

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"/> / 200 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
GAID	GAACROS	Month Day GADATE Year	GASTFID

YEAR 7 TELEPHONE INTERVIEW

Date of last regularly scheduled contact: / / = Priority questions

Month Day Year **GADATES**

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
- GAHSTAT** 3 Good
- 4 Fair
- 5 Poor
- 6 Don't know
- 7 Refused

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

- GABED12** 1 Yes 2 No 3 Don't know 4 Refused

1. 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.")

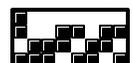
GABEDDAY days 3 Don't know **GABEDDK**

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

- GACUT12** 1 Yes 2 No 3 Don't know 4 Refused

1. 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.")

GACUTDAY days 3 Don't know **GACUTDK**



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

GAMCNH Yes

No

Don't know

Refused

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

GAMCVN Yes

No

Don't know

Refused



6d. 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

GADWQMEZ

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

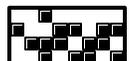
- 1 Yes →
- 0 No →
- 8 Don't know/don't do →

GADW1MYN

6f. 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

GADW1MEZ



7. 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.")

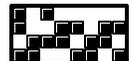
GADW10YN 1 Yes 0 No 8 Don't know 7 Refused 9 Don't do

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

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

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

- | | | |
|----------------|--|---|
| GAMNRS2 | <input type="radio"/> 1 Arthritis
<input type="radio"/> 2 Back pain
<input type="radio"/> 3 Balance problems/unsteadiness on feet
<input type="radio"/> 4 Cancer
<input type="radio"/> 5 Chest pain/discomfort
<input type="radio"/> 6 Circulatory problems
<input type="radio"/> 7 Diabetes
<input type="radio"/> 8 Fatigue/tiredness (no specific disease)
<input type="radio"/> 9 Fall
<input type="radio"/> 23 Foot/ankle pain
<input type="radio"/> 10 Heart disease (including angina, congestive heart failure, etc)
<input type="radio"/> 11 High blood pressure/hypertension | <input type="radio"/> 12 Hip fracture
<input type="radio"/> 13 Injury
<input type="radio"/> 14 Joint pain
<input type="radio"/> 24 Leg pain
<input type="radio"/> 15 Lung disease (asthma, chronic bronchitis, emphysema, etc)
<input type="radio"/> 16 Old age (no mention of a specific condition)
<input type="radio"/> 17 Osteoporosis
<input type="radio"/> 18 Shortness of breath
<input type="radio"/> 19 Stroke
<input type="radio"/> 20 Other symptom (Please specify: _____)
<input type="radio"/> 21 Multiple conditions/symptoms unable to determine MAIN reason
<input type="radio"/> 22 Don't know |
|----------------|--|---|



O 7c. 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
- ④ Don't know/don't do

GADW10EZ

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

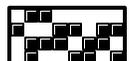
- ① Yes →
- ② No →
- ④ Don't know/don't do →

GADW20YN

O 7e. 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
- ④ Don't know/don't do

GADW20EZ



8. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
GAEQUIP ① Yes ② No ③ Don't know ④ Refused

9. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?
GADIOYN ① Yes ② No ③ Don't know ④ Refused

Does someone usually help you get in and out of bed or chairs?
GADIORHY ① Yes ② No ③ Don't know

10. Do you have any difficulty bathing or showering?
GABATHYN ① Yes ② No ③ Don't know ④ Refused

Does someone usually help you bathe or shower?
GABATHRH ① Yes ② No ③ Don't know

11. Do you have any difficulty dressing?
GADDYN ① Yes ② No ③ Don't know ④ Refused

Does someone usually help you to dress?
GADDRHYN ① Yes ② No ③ Don't know

12. Because of a health or physical problem, do you have any difficulty preparing meals?
GADFPREP ① Yes ② No ③ Does not do ④ Don't know ⑤ Refused

13. Because of a health or physical problem, do you have any difficulty shopping for food?
GADFSHOP ① Yes ② No ③ Does not do ④ Don't know ⑤ Refused

14. Now I am going to ask some questions about the type and amount of physical activity that you did in the past 12 months and what you usually do in a typical week.

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

GAFS12MO ① Yes ② No ③ Don't know ④ Refused

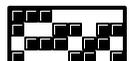
Go to Question #15

a. In the past 7 days, did you walk up a flight of stairs?
GAFS7DAY ① Yes ② No ③ Don't know

Go to Question #15

b. About how many flights did you walk up in the past 7 days?
 If you are unsure, please make your best guess. flights ④ Don't know

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?
 flights ④ Don't know



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

GAEW12MO ① Yes ② No ③ Don't know ④ Refused

Go to Question #16

In the past 7 days, did you go walking?
GAEW7DAY ① Yes ② No

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

GAEWTIME times

GAEWTMDK
 ① Don't know

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

GAEWHRS Hours Minutes

GAEWTDK
 ① Don't know

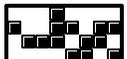
GAEWMINS

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?

GAEWPACE
 ① Brisk
 ② Moderate
 ③ Stroll
 ④ Don't know

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

- GAEWREAS**
- 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



16. 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?

GAHI12MO ① Yes ② No ③ Don't know ④ Refused

Go to Question #17

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

GAHI7DAY ① Yes ② No

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

- GAHIABE ① Bicycling/exercycle
- GAHIASWM ① Swimming
- GAHIAJOG ① Jogging
- GAHIAAER ① Aerobics
- GAHIASS ① Stair-stepping
- GAHIARS ① Racquet sports
- GAHIAROW ① Rowing machine
- GAHIASKI ① Cross country ski machine
- GAHIAOTH ① Other (Please specify):

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

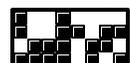
GAHIA1HR GAHIADK ① Don't know

Hours Minutes

GAHIA1MN

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
- GAHINDEX ④ Health problems
- ⑤ Lost interest
- ⑥ Felt unsafe
- ⑦ Not necessary
- ⑧ Other
- ⑨ Don't know



17. This next question is about caregiving activities that you may do. Do you currently provide any regular care or assistance to a child or a disabled or sick adult?

GAVWCURA ① Yes ② No ③ Don't know ④ Refused

Go to Question #18

About how many hours per week do you provide care to another person?
If you are unsure, please make your best guess.

GAVWAHAW hours **GAVWDK** ① Don't know

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...?

18. 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.

GAHCHBP ① Yes ② No ③ Don't know ④ Refused

19. 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.

GASGDIAB ① Yes ② No ③ Don't know ④ Refused

20. In the past 12 months, have you seen a health professional for new or worsening symptoms of...?

a. Chest pain ① Yes ② No ③ Don't know ④ Refused **GACP**

b. Shortness of breath ① Yes ② No ③ Don't know ④ Refused **GASOB**

c. Angina ① Yes ② No ③ Don't know ④ Refused **GAANGI**

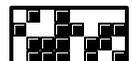
21. In the past 12 months, have you fallen and landed on the floor or ground?

GAAJFALL ① Yes ② No ③ Don't know ④ Refused

Go to Question #22

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

GAAJFNUM ① One
② Two or three
③ Four or five
④ Six or more
⑤ Don't know



Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on / / **NOT COLLECTED**

Month Day Year

22. 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?
- GAHCHAMI** Yes No Don't know Refused

Were you hospitalized overnight for this problem?

GAHOSMI Yes No

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

a. **GAREF22A**

b. **GAREF22B**

c. **GAREF22C**

Go to Question #23

23. 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 **GAHCCVA**

Were you hospitalized overnight for this problem?

GAHOSMI2 Yes No

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

a. **GAREF23A**

b. **GAREF23B**

c. **GAREF23C**

Go to Question #24

24. 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 **GACHF**

Were you hospitalized overnight for this problem?

GAHOSMI3 Yes No

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

a. **GAREF24A**

b. **GAREF24B**

c. **GAREF24C**

Go to Question #25



25. 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.

- GACHMGMT** Yes No Don't know Refused

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

a.

--	--	--	--	--

GAREF25A

b.

--	--	--	--	--

GAREF25B

c.

--	--	--	--	--

GAREF25C

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

- GALCPNEU** Yes No Don't know Refused

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

a.

--	--	--	--	--

GAREF26A

b.

--	--	--	--	--

GAREF26B

c.

--	--	--	--	--

GAREF26C

27. 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)?

- GAOSBR45** Yes No Don't know Refused

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

a.

--	--	--	--	--

GAREF27A

b.

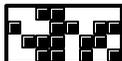
--	--	--	--	--

GAREF27B

c.

--	--	--	--	--

GAREF27C



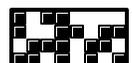
28. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?
GAHOSP12 Yes No Don't know Refused

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

a. <input type="text"/> Reason for hospitalization: GAREF28A	b. <input type="text"/> Reason for hospitalization: GAREF28B	c. <input type="text"/> Reason for hospitalization: GAREF28C
d. <input type="text"/> Reason for hospitalization: GAREF28D	e. <input type="text"/> Reason for hospitalization: GAREF28E	f. <input type="text"/> Reason for hospitalization: GAREF28F

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

<p>Was it for...?</p> <p><input type="radio"/> a. A procedure to open a blocked artery <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p> <p>GABLART</p>	<p>Complete a Health ABC Event form, Section III. Record reference #:</p> <p>Reference #'s <input type="text"/> GAREF29A</p>
<p><input type="radio"/> b. Gall bladder surgery <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p> <p>GAGALLBL</p>	
<p><input type="radio"/> c. Cataract surgery <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p> <p>GACATAR</p>	
<p><input type="radio"/> d. Hernia repair (Inguinal abdominal hernia.) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p> <p>GAHERN</p>	
<p><input type="radio"/> e. TURP (MEN ONLY) (transurethral resection of prostate) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p> <p>GATURP</p>	
<p><input type="radio"/> f. Other <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p> <p>GAOTH</p>	<p>Please specify the type of outpatient surgery.</p> <p>i. _____</p> <p>ii. _____</p> <p>iii. _____</p>



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

GAOTILL ① Yes ② No ③ Don't know ④ Refused

Go to Question #31

Please describe for what:

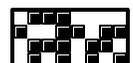
31. This next question refers to the past month. In the past month, on the average, have you been feeling unusually tired during the day?

GAELTIRE ① Yes ② No ③ Don't know ④ Refused

Have you been feeling unusually tired...?
(Interviewer Note: Read response options.)

GAELOFTN

- ① All of the time
- ② Most of the time
- ③ Some of the time
- ④ Don't know



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

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

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

GAWTLBS pounds ⑧ Don't know/don't remember ⑦ Refused GALBS2

34. 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.)

GACHN5LB ① Yes ② No ⑧ Don't know ⑦ Refused

a. Did you gain or lose weight?
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

GAGNLS ① Gain ② Lose ⑧ Don't know/don't remember

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.")

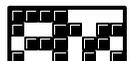
GAHOW6 pounds ⑧ Don't know/don't remember ⑦ Refused GAHOW6DN

c. Were you trying to gain/lose weight?

GATRGNLS ① Yes ② No ⑧ Don't know

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

GATRYLOS ① Yes ② No ⑧ Don't know ⑦ Refused



36. Have you changed your doctor or place that you usually go for health care or advice about your health care in the past 12 months?

GAHCADV

- ① Yes
- ② No
- ③ Don't know
- ④ Refused
- ⑤ I don't have a doctor or place that I usually go for health care

Go to Question #37

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

GAHCSRC

- 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: Security Blue, US Healthcare, Health America, The Apple Plan, Omnicare, Prucare)
- ④ Hospital outpatient clinic
- ⑤ Emergency room
- ⑥ Other *(Please specify: _____)*

b. *Interviewer 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.*

Now I'm going to ask you about relatives of yours that are now or may have been in the Health ABC study. This information is important to help us understand how certain health conditions might run in families.

37. Do you have any full- or half-brothers or sisters? A full brother or sister has the same mother and father as you. A half-brother or sister has either the same mother or father as you, but not both.

GAFSHS

- ① Yes
- ② No
- ③ Don't know
- ④ Refused

Go to Question #40



38. Do you have any full-brothers or full-sisters who were ever in the Health ABC study?
 A full brother or sister has the same mother and father as you.

GAFSHABC ① Yes ② No ③ Don't know ④ Refused

Go to Question #39

Please tell me their name and birthdate. If you are not sure of their birthdate, please make your best guess.

a. **GAFSFN1**
 First Name

Last Name **GAFSLN1**

Date of birth:
GAFSMO1 **GAFSDY1** **GAFSYR1**

/ /
 Month Day Year

b.
 First Name **GAFSFN2**

Last Name **GAFSLN2**

Date of birth:
GAFSMO2 **GAFSDY2** **GAFSYR2**

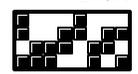
/ /
 Month Day Year

c.
 First Name **GAFSFN3**

Last Name **GAFSLN3**

Date of birth:
GAFSMO3 **GAFSDY3** **GAFSYR3**

/ /
 Month Day Year



39. Do you have any half-brothers or half-sisters who were ever in the Health ABC study?
 A half-brother or sister has either the same mother and father as you, but not both.

GAHSHABC ① Yes

① No

⑧ Don't know

⑦ Refused

Go to Question #40.

Please tell me their name and birthdate. If you are not sure of their birthdate, please make your best guess.

a. **GAHSFN1**

First Name

GAHSLN1

Last Name

Date of birth:

GAHSMO1

GAHSDY1

GAHSYR1

Month

Day

Year

b. **GAHSFN2**

First Name

GAHSLN2

Last Name

Date of birth:

GAHSMO2

GAHSDY2

GAHSYR2

Month

Day

Year

c. **GAHSFN3**

First Name

GAHSLN3

Last Name

Date of birth:

GAHSMO3

GAHSDY3

GAHSYR3

Month

Day

Year



40. Do you have any first cousins who were ever in the Health ABC Study? A first cousin is the son or daughter of your aunt or uncle.

GAFCHABC ① Yes

① No

⑧ Don't know

⑦ Refused

Go to Question #41.

Please tell me their name and birthdate. If you are not sure of their birthdate, please make your best guess.

a. **GAFCFN1**

First Name

GAFCLN1

Last Name

Date of birth:
GAFCMO1 **GAFCDY1** **GAFCYR1**

 Month Day Year

b. **GAFCFN2**

First Name

GAFCLN2

Last Name

Date of birth:
GAFCMO2 **GAFCDY2** **GAFCYR2**

 Month Day Year

c. **GAFCFN3**

First Name

GAFCLN3

Last Name

Date of birth:
GAFCMO3 **GAFCDY3** **GAFCYR3**

 Month Day Year



45. 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.

(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the contact information for someone who could provide information and answer questions for the participant is correct.)

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

NOT COLLECTED

Yes

No

Go to Question #46

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

46. You previously told us the name, address, and telephone number of two close friends or relatives 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.

(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the contact information for two close friends or relatives 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?

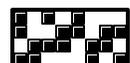
NOT COLLECTED

Yes

No

Go to Question #47

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



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

NOT COLLECTED

Yes

No

Don't know

Refused

Go to Question #48

Go to Question #49

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

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

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

NOT COLLECTED

Yes

No

Don't know

Refused

Go to Question #49

Go to Question #49

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

Go to Question #49

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

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



HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H [] [] [] []	[] [] [] []	[] / [] / 200[]	[] [] []
Y A I D	Y A A C R O S	Month Day Year	Y A S T F I D

PROXY INTERVIEW

Month or Year of Contact:

- 3 Year 3 annual contact
- 30 30-month semi-annual contact
- 4 Year 4 annual contact
- 42 42-month semi-annual contact
- 5 Year 5 annual contact
- 54 54-month semi-annual contact
- 6 Year 6 annual contact
- 66 66-month semi-annual contact
- 7 Year 7 annual contact
- 78 78-month semi-annual contact
- 8 Other (Please specify) _____

YAVISIT

Type of Contact:

- 1 Home (face-to-face interview)
- 4 Clinic (face-to-face interview)
- 5 Nursing home (face-to-face interview)
- 2 Telephone interview
- 3 Other (Please specify) _____

YACONTAC

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
 - 5 Health care provider
 - 6 Other (Please specify: _____)
 - 7 Refused

YAREL

- ★ 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
- 4 Less than 3 times a week
- 8 Don't know
- 7 Refused

YACONFRQ

- ★ 3. What is the most frequent type of contact?
- 1 Mostly in person
 - 2 Mostly by phone
 - 3 Both in person and by phone
 - 4 Other (Please specify: YACONTYP)
 - 8 Don't know
 - 7 Refused

- ★ 4. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.

1 Yes 0 No 8 Don't know 7 Refused

YABED

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

days **YABEDDAY**

- ★ 5. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) cut down on the things (he/she) usually did, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

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

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

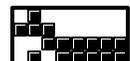
days **YACUTDAY**

- ★ 6. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay overnight as a patient in a nursing home or rehabilitation center?

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

- ★ 7. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) receive care at home from a visiting nurse, home health aide, or nurse's aide?

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



Now I'm going to ask you about some medical problems that *(name of Health ABC participant)* might have had in the past 12 months.

In the past 12 months, was *(name of Health ABC participant)* told by a doctor that *(he/she)* had...?

8. Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.
- YAHCHBP** 1 Yes 0 No 8 Don't know 7 Refused

9. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.
- YASGDIAB** 1 Yes 0 No 8 Don't know 7 Refused

10. In the past 12 months, has *(name of Health ABC participant)* fallen and landed on the floor or ground?
- YAAJFALL** 1 Yes 0 No 8 Don't know 7 Refused

Please go to Question #11

How many times has *(he/she)* fallen in the past 12 months?
If you are unsure, please make your best guess.

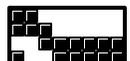
1 One **YAAJFNUM**

2 Two or three

4 Four or five

6 Six or more

8 Don't know



Now I'm going to ask about some medical problems (*name of Health ABC participant*) might have had since we last spoke to (*him/her*) about 6 months ago, which was on / /

Month / Day / Year

- ★ 11. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a heart attack, angina, or chest pain due to heart disease?
YAHCHAMI Yes No Don't know Refused

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI**

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

a. **YAREF11A**

b. **YAREF11B**

c. **YAREF11C**

Go to Question #12

- ★ 12. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a stroke, mini-stroke, or TIA?
 Yes No Don't know Refused **YAHCCVA**

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI2**

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

a. **YAREF12A**

b. **YAREF12B**

c. **YAREF12C**

Go to Question #13

- ★ 13. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had congestive heart failure?
YACHF Yes No Don't know Refused

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI3**

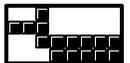
★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF13A**

b. **YAREF13B**

c. **YAREF13C**

Go to Question #14



★ 14. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had cancer? We are specifically interested in hearing about a cancer that was diagnosed for the first time since we last spoke to *(him/her)*.

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

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

a.

--	--	--	--	--

YAREF14A

b.

--	--	--	--	--

YAREF14B

c.

--	--	--	--	--

YAREF14C

★ 15. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had pneumonia?

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

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

a.

--	--	--	--	--

YAREF15A

b.

--	--	--	--	--

YAREF15B

c.

--	--	--	--	--

YAREF15C

★ 16. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* broke or fractured a bone(s)?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAOSBR45**

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

a.

--	--	--	--	--

YAREF16A

b.

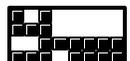
--	--	--	--	--

YAREF16B

c.

--	--	--	--	--

YAREF16C



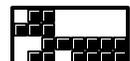
- ★ 17. Was (name of Health ABC participant) hospitalized overnight for any other reasons since we last spoke to (him/her) about 6 months ago?
- 1 Yes 0 No 8 Don't know 7 Refused **YAHOSP**

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

a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17A	b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17B	c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17C
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____
d.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17D	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17E	f.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17F
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____

- ★ 18. Has (name of Health ABC participant) had any same day outpatient surgery since we last spoke to (him/her) about 6 months ago?
- 1 Yes 0 No 8 Don't know 7 Refused **YAOUTPA**

	Was it for. . . ?		Reference #
★ a.	A procedure to open a blocked artery	1 <input type="radio"/> Yes → Complete a Health ABC Event Form, Section III. Record reference #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		0 <input type="radio"/> No	YAREF18A
		8 <input type="radio"/> Don't know YABLART	
★ b.	Gall bladder surgery	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YAGALLBL	
★ c.	Cataract surgery	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YACATAR	
★ d.	TURP (MEN ONLY) (transurethral resection of prostate)	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YATURP	



19. Is there any other illness or condition for which (*name of Health ABC participant*) sees a doctor or other health care professional?

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

Please go to Question #20

Please describe for what:

20. Does (*name of Health ABC participant*) have any problems with (*his/her*) memory?

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

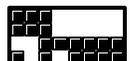
Please go to Question #21

- a. Did (*his/her*) trouble with memory begin suddenly or slowly?
- 1 Suddenly **YAMEMBEG**
 2 Slowly
 8 Don't know
- b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?
- 1 Steady downhill progression **YAMEMPRG**
 2 Abrupt decline
 3 Stayed the same (no decline)
 4 Gotten better
 8 Don't know
- c. Is a doctor aware of (*his/her*) memory problems?

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

What does the doctor believe is causing (*his/her*) memory problems?
 (**Interviewer Note: Please mark only one answer.**)

- | | |
|---|---|
| <input type="radio"/> 1 Alzheimer's disease | <input type="radio"/> 7 Parkinson's disease YAMEMPRB |
| <input type="radio"/> 2 Confusion | <input type="radio"/> 9 Stroke |
| <input type="radio"/> 3 Delerium | <input type="radio"/> 10 Nothing wrong |
| <input type="radio"/> 4 Dementia | <input type="radio"/> 11 Other (<i>Please specify</i>) |
| <input type="radio"/> 5 Depression | _____ |
| <input type="radio"/> 6 Multiinfarct | <input type="radio"/> 8 Don't know |



- ★ 21. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this was because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Does not do.")

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.)

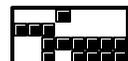
1 A little difficulty YADIF

2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know



23. Does (name of Health ABC participant) have to use a cane, walker, crutches, or other special equipment to help (him/her) get around?
 1 Yes 0 No 8 Don't know 7 Refused **YAEQUIP**

24. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty getting in and out of bed or chairs?
 1 Yes 0 No 8 Don't know 7 Refused **YADIOYN**

a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

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

b. Does (he/she) usually receive help from another person when (he/she) gets in and out of bed or chairs?
 1 Yes 0 No 8 Don't know **YADIORHY**

25. Does (name of Health ABC participant) have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused **YABATHYN**

a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

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

b. Does (he/she) usually receive help from another person in bathing or showering?
 1 Yes 0 No 8 Don't know **YABATHRH**



26. Does (name of Health ABC participant) have any difficulty dressing?
 Yes No Don't know Refused **YADDYN**

a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

A little difficulty **YADDIF**

Some difficulty

A lot of difficulty

Or are they unable to do it?

Don't know

b. Does (he/she) usually receive help from another person in dressing?
 Yes No Don't know **YADDRHYN**

★ 27. In general, would you say that (name of Health ABC participant's) appetite or desire to eat has been. . . ?
(Interviewer Note: Read response options.)

- Very good Very poor **YAAPPET**
- Good Don't know
- Moderate Refused
- Poor

★ 28. Since we last spoke to (name of Health ABC participant) about 6 months ago, has (his/her) weight changed by 5 or more pounds?
(Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant either 5 or more pounds heavier or lighter than they were 6 months ago?)

YACHN5LB Yes No Don't know Refused

★ a. Did (he/she) gain or lose weight?
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

Gain Lose Don't know **YAGNLS**

★ b. How many pounds did (he/she) gain/lose in the past 6 months?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

YAHOW6 pounds Don't know **YAHOW6DN**

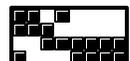


29. Where does *(name of Health ABC participant)* usually go for health care or advice about health care?

(Interviewer Note: Read response options. Please mark only one answer.)

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

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



30. We would like to update all of *(name of Health ABC participant's)* contact information this year. The address that we currently have listed for *(name of Health ABC participant)* is:

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

Is the address that we currently have correct?

Yes

No **NOT COLLECTED**

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

The telephone number(s) that we currently have for *(name of Health ABC participant)* is *(are)*
(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)

Please tell me if these telephone numbers are correct.

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

Yes

No **NOT COLLECTED**

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



31. Do you expect (name of Health ABC participant) to move or have a different mailing address in the next 6 months?

Yes

No

Don't know

Refused **YAMOVE**

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



32. **Interviewer Note: Please answer the following question based on your judgment of the proxy's responses to the Proxy Interview.**

On the whole, how reliable do you think the proxy's responses to the Proxy Interview are?

- 1 Very reliable
2 Fairly reliable **YARELY**
3 Not very reliable
8 Don't know

33. What is the primary reason a proxy was contacted for the Semi-Annual Telephone Interview or Annual Contact? Please mark only one reason.

- 1 Illness/health problem(s)
2 Hearing difficulties
3 Cognitive difficulties **YAPROXY**
4 In nursing home/long-term care facility
5 Refused to give reason
6 Other (*Please specify:* _____)

Thank you very much for answering these questions. Please remember to call us if (*name of Health ABC participant*) is admitted to a hospital or nursing home for any reason so that we can better understand changes in (*his/her*) health. We would also like to hear from you if (*name of Health ABC participant*) moves or if (*his/her*) mailing address changes. We will be calling you in about 6 months from now to find out how (*name of Health ABC participant*) has been doing.



HABC Enrollment ID # [][][][][][][][][] BLID	Acrostic [][][][][][][][][] BLACROS	Date Form Completed [][] / BLDATE [][] / [][][][] Month Day Year	Staff ID # [][][][] BLSTFID
--	---	---	--

SEMI-ANNUAL TELEPHONE CONTACT

Telephone contact: 6 66-mo 7 78-mo 8 Other *(Please specify)*
BLCONTAC _____

Date of last contact: [][] / [][] / [][][][]
 Month Day Year **BLDTCON**

I would like to ask you some questions that we asked you about 6 months ago, on (date of last contact). The reason for asking them again is to find out how you've been doing during the past six months.

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

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

BLHSTAT

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

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

BLBED12

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

[][][] days **BLBEDDAY**

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

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

BLCUT12

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

[][][] days **BLCUTDAY**

[][][][][][][][][]



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

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

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

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

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

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

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

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

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

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

8. Do you have any difficulty bathing or showering?

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

Does someone usually help you bathe or shower?

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

9. Do you have any difficulty dressing?

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

Does someone usually help you to dress?

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

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

BLDWQMYN

① Yes

② No

③ Don't know

④ Refused

⑤ Don't do

Go to Question #10d

Go to Question #11

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

① A little difficulty

② Some difficulty

③ A lot of difficulty

BLDWQMDF

④ Or are you unable to do it

⑤ Don't know

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

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

BLMNRS

① Arthritis

⑫ Hip fracture

② Back pain

⑬ Injury

③ Balance problems/unsteadiness on feet

⑭ Joint pain

④ Cancer

⑮ Lung disease

(asthma, chronic bronchitis, emphysema, etc)

⑤ Chest pain/discomfort

⑯ Old age

(no mention of a specific condition)

⑥ Circulatory problems

⑰ Osteoporosis

⑦ Diabetes

⑱ Shortness of breath

⑧ Fatigue/tiredness (no specific disease)

⑲ Stroke

⑨ Fall

① Other symptom

(Please specify: _____)

⑩ Foot/ankle pain

BLMNRS4

② Multiple conditions/symptoms given; unable to determine MAIN reason

⑪ Heart disease

(including angina, congestive heart failure, etc)

③ Don't know

⑫ High blood pressure/hypertension

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

① Yes

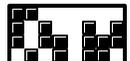
② No

③ Don't know

④ Refused

BLDWSMRM

Go to Question #11



10d. How easy is it for you to walk a quarter of a mile?
(Interviewer Note: Read response options.)

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

BLDWQMEZ

10e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

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

→ Go to Question #11

→ Go to Question #10f

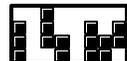
→ Go to Question #10f

BLDW1MYN

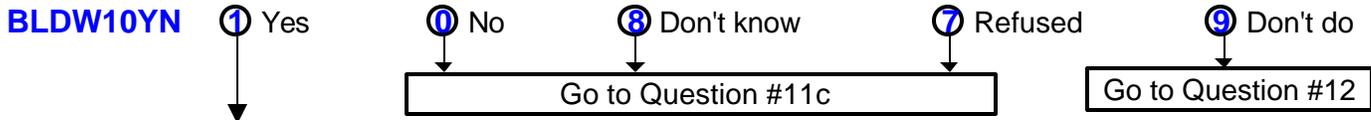
10f. How easy is it for you to walk one mile?
(Interviewer Note: Read response options.)

- 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.")

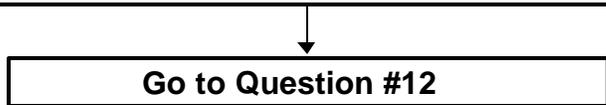


a. How much difficulty do you have?
(Interviewer Note: Read response options.)

- 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 checked="" 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 | |



[]



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
- ④ Don't know/don't do

BLDW10EZ

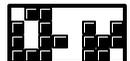
11d. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- ① Yes →
- BLDW20YN** ② No →
- ④ 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
- ④ Don't know/don't do

BLDW20EZ



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

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

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

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

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

- ① Yes
- ① No
- ⑧ Don't know
- ⑦ Refused **BLCHN5LB**

a. Did you gain or lose weight?
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

- ① Gain
- ② Lose
- ⑧ Don't know/don't remember **BLGNLS**

b. How many pounds did you gain/lose in the past 6 months?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

BLHOW6 pounds ⑧ Don't know/don't remember ⑦ Refused **BLHOW6DN**

c. Were you trying to gain/lose weight?

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

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

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



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

/ /
 Month Day Year

16. Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?

- Yes
 No
 Don't know
 Refused
 BLHCHAMI

Were you hospitalized overnight for this problem?

Yes
 No
 BLHOSMI

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

a. BLREF13A

b. BLREF13B

c. BLREF13C

Go to Question #17

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

- Yes
 No
 Don't know
 Refused
 BLHCCVA

Were you hospitalized overnight for this problem?

Yes
 No
 BLHOSMI2

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

a. BLREF14A

b. BLREF14B

c. BLREF14C

Go to Question #18

18. Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure?

- Yes
 No
 Don't know
 Refused
 BLCHF

Were you hospitalized overnight for this problem?

Yes
 No
 BLHOMI3

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

a. BLREF15A

b. BLREF15B

c. BLREF15C

Go to Question #19



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.

- Yes
 No
 Don't know
 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?

- Yes
 No
 Don't know
 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)?

- Yes
 No
 Don't know
 Refused
 BLOSBR45

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

- a.

--	--	--	--	--

BLREF18A
 b.

--	--	--	--	--

BLREF18B
 c.

--	--	--	--	--

BLREF18C

22. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 BLHOSP12

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

a.	<input type="text"/>	b.	<input type="text"/>	c.	<input type="text"/>
	Reason for hospitalization: <u>BLREF19A</u>		Reason for hospitalization: <u>BLREF19B</u>		Reason for hospitalization: <u>BLREF19C</u>
d.	<input type="text"/>	e.	<input type="text"/>	f.	<input type="text"/>
	Reason for hospitalization: <u>BLREF19D</u>		Reason for hospitalization: <u>BLREF19E</u>		Reason for hospitalization: <u>BLREF19F</u>

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
 1 Yes → Complete a Health ABC Event Form, Section III. Record reference #: BLREF20A
 0 No BLBLART
 8 Don't know

b. Gallbladder surgery
 1 Yes
 0 No BLGALLBL
 8 Don't know

c. Cataract surgery
 1 Yes
 0 No BLCATAR
 8 Don't know

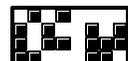
d. Hernia repair
 1 Yes
 0 No BLHERN
 8 Don't know

e. TURP (MEN ONLY)
(transurethral resection of prostate)
 1 Yes
 0 No BLTURP
 8 Don't know

f. Other
 1 Yes →
 0 No BLOTH
 8 Don't know

Please specify the type of outpatient surgery.

i. _____
 ii. _____
 iii. _____



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

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



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

Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes. I look forward to talking with you in about 6 months from now.



HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BJID	BJACROS	Month BJDATE Day Year	BJSTFID

MISSEDFOLLOW-UPCONTACT

Complete this form for each regularly scheduled follow-up clinic visit or telephone contact that has been missed and cannot be made-up.

1 Type of Follow-up Contact Missed

BJTYPE

① Annual Clinic Visit →

Which visit? **BJVISIT**

② Year 02	⑤ Year 05
③ Year 03	⑥ Year 06
④ Year 04	⑦ Year 07

BJVISIT

② Semi-Annual Phone Interview →

Which contact? **BJCONTAC**

① 6-mo	④ 42-mo	⑦ 78-mo
② 18-mo	⑤ 54-mo	
③ 30-mo	⑥ 66-mo	

BJCONTAC

2 Reason Follow-up Contact Missed BJREASON

Please check the primary reason for the missed follow-up visit or telephone contact. Check **only one** reason.

- | | |
|---|--|
| ① Illness/health problem(s) | ⑩ Moved out of area |
| ② Hearing difficulties | ⑪ Travelling/on vacation |
| ③ Cognitive difficulties | ⑫ Personal problem(s) |
| ④ In nursing home/long-term care facility | ⑬ Unable to contact/unable to locate |
| ⑤ Too busy; time and/or work conflict | ⑭ Refused to give reason |
| ⑥ Caregiving responsibilities | ⑮ Modified follow-up regimen
(e.g. will only agree to one contact per year) |
| ⑦ Physician's advice | ⑯ Withdrew from study/withdrew informed consent |
| ⑧ Family member's advice | ⑰ Deceased |
| ⑨ Clinic too far/travel time | ⑱ Other (Please specify: _____) |

3 Comments

