



HABC Enrollment ID #	Acrostic	Date Visit Completed			Staff ID #
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HABCID	ACROS	Month	Day	Year	Y12TISTID

ANNUAL TELEPHONE INTERVIEW

Year of Annual Interview: Year 12
 Year 13 **CONTAG**
 Year 14
 Year 15

What is your...?

T	B	F	N	M															
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First Name

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M.I.

T	B	L	N	M															
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Last Name

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

Y12HSTAT

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

Y12BED12

★ 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 **Y12BEDDAY**

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

Y12CUT12

★ 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 **Y12CUTDAY**



HABC Enrollment ID # <input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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
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 **Y12MCNH**

★ 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 **Y12MCVN**



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="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

★ **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
↓
↓
↓
↓
↓

Go to Question #6d

Y12DWQMYN
 Go to Question #7

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

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

Y12DWQMDF

★ **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> |
|---|--|

Y12MNRS

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

Y12DWSMRM

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

Y12DWQMEZ



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 **Y12DW1MYN** →
- 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

Y12DW1MEZ



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
Y12DW10YN

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

A little difficulty Some difficulty A lot of difficulty Or are you unable to do it Don't know
Y12DIF

★ 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 Y12MNRS2
 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
 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



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
- Y12DW10EZ**



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 →
- Y12DW20YN**



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
- Y12DW20EZ**



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 **Y12EQUIP**

★ 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 **Y12DIOYN**

★ Does someone usually help you get in and out of bed or chairs?
 1 Yes 0 No 8 Don't know **Y12DIORHY**

★ 10. Do you have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused **Y12BATHYN**

★ Does someone usually help you bathe or shower?
 1 Yes 0 No 8 Don't know **Y12BATHRH**

★ 11. Do you have any difficulty dressing?
 1 Yes 0 No 8 Don't know 7 Refused **Y12DDYN**

★ Does someone usually help you to dress?
 1 Yes 0 No 8 Don't know **Y12DDRHYN**

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 **Y12DIFSTA**

How much difficulty do you have?
(Examiner Note: Read response options.)
 1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty
 4 Or are you unable to do it
 8 Don't know

How easy is it for you to stand up from a chair without using your arms?
(Examiner Note: Read response options.)
 1 Very easy
 2 Somewhat easy
 3 Or not that easy
 8 Don't know

Y12DSTAMT



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

GONTAG

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.)

- Yes No Don't know Refused

Y12DIFSCK

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

A little difficulty
 Some difficulty
 A lot of difficulty
 Or are you unable to do it
 Don't know

Y12DSCAM

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

- Yes No Don't know Refused

Y12DIFARM

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

A little difficulty
 Some difficulty
 A lot of difficulty
 Or are you unable to do it
 Don't know

Y12DARMAM

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

- Yes No Don't know Refused

Y12DIFFN

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

A little difficulty
 Some difficulty
 A lot of difficulty
 Or are you unable to do it
 Don't know

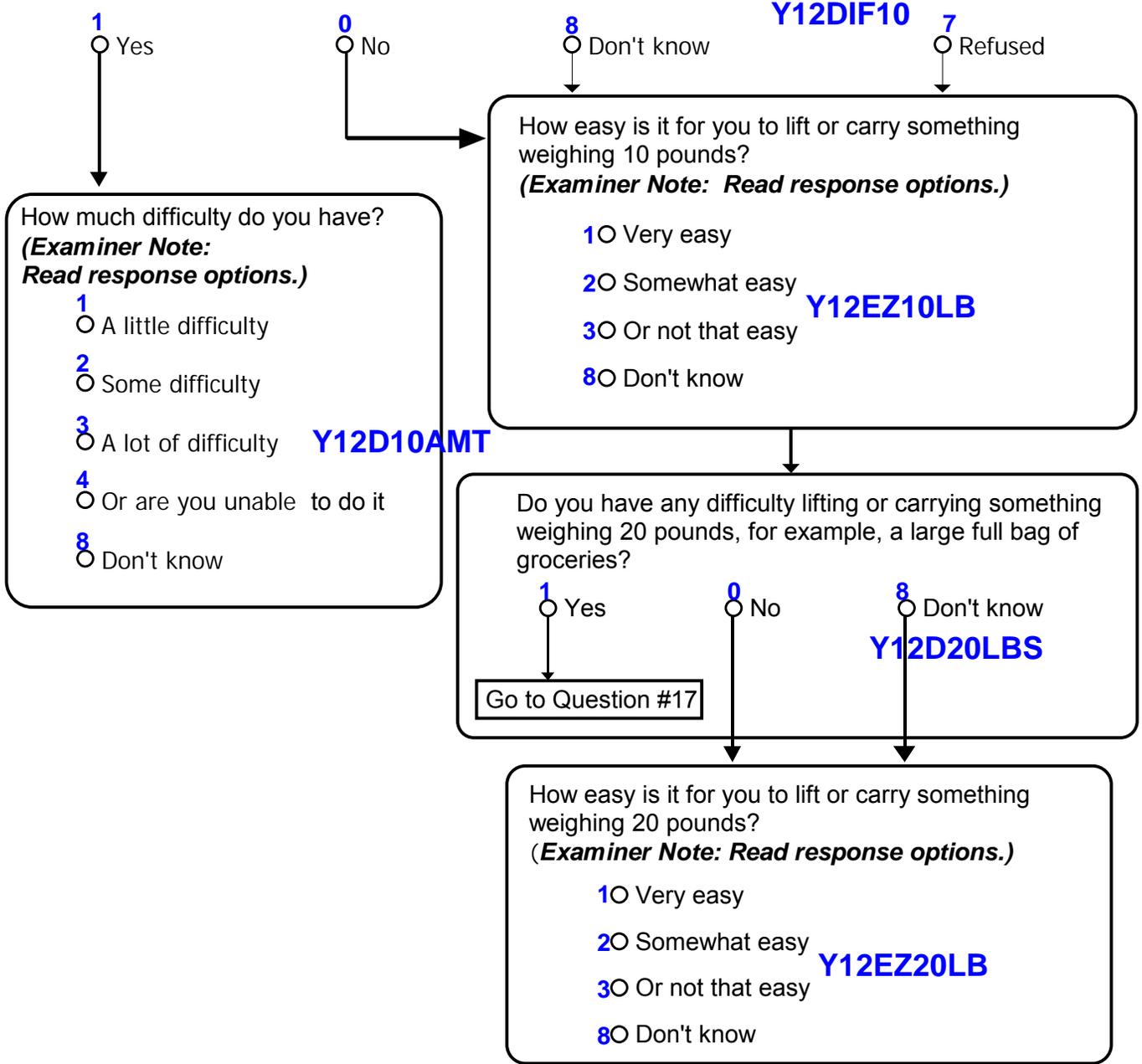
Y12DIFNAM



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 **Y12HC12MO**

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 **Y12HC7DAY**

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 ⁻¹ Don't know

Y12HCTIM **Y12HCDK**



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 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? **Y12EW12MO**

- Yes No Don't know Refused

Go to Question #19

In the past 7 days, did you go walking? **Y12EW7DAY**

Yes No

a. How many times did you go walking in the past 7 days? **Y12EWTIME**

times Don't know **Y12EWTMDK**

b. About how much time, on average, did you spend walking each time you walked (excluding rest periods)? **EWHR**

(Examiner Note: If less than 1 hour, record number of minutes.) **EWMIN**

Hours Minutes Don't know **Y12EWTIM**

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? **Y12EWPACE**

Brisk Moderate Stroll Don't know

1 2 3 8

What is the main reason you did not go walking in the past 7 days? **Y12EWREAS**

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

19. Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months? **Y12FS12MO**

- Yes No Don't know Refused

Go to Question #20

a. In the past 7 days, did you walk up a flight of stairs? **Y12FS7DAY**

Yes No Don't know

Go to Question #20

b. About how many flights did you walk up in the past 7 days? If you are unsure, please make your best guess. **Y12FSNUM**

flights Don't know **Y12FSNUMD**

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant? **Y12FSLLOAD**

flights Don't know **Y12FSLLODK**



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 **Y12HIABE**
- 1 Swimming **Y12HIASWM**
- 1 Jogging **Y12HIAJOG**
- 1 Aerobics **Y12HIAAER**
- 1 Stair-stepping **Y12HIASS**
- 1 Racquet sports **Y12HIARS**
- 1 Rowing machine **Y12HIAROW**
- 1 Cross country ski machine **Y12HIASKI**
- 1 Other (Please specify):

Y12HIAOTH _____

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.)

HIA1HR HIA1MR
 Hours Minutes

-1 Don't know **Y12HIA1DK**

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 **Y12HINDEX**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

Y12H1TIME

HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of 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 ¹ No ⁰ Don't know ⁸ Refused ⁷ **Y12MI12MO**

Go to Question #22

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

Yes ¹ No ⁰ **Y12MI7DAY**

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

- 1 Golf **Y12MIGOLF**
- 1 Bowling **Y12MIBOWL**
- 1 Dancing **Y12MIDANC**
- 1 Skating **Y12MISKAT**
- 1 Bocce **Y12MIBOCC**
- 1 Table tennis **Y12MITENN**
- 1 Billiards/pool **Y12MIPOOL**
- 1 Hunting **Y12MIHUNT**
- 1 Sailing/boating **Y12MIBOAT**
- 1 Fishing **Y12MIFISH**
- 1 Other (Please specify):
Y12MIOT1

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.) **Y12MIA1DK**

Don't know ⁻¹

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 **Y12MINDEX**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

MIA1HR

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours	Minutes		

MIA1MIN

Y12M1TIME



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 **Y12VWCURJ**

23. Do you currently do any volunteer work?

1
 Yes

0
 No

8
 Don't know

7
 Refused **Y12VWCURV**



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 **Y12VWCURA**



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
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 **Y12APPET**
- 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
Y12DFPREP

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
Y12DFSHOP

★ 25C. How much do you currently weigh?
(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")
Y12WTLBS pounds 8 Don't know/don't remember 7 Refused **Y12LBS2**

★ 26. At the present time, are you trying to lose weight?
1 Yes 0 No 8 Don't know 7 Refused **Y12TRYLS2**

SMOKING HABITS

27. Do you currently smoke cigarettes?
1 Yes 0 No 8 Don't know 7 Refused **Y12SMOKE**

On average, about how many cigarettes a day do you smoke?
Y12SMOKAV cigarettes per day -1 Don't know **Y12SMOKEDK**



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

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 **Y12HCHBP**

★ 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 **Y12SGDIAB**

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 **Y12AJFALL**

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 **Y12AJFNUM**

⁶ Six or more

⁸ Don't know

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 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 **Y126MFALL**
 1 0 8 7

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.

1 One
 2 Two or three
 4 Four or five **Y126MFNUM**
 6 Six or more
 8 Don't know

ii. Were you injured in any of your falls?

1 Yes 0 No 8 Don't know **Y12INJFAL**
 1 0 8

Go to Question #31

iii. Did you seek medical treatment after any of your falls?

1 Yes 0 No 8 Don't know **Y12TRTFAL**
 1 0 8

iv. Were you hospitalized after any of your falls?

1 Yes 0 No 8 Don't know **Y12HOSFAL**
 1 0 8

v. Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?

1 Yes 0 No 8 Don't know **Y12BBNFAL**
 1 0 8

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

1 Yes 0 No 8 Don't know 7 Refused **Y12LCSBUP**
 1 0 8 7

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

1 Yes 0 No 8 Don't know 7 Refused **Y12LCSBLS**
 1 0 8 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

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 **Y12LCEMPH**

b. Chronic obstructive pulmonary disease or COPD?

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y12LCCOPD**

c. Chronic bronchitis?

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y12LCCHBR**

Do you still have chronic bronchitis?

¹
 Yes

⁰
 No

⁸
 Don't know **Y12LCSHCB**



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 CONTACT

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 [# months since last contact] months ago, which was on

/ / **NOT DATA**
 Month Day Year

★ 39. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had a
 Yes No Don't know Refused **Y12HCHAMI**

Were you hospitalized overnight for this problem?
 Yes No **Y12HOSMI**

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 [# months since last contact] months ago, has a doctor told you that you had congestive heart failure?
 Yes No Don't know Refused **Y12CHF**

Were you hospitalized overnight for this problem?
 Yes No **Y12HOSMI3**

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		
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

★ **41.** 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 ?

¹ Yes

⁰ No

⁸ Don't know

⁷ Refused **Y12HCCVA**

Were you hospitalized overnight for this problem?

¹ Yes

⁰ No **Y12HOSMI2**

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

a. **REF41A**

b. **REF41B**

c. **REF41C**

Go to Question #42

★ **42.** 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.

¹ Yes

⁰ No

⁸ Don't know

⁷ Refused **Y12CHMGMT**

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

a. **REF42A**

b. **REF42B**

c. **REF42C**



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

MEDICAL CONDITIONS IN PAST 6 MONTHS

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

¹
 Yes

⁰
 No

⁸
 Don't know

⁷
 Refused **Y12LCPNEU**

★ 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 [*# months since last contact*] 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 **Y12OSBR45**

★ 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		
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

MEDICAL CONDITIONS IN PAST 6 MONTHS

★ 45. 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 **Y12HOSP12**

★ **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: _____

★ 46. 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 **Y12OUTPA**

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 Y12BLART	→ 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 Y12GALLBL	
★ c. Cataract surgery <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y12CATAR	
★ d. TURP (MEN ONLY) (transurethral resection of prostate) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Y12TURP	



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 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 **Y12OTILL**

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.

- Y12ELEV** Energy level
 8 Don't know
 7 Refused

Y12ELEVRF

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 **Y12ELTIRE**

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 **Y12ELOFTN**
 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
		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

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

Y12ESQUAL

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

Y12ESCAR

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

Y12ESSTOP

b. Did you stop driving because of your eyesight?

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

Y12ESSITE

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 **Y12MARSTA**
- 5 Never married
- 8 Don't know
- 7 Refused

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

- 1 Participant lives alone **Y12SSOPRF**
- Other people in household **Y12SSOPIH**
- 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 **Y12SSFRNE**
- 5 Less than once per week
- 8 Don't know
- 7 Refused

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

- 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 **Y12SSCHRE**
- 5 Less than once per week
- 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 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: _____ **Y12HCSRC**)*

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 **Y12HCHI**

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.)

- Y12HCHI01** ⁻¹ Part B Medicare
- Y12HCHI02** ⁻¹ Medicaid/public medical assistance (e.g., Family Care Network; Health Choices; Health Pass, Tenn Care) *(Please specify: _____)*
- Y12HCHI03** ⁻¹ Health Maintenance Organization (e.g., Keystone; Cigna; UPMC Health Plan; Aetna; HealthAmerica, HealthSpring) *(Please specify: _____)*
- Y12HCHI04** ⁻¹ Medi-Gap
- Y12HCHI05** ⁻¹ Private insurance *(Please specify: _____)*
- Y12HCHI06** ⁻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		
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 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

Y12RELY

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 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"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <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"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <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"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <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"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <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"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <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"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <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>★ Was it for. . . ?</p> <p>a. A procedure to open a blocked artery <input type="radio"/> 1 Yes → Complete a Health ABC Event Form, Section III. Record reference #: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p style="margin-left: 100px;"><input type="radio"/> 0 No</p> <p style="margin-left: 100px;"><input type="radio"/> 8 Don't know YABLART</p>	YAREF18A
<p>★ b. Gall bladder surgery <input type="radio"/> 1 Yes</p> <p style="margin-left: 100px;"><input type="radio"/> 0 No</p> <p style="margin-left: 100px;"><input type="radio"/> 8 Don't know YAGALLBL</p>	
<p>★ c. Cataract surgery <input type="radio"/> 1 Yes</p> <p style="margin-left: 100px;"><input type="radio"/> 0 No</p> <p style="margin-left: 100px;"><input type="radio"/> 8 Don't know YACATAR</p>	
<p>★ d. TURP (MEN ONLY) <input type="radio"/> 1 Yes</p> <p style="margin-left: 100px;">(transurethral resection of prostate) <input type="radio"/> 0 No</p> <p style="margin-left: 100px;"><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	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 [# months since last contact] 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 [# months since last contact] 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 [*# months since last contact*] 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 [*# months since last contact*] 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

→

→

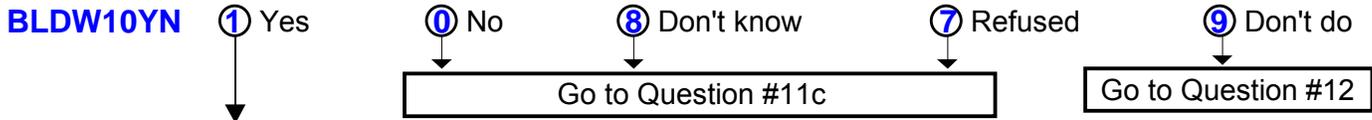
10f. How easy is it for you to walk one mile?
(Interviewer Note: Read response options.)

- 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.")

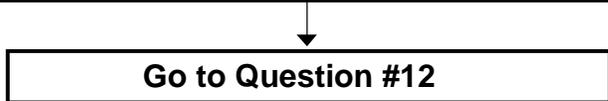


a. How much difficulty do you have?
(Interviewer Note: Read response options.)

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

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

- BLMNRS2**
- | | |
|---|---|
| <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"/> 15 Lung disease
(asthma, chronic bronchitis, emphysema, etc) |
| <input type="radio"/> 5 Chest pain/discomfort | <input type="radio"/> 16 Old age
(no mention of a specific condition) |
| <input type="radio"/> 6 Circulatory problems | <input type="radio"/> 17 Osteoporosis |
| <input type="radio"/> 7 Diabetes | <input type="radio"/> 18 Shortness of breath |
| <input type="radio"/> 8 Fatigue/tiredness (no specific disease) | <input type="radio"/> 19 Stroke |
| <input type="radio"/> 9 Fall | <input type="radio"/> 1 Other symptom
(Please specify: _____) |
| <input type="radio"/> 23 Foot/ankle pain | BLMNRS3 <input type="radio"/> 2 Multiple conditions/symptoms given;
unable to determine MAIN reason |
| <input type="radio"/> 10 Heart disease
(including angina, congestive heart failure, etc) | <input type="radio"/> 8 Don't know |
| <input type="radio"/> 11 High blood pressure/hypertension | |



Page Link #

11c. How easy is it for you to walk up 10 steps without resting?
(Interviewer Note: Read response options.)

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

BLDW10EZ

11d. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- ① Yes →
- BLDW20YN** ② No →
- ⑧ Don't know/don't do →

11e. How easy is it for you to walk up 20 steps without resting?
(Interviewer Note: Read response options.)

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

BLDW20EZ

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

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

13. How much do you currently weigh?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

BLWTLBS pounds ⑧ Don't know/don't remember ⑦ Refused
BLLBS2

14. Since we last spoke to you about 6 months ago, has your weight changed by 5 or more pounds?
(Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant currently either 5 or more pounds heavier or lighter than they were 6 months ago.)

- ① Yes ② 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 ② No ⑧ Don't know **BLTRGNLS**
-

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

- ① Yes ② No ⑧ Don't know ⑦ Refused **BLTRYLOS**

Page Link #

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

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
