ↓

Go to Question #22

i. How many times have you fallen in the past 6 months?
If you are unsure, please make your best guess.

- One
- Two or three
- Four or five **T86MFNUM**
- Six or more
- Don't know

ii. Were you injured in any of your falls?

Yes No Don't know **T8INJFAL**

↓ ↓ ↓

Go to Question #22

iii. Did you seek medical treatment after any of your falls?

Yes No Don't know **T8TRTFAL**

iv. Were you hospitalized after any of your falls?

Yes No Don't know **T8HOSFAL**

v. Have you been told by a doctor that you broke or fractured a bone(s)
because of any of your falls?

Yes No Don't know **T8BBNFAL**

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.

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.

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"/>
HABCID	ACROS	Month	Day	Year	YASTFID

PROXY INTERVIEW

Year of Contact: **VISIT**

Year 11 Year 13.5
 Year 11.5 Year 14
 Year 12 Year 14.5
 Year 12.5 Year 15
 Year 13 Other
 (Please specify _____)

Type of Contact:

Home (face-to-face interview)
 Clinic (face-to-face interview)
 Nursing home (face-to-face interview)
 Telephone interview
 Other (Please specify: **YAGONTAG**)

Interviewer Note: This refers to the type of contact the PARTICIPANT would have had, not where the proxy was interviewed.

YADATES

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
 - 2 Child
 - 3 Family member (other than spouse or child) (Please specify: _____)
 - 4 Close friend **YAREL**
 - 5 Health care provider
 - 6 Other (Please specify: **YARELOTH**)
 - 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 **YACONFRQ**
 - 4 Less than 3 times a week
 - 8 Don't know
 - 7 Refused

PROXY 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

PROXY INTERVIEW

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.
- Yes No Don't know Refused **YAHCHBP**

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.
- Yes No Don't know Refused **YASGDIAB**

10. In the past 12 months, has *(name of Health ABC participant)* fallen and landed on the floor or ground?

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

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.

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

PROXY INTERVIEW

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

PROXY INTERVIEW

- ★ 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

PROXY INTERVIEW

- ★ 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17A Reason for hospitalization: _____	b. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17B Reason for hospitalization: _____	c. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17C Reason for hospitalization: _____
d. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17D Reason for hospitalization: _____	e. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17E Reason for hospitalization: _____	f. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF17F 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**

		Reference #
★ a. Was it for...? a. A procedure to open a blocked artery	<input checked="" type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know YABLART	Complete a Health ABC Event Form, Section III. Record reference #: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YAREF18A
★ b. Gall bladder surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know YAGALLBL	
★ c. Cataract surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know YACATAR	
★ 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 YATURP	

PROXY INTERVIEW

19. Is there any other illness or condition for which (*name of Health ABC participant*) sees a doctor or other health care professional?

Yes No Don't know 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?

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

Please go to Question #21

a. Did (*his/her*) trouble with memory begin suddenly or slowly?

- Suddenly **YAMEMBEG**
 Slowly
 Don't know

b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?

- Steady downhill progression **YAMEMPRG**
 Abrupt decline
 Stayed the same (no decline)
 Gotten better
 Don't know

c. Is a doctor aware of (*his/her*) memory problems?

Yes No 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"/> Alzheimer's disease | <input type="radio"/> Parkinson's disease YAMEMPRB |
| <input type="radio"/> Confusion | <input type="radio"/> Stroke |
| <input type="radio"/> Delerium | <input type="radio"/> Nothing wrong |
| <input type="radio"/> Dementia | <input type="radio"/> Other (Please specify) |
| <input type="radio"/> Depression | _____ |
| <input type="radio"/> Multiinfarct | <input type="radio"/> Don't know |

PROXY INTERVIEW

- ★ 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.")

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

↓ ↓ ↓ ↓ ↓

Go to Question #22

★ How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

YADWQMDF

1 A little difficulty
 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.")

YADW10YN 1 Yes 0 No 8 Don't know 7 Refused 9 Does not do

↓ ↓ ↓ ↓ ↓

Go to Question #23

★ How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

YADIF

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

PROXY INTERVIEW

- ★23. Does (*name of Health ABC participant*) have to use a cane, walker, crutches, or other special equipment to help (*him/her*) get around?
- Yes No Don't know 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?
- Yes No Don't know Refused **YADIOYN**

- a. How much difficulty does (*he/she*) have?
(Interviewer Note: Read response options.)
- A little difficulty **YADIODIF**
- 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 when (*he/she*) gets in and out of bed or chairs?
- Yes No Don't know **YADIORHY**

25. Does (*name of Health ABC participant*) have any difficulty bathing or showering?
- Yes No Don't know Refused **YABATHYN**

- a. How much difficulty does (*he/she*) have?
(Interviewer Note: Read response options.)
- A little difficulty **YABATHDF**
- 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 bathing or showering?
- Yes No Don't know **YABATHRH**

PROXY INTERVIEW

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 **YADDDIF**
 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.)

- 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**

Proxy Interview

PROXY INTERVIEW

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.)

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

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.

PROXY INTERVIEW

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.

PROXY INTERVIEW

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.

PROXY INTERVIEW

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
- 4 In nursing home/long-term care facility **YAPROXY**
- 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 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"/> Month Day Year	<input type="text"/> <input type="text"/> <input type="text"/>

HABCID

ACROS

BJDATE

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 Missed Follow-up Contact

BJVISIT

- Year 11
- Year 11.5
- Year 12
- Year 12.5
- Year 13
- Year 13.5
- Year 14
- Year 14.5
- Year 15
- Other (Please specify _____)

BJID2

2 Reason for Missed Follow-up Contact

Please check the primary reason for the missed follow-up visit or telephone contact. Check only one reason.

- 1 Illness/health problem(s)
- 2 Hearing difficulties
- 3 Cognitive difficulties
- 4 In nursing home/long-term care facility
- 5 Too busy; time and/or work conflict
- 6 Caregiving responsibilities
- 7 Physician's advice
- 8 Family member's advice
- 9 Clinic too far/travel time
- 10 Moved out of area
- 11 Travelling/on vacation
- 12 Personal problem(s)
- 13 Unable to contact/unable to locate
- 14 Refused to give reason
- 15 Modified follow-up regimen (e.g. will only agree to one contact per year)
- 18 Withdrew from study/withdrew informed consent
- 16 Deceased
- 17 Other (Please specify: _____)

BJREASON

3 Comments
