

HABC Enrollment ID # H [] [] [] [] [] R2ID	Acrostic [] [] [] [] [] [] R2ACROS	Date Form Completed [] [] / [] [] / [] [] [] [] Month Day Year R2DATE	Staff ID # [] [] [] [] R2STFID
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YEAR 8 QUESTIONNAIRE

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

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

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

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

- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 8 Don't know
 - 7 Refused
- R2HSTAT**

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

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

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

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

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

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

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

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



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10
R3ID	R3ACROS	R3CONTAC

MEDICAL STATUS

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

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

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

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



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		20 <input type="radio"/> Year 10

R4ID

R4ACROS

R4CONTAC

PHYSICAL FUNCTION

6. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?

(Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Don't do.")

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

1 0 8 7 9

Go to Question #6d Go to Question #7

a. How much difficulty do you have?

(Examiner Note: Read response options.)

R4DWQMDF

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

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

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

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

R4MNRS

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

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

Go to Question #7



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

R5ID

R5ACROS

R5CONTAC

PHYSICAL FUNCTION

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

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

R5DWQMEZ

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

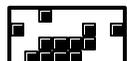
- 1 Yes → Go to Question #7
- 0 No → Go to Question #6f
- 8 Don't know/don't do → Go to Question #6f

R5DW1MYN

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

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

R5DW1MEZ



HABC Enrollment ID #	Acrostic	Type of Annual Contact
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R7ID	R7ACROS	R7CONTAC

PHYSICAL FUNCTION

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

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

R7DW10EZ

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

- 1 ○ Yes → Go to Question #8
- 0 ○ No → Go to Question #7e
- 8 ○ Don't know/don't do → Go to Question #7e

R7DW20YN

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

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

R7DW20EZ



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R8ID

R8ACROS

R8CONTAC

PHYSICAL FUNCTION

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

R8EQUIP 1 Yes 0 No 8 Don't know 7 Refused

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

R8DIOYN 1 Yes 0 No 8 Don't know 7 Refused

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

R8DIORHY 1 Yes 0 No 8 Don't know

10. Do you have any difficulty bathing or showering?

R8BATHYN 1 Yes 0 No 8 Don't know 7 Refused

Does someone usually help you bathe or shower?

R8BATHRH 1 Yes 0 No 8 Don't know

11. Do you have any difficulty dressing?

R8DDYN 1 Yes 0 No 8 Don't know 7 Refused

Does someone usually help you to dress?

R8DDRHYN 1 Yes 0 No 8 Don't know

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

R8DIFSTA 1 Yes 0 No 8 Don't know 7 Refused

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

1 A little difficulty

2 Some difficulty

3 A lot of difficulty

4 Or are you unable to do it

8 Don't know

R8DSTAMT

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

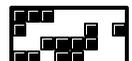
1 Very easy

2 Somewhat easy

3 Or not that easy

8 Don't know

R8EZSTA



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R9ID

R9ACROS

R9CONTAC

PHYSICAL FUNCTION

13. Do you have any difficulty stooping, crouching or kneeling?

(Examiner Note: "Difficulty" refers to difficulty getting down AND/OR getting back up.)

- R9DIFSCK 1 Yes 0 No 8 Don't know 7 Refused

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

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

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

- R9DIFARM 1 Yes 0 No 8 Don't know 7 Refused

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

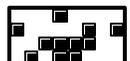
- R9DARMAM 1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty
 4 Or are you unable to do it
 8 Don't know

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

- R9DIFFN 1 Yes 0 No 8 Don't know 7 Refused

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

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



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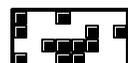
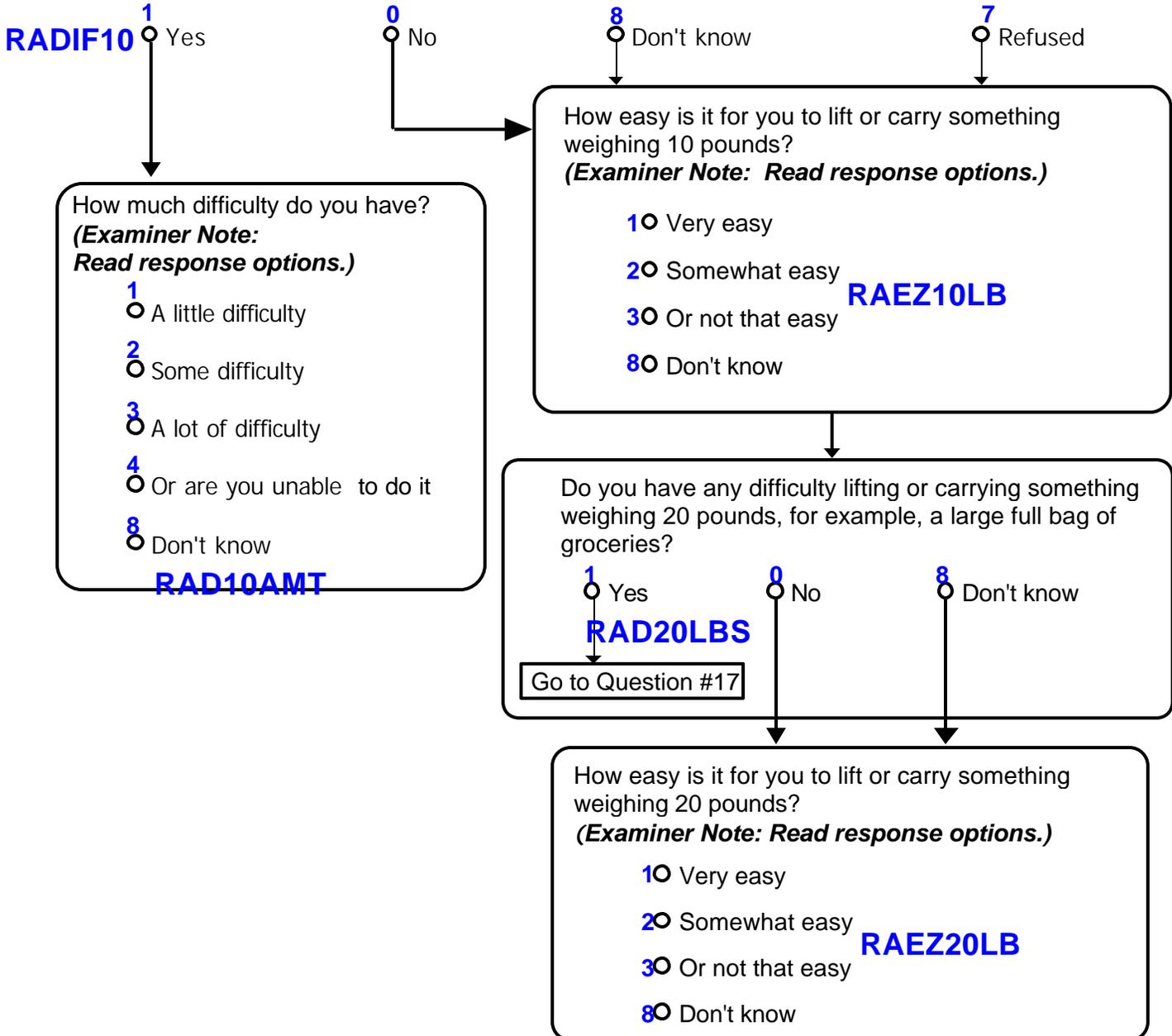
RAID

RAACROS

RACONTAC

PHYSICAL FUNCTION

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



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RBID	RBACROS	RBCONTAC

PHYSICAL ACTIVITY AND EXERCISE

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

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

Go to Question #18

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

RBHC7DAY
 1 Yes
 0 No
 8 Don't know

Go to Question #18

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

RBHCHRS

RBHCMINS

 Don't know -1

RBHCDK



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RCID	RCACROS	RCCONTAC

PHYSICAL ACTIVITY AND EXERCISE

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

Yes **RCEW12MO** No **0** Don't know **8** Refused **7**

Go to Question #19

In the past 7 days, did you go walking?

Yes **1** No **0** **RCEW7DAY**

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

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

RCEWTMDK

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

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

RCEWTDK

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

RCEWPACE

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

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

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

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

Yes **RCFS12MO** No **0** Don't know **8** Refused **7**

Go to Question #20

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

RCFS7DAY Yes **1** No **0** Don't know **8**

Go to Question #20

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

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

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

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



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REID REACROS RECONTAC

PHYSICAL ACTIVITY AND EXERCISE

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

- REMI12MO Yes No Don't know Refused

Go to Question #22

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

REMI7DAY Yes No

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

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

REMIOT1 _____

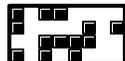
b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?
(Examiner Note: If less than 1 hour, record number of minutes.)

REMI1HR Don't know
Hours Minutes -1

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

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

REMI1MN



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RFID

RFACROS

RFCONTAC

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

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

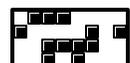
RFVWCURJ **1** Yes **0** No **8** Don't know **7** Refused

23. Do you currently do any volunteer work?

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

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

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



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RGID

RGACROS

RGCONTAC

APPETITE AND WEIGHT CHANGE

25. Now I have some questions about your appetite.

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

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

RGAPPET

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

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

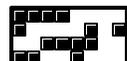
SMOKING HABITS

27. Do you currently smoke cigarettes?

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

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

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



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RHID

RHACROS

RHCONTAC

MEDICAL CONDITIONS

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

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

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

- RHHCHBP** Yes No Don't know Refused

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

- RHSGDIAB** Yes No Don't know Refused

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

- RHAJFALL** Yes No Don't know Refused

Go to Question #31

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

One

Two or three

Four or five **RHAJFNUM**

Six or more

Don't know

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

- RHLCSBUP** Yes No Don't know Refused

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

- RHLCSBLS** Yes No Don't know Refused



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RIID

RIACROS

RICONTAC

MEDICAL CONDITIONS

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

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

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

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

How often did you have this morning cough?

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

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

2 Less than 3 months out of the past 12 months

RICOFNUM

8 Don't know

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

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

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

RIWHZMED 1 Yes 0 No 8 Don't know

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

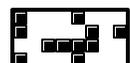
RILCASTH 1 Yes 0 No 8 Don't know 7 Refused

a. Do you still have asthma?

1 Yes 0 No 8 Don't know RILCSHA

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

1 Yes 0 No 8 Don't know RILCAS12



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RJID

RJACROS

RJCONTAC

MEDICAL CONDITIONS

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

RJLCASHP Yes No Don't know Refused

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

a. Emphysema?

RJLCEMPH Yes No Don't know Refused

b. Chronic obstructive pulmonary disease or COPD?

RJLCCOPD Yes No Don't know Refused

c. Chronic bronchitis?

RJLCCHBR Yes No Don't know Refused

Do you still have chronic bronchitis?

Yes No Don't know

RJLCSHCB



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RKID	RKACROS	RKCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

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

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

Were you hospitalized overnight for this problem?
RKHOSMI Yes No

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

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

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

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

Go to Question #40

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

Were you hospitalized overnight for this problem?
RKHOSMI3 Yes No

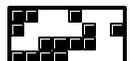
Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

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

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

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

Go to Question #41



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RLID	RLACROS	RLCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

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

RLHCCVA Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RLHOSMI2 Yes No

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

Go to Question #42

a. [] [] [] [] [] **RLREF41A**

b. [] [] [] [] [] **RLREF41B**

c. [] [] [] [] [] **RLREF41C**

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

RLCHMGMT Yes No Don't know Refused

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

a. [] [] [] [] [] **RLREF42A**

b. [] [] [] [] [] **RLREF42B**

c. [] [] [] [] [] **RLREF42C**



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RMID	RMACROS	RMCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

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

- RMLCPNEU** Yes No Don't know Refused

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

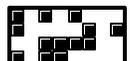
- a. **RMREF43A**
- b. **RMREF43B**
- c. **RMREF43C**

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

- RMOSBR45** Yes No Don't know Refused

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

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



HABC Enrollment ID #	Acrostic	Type of Annual Contact
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RNID RNACROS RNCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

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

RNHOSP12 Yes No Don't know Refused

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

a. [] [] [] [] [] RNREF45A Reason for hospitalization: _____	b. [] [] [] [] [] RNREF45B Reason for hospitalization: _____	c. [] [] [] [] [] RNREF45C Reason for hospitalization: _____
d. [] [] [] [] [] RNREF45D Reason for hospitalization: _____	e. [] [] [] [] [] RNREF45E Reason for hospitalization: _____	f. [] [] [] [] [] RNREF45F Reason for hospitalization: _____

46. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?

RNOUTPA Yes No Don't know Refused

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



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

ROID

ROACROS

ROCONTAC

MEDICAL CONDITIONS AND FATIGUE

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

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

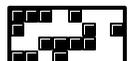
Go to Question #48

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

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

ROELEV Energy level 8 Don't know 7 Refused

ROELEVRF



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

RPID

RPACROS

RPCONTAC

EYESIGHT AND DRIVING

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

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

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

RPESQUAL

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

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

RPESCAR

a. When did you stop driving?

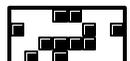
- 1 Less than 6 months ago
- 2 6-12 months ago
- 3 More than 12 months ago
- 8 Don't know

RPESSTOP

b. Did you stop driving because of your eyesight?

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

RPESSITE



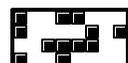
HABC Enrollment ID # H	Acrostic R Q A A 0 1 N	Type of Annual Contact <input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10 RQCONTAC
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ACTIVITY ASSESSMENT

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

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

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



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

RRACROS

RRCONTAC

FEELINGS DURING THE PAST WEEK (CES-D)

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

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



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

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

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

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

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

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



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

SOCIAL NETWORK AND SUPPORT

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

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

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

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



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

RWID RWACROS RWCONTAC
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: _____)*

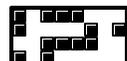
Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.

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

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

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

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



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

CURRENT ADDRESS AND TELEPHONE NUMBER

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

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

Is the address that we currently have correct?

RXADDYN Yes No

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

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

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

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

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

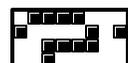
Yes No **NOT COLLECTED**

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

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

RXSSESPY Yes No Don't know Refused

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



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

RYID RYACROS RYCONTAC
CONTACT INFORMATION

62. You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer for yourself. Please tell me if the information I have is still correct.
 (Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for someone who could provide information and answer questions for the participant is correct.)

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

RYCIYN 1 Yes 0 No

Go to Question #63

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

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

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

Go to Question #64

Go to Question #65

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

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

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

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

Go to Question #65

Go to Question #65

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

Go to Question #65



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

Page of

MEDICATION INVENTORY FORM

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

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

5. Name:

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

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

6. Name:

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

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

7. Name:

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

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

8. Name:

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

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

9. Name:

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

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

Formulation Codes:

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



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

S4ID

S4ACROS

S4CONTAC

STANDING HEIGHT

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

1. Was the participant standing sideways due to kyphosis at the baseline [Year 1] clinic visit?

(Examiner Note: Refer to Data from Prior Visits Report. If possible, use the same position that was used at the baseline clinic visit.)

¹ Yes ⁰ No ⁸ Don't know **S4Y1KYP**

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

¹ Yes ⁰ No **S4KYP**

3. Measurement 1 mm **S4SH1**

4. Measurement 2 mm **S4SH2**

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

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

¹ Yes ⁰ No **S4SHDF3**

Complete Measurement 3 and Measurement 4 below.

Go to Weight.

7. Measurement 3 mm **S4SH3**

8. Measurement 4 mm **S4SH4**

Staff ID#: **S4STFID**

WEIGHT

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

1. Measurement 1 . kg **S4WTK**

2. Measurement 2 . kg **S4WTK2**

Staff ID# **S4STFID2**



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

RADIAL PULSE

Measurement 1 beats per 30 seconds **S5PLSSM1**

+

Measurement 2 beats per 30 seconds **S5PLSSM2**



= beats per minute **S5PLSAV**

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



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
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S7ID

S7ACROS

S7CONTAC

S7STFID

GRIP STRENGTH

(Hand-Held Dynamometry)

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

- Yes No Don't know Refused **S7WRST1**

Which hand?		
<input type="radio"/> Right	<input type="radio"/> Left	<input type="radio"/> Both right and left S7WRTRL
Do NOT test right.	Do NOT test left.	Do NOT test either hand. Go to Questions #4 and #5 on next page and mark "Unable to test/exclusion/didn't understand."

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

- Yes No Don't know Refused **S7ARWRSR**

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

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

- Yes No Don't know Refused **S7ARWRSL**

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



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

S8ID

S8ACROS

S8CONTAC

GRIP STRENGTH (Hand-Held Dynamometry)

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

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

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

Examiner Note: *Show dial to participant.*

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

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

S8RTR1 Trial 1 kg ⁷ Refused ⁹ Unable to complete S8RRUC1

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

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

S8RTR2 Trial 2 kg ⁷ Refused ⁹ Unable to complete S8RRUC2

Repeat the procedure on the left side.

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

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

S8LTR1 Trial 1 kg ⁷ Refused ⁹ Unable to complete S8LRUC1

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

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

S8LTR2 Trial 2 kg ⁷ Refused ⁹ Unable to complete S8LRUC2



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

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

BONE DENSITY (DXA) SCAN

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

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

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

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

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



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

SAID

SAACROS

BONE DENSITY (DXA) SCAN

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

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

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

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

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

On which side did you have hip replacement surgery?

1 Right 2 Left 3 Both **SAHIPRP2**

Do NOT scan right hip.

Do NOT scan left hip.

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

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

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

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

Scan right hip unless contraindicated.

Scan left hip unless contraindicated.

Scan right hip unless contraindicated.



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

BONE DENSITY (DXA) SCAN

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

a. Whole body

¹
 Yes ⁰
 No **SBWB**

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

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

Month Day Year

b. Hip

¹
 Yes ⁰
 No **SBHIP**

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

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

Month Day Year



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
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ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Exclusion Criteria

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

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

¹ Yes
 ⁰ No
 ⁸ Don't know
 SCBP2

Do NOT test. Go to Question #11.

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

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

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

Do NOT test. Go to Question #11.

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

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

Do NOT test. Go to Question #11.

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

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

Which leg?		
<input type="radio"/> ¹ Right leg	<input type="radio"/> ² Left leg	<input type="radio"/> ³ Both legs SCKRLB1
Do NOT test right leg.	Do NOT test left leg.	Do NOT test either leg. Go to Question #11.



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

SDID

SDACROS

SDCONTAC

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

5. During the Kin-Com exam, which leg was tested at the Year 6 clinic visit?

(Examiner Note: Refer to the Data from Prior Visits Report to see which leg was tested at Year 6.)

DKCLY6 Right leg Left leg Test not performed at Year 6 clinic visit

Right leg Left leg Test not performed at Year 6 clinic visit

Test right leg unless contraindicated. Test left leg unless contraindicated.

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

SDKCY1 Right leg Left leg Neither

Test right leg unless contraindicated. Test left leg unless contraindicated.

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

SDKCY1HP Right hip Left hip Neither

Test right leg unless contraindicated. Test left leg unless contraindicated. Test right leg unless contraindicated.

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

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

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

Which leg is stronger?

Right leg Left leg Don't know **SDWKR**

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

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

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

Which knee?

Right knee Left knee Both knees **SDKRLB2**



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

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Manual Test

8. Which leg was tested?
- 1 Right leg 2 Left leg 3 Manual Test not performed **SERL2**

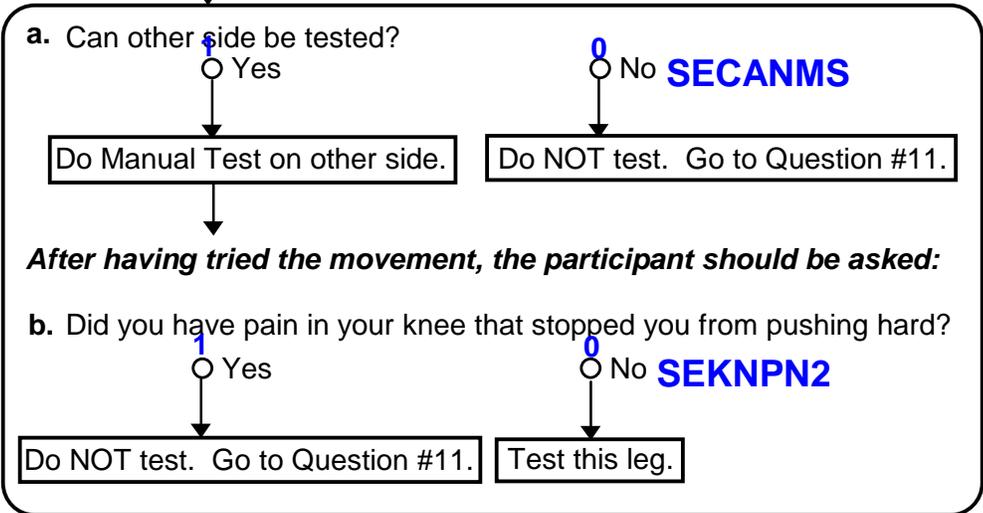
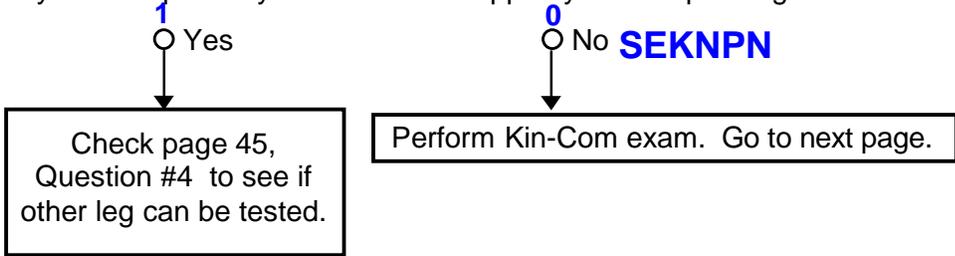
↓

Please explain why:

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

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

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



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

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Manual Positioning Settings

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

<p>a. Dynamometer tilt SFDTLT [][] [][] °</p> <p>b. Dynamometer rotation SFDROT [][] [][] °</p> <p>c. Lever arm green C stop SFLEVGR [][]</p> <p>d. Lever arm red D stop SFLEVRD [][]</p> <p style="text-align: center;">SFMAXFC</p> <p>j. Maximum isometric effort to determine starting force [][] [][] \div 2 = [][] [][] → Enter as Start Forward Force</p>	<p>e. Seat rotation [][] [][] SFSTROT</p> <p>f. Seat back angle [][] [][] SFSTBK</p> <p>g. Seat bottom depth [][] SFSTBOT cm</p> <p>h. Seat bottom angle [][] [][] SFSTBOTA</p> <p>i. Lever arm length [][] SFLENGTH cm</p>
SFSTFOR	

Kin Com Test

11. Which leg was tested?

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

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

2. Were three curves accepted?
 1 Yes 0 No **SFCURV**

a. Why not?

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

3. Peak Torque
 [][] [][] Nm **SFPKTORQ**

4. Average Torque
 [][] [][] Nm **SFAVATORQ**

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

-1 Participant excluded based on eligibility criteria **SFEEC**

-1 Participant refused **SFKPRF**

-1 Other (Please specify:
SFOTEX _____)



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

SGACROS

SGCONTAC

SGSTFID

PULMONARY FUNCTION TEST TRACKING

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

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

1 Yes 0 No **SGBPCHK**

Do NOT test. Go to Question #9.

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

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

Do NOT test. Go to Question #9.

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

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

Do NOT test. Go to Question #9.

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

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

Do NOT test. Go to Question #9.

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

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

Do NOT test. Go to Question #9.

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

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



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

PULMONARY FUNCTION TEST TRACKING

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

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

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

Has the participant used their . . .

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

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

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

Administer PFT and go to Question # 8.

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

Administer PFT and go to Question # 8.

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

SHSPIRTY

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

9. Was the spirometry test completed?

1 Yes 0 No **SHSPIR**

Record the results:

SHFVCBST FVC Best value: [] . [] [] liters

SHFVCPR FVC Percent predicted: [] [] [] . [] percent

SHFEVBST FEV₁ Best value: [] . [] [] liters

SHFEVPR FEV₁ Percent predicted: [] [] [] . [] percent

SHFEVPR2 FEV₁/FVC%: [] [] [] . [] percent

Why wasn't the spirometry test completed?

(Examiner Note: Mark all that apply.)

- 1 Equipment failure **SHPFTEQ**
- 1 Participant unable to understand instructions **SHPETUU**
- 1 Participant medically excluded **SHPFTME**
- 1 Participant physically unable to cooperate **SHPFTUC**
- 1 Participant refused **SHPFTRF**
- 1 Other **(Please specify:)**
SHPFTOT



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
SIID	SIACROS	SICONTAC	SISTFID

CHAIR STANDS

SINGLE CHAIR STAND

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

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

Test: "Ready, Go!"

7○ Participant refused	SISCS	→	Go to Standing Balance on page 52.
9○ Not attempted, unable		→	Go to Standing Balance on page 52.
0○ Attempted, unable to stand		→	Go to Standing Balance on page 52.
1○ Rises using arms		→	Go to Standing Balance on page 52.
2○ Stands without using arms		→	Go to Repeated Chair Stands below.

REPEATED CHAIR STANDS

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

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

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

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

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

7○ Participant refused	SIRCS	
9○ Not attempted, unable		
1○ Attempted, unable to complete 5 stands without using arms	→	[] SICOMP Number completed without using arms
2○ Completes 5 stands without using arms	→	[] [] . [] [] Seconds to complete SISEC



HABC Enrollment ID #	Acoustic	Type of Annual Contact	Staff ID#
H [] [] [] [] []	SJACROS	16 O Year 8 20 O Year 10	[] [] []

STANDING BALANCE

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

SEMI-TANDEM STAND

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

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

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

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

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

- 7 Participant refused → Go to Teng mini-mental state on page 54.
- 9 Not attempted, unable → Go to Teng mini-mental state on page 54.
- 1 Unable to attain position or cannot hold for at least one second → Go to Teng mini-mental state on page 54.
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] **SJSTSTM** seconds. Go to Tandem Stand below.
- 3 Holds position for 30 seconds → Go to Tandem Stand below.

SJSTS

TANDEM STAND

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

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

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

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

Trial 1:

SJTS1

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



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

SKID

SKACROS

SKCONTAC

STANDING BALANCE

TANDEM STAND

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

Trial 2:

○ Participant refused → Go to One-Leg Stand below.

7

○ Not attempted, unable → Go to One-Leg Stand below.

9

SKTS2

○ Unable to attain position or cannot hold for at least one second → Go to One-Leg Stand below.

1

○ Holds position between 1 and 29 seconds → . **SKTS2TM** seconds. Go to One-Leg Stand below.

2

○ Holds position for 30 seconds → Go to One-Leg Stand below.

3

ONE-LEG STAND

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

Demonstrate and say: "Try to hold your foot up until I say stop. If you lose your balance put your foot down."

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

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

Trial 1:

○ Participant refused → Go to Teng mini-mental state on page 54.

7

○ Not attempted, unable → Go to Teng mini-mental state on page 54.

9

SKTR1

○ Unable to attain position or cannot hold for at least one second → Go to Trial 2.

1

○ Holds position between 1 and 29 seconds → . **SKTR1TM** seconds. Go to Trial 2.

2

○ Holds position for 30 seconds → Go to Teng mini-mental state on page 54.

3

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

SKTR2

Trial 2:

○ Participant refused → Go to Teng mini-mental state on page 54.

7

○ Not attempted, unable → Go to Teng mini-mental state on page 54.

9

○ Unable to attain position or cannot hold for at least one second → Go to Teng mini-mental state on page 54.

1

○ Holds position between 1 and 29 seconds → . **SKTR2TM** seconds. Go to Teng mini-mental on page 54.

2

○ Holds position for 30 seconds → Go to Teng mini-mental state on page 54.

3



H [] [] [] [] [] []

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

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

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

Month

Day

Year

SLID

SLACROS

SLDATE

SLSTFID

Type of Annual Contact

- Year 8 Year 10

TENG MINI-MENTAL STATE EXAM (3MS)

SLCONTAC

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

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

1 When were you born? **SLBORNRF**

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

Month Day Year

SLBORNM SLBORND SLBORN Y

Where were you born? (Place of Birth?)

Answer given	Can't do/ Refused	Not attempted/ disabled
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. City/town **SLCITY**

e. State/Country **SLSTE**

Examiner Note:
Ask again in Question #18.

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

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

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

[] [] [] [] [] **SLCNTBK**

4 a. Spell "world."

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

b. Now spell "world" backwards

(Examiner Note: Record letters in order given. Enter "xxxxx" if no response.)

[] [] [] [] [] **SLSPWLD**

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

Shirt, Blue, Honesty

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

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



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

a. Shirt SMSHRM

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

b. Blue SMLBRM

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

c. Honesty SMHNRM

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

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

[] [] / [] [] / [] [] 1 ○ No response
SMTDAYM / SMTDAYD / SMTDAYY SMTDAYRF
Month Day Year

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

1 ○ Correct SMDAYWK
7 ○ Error/refused Day of the week
3 ○ Not attempted/disabled

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

1 ○ Correct SMSEAS
7 ○ Error/refused Season
3 ○ Not attempted/disabled

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

1 ○ Correct SMSTAT
7 ○ Error/refused State
3 ○ Not attempted/disabled

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

1 ○ Correct SMCNTY
7 ○ Error/refused County
3 ○ Not attempted/disabled

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

1 ○ Correct SMCITN
7 ○ Error/refused City/town
3 ○ Not attempted/disabled

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

1 ○ Correct SMWHRE
7 ○ Error/refused
3 ○ Not attempted/disabled



H					
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16 Year 8 20 Year 10

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

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

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

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

"What (other) animals have four legs?"

The first time an incorrect answer is provided, say,

"I want four-legged animals."

Do not correct for subsequent errors.

Score (total correct responses):

SNE2SCR

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

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

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

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

b. In what way are laughing and crying alike?

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

c. In what way are eating and sleeping alike?

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

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

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



H					
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16 20
 Year 8 Year 10

SOID

SOACROS

SOCONTAC

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

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

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

SOIF

SOAND

SOBUT

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

"Please do this."

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

"Read and do what this says."

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

"Do what this says."

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

"Open."
SOCR D1

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

14 Please write the following sentence:

I would like to go out.

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

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

SOWLD

SOLKE

SOTO

SOGO

SOOUT

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

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



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

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

a. Pentagon 1 **SPPENT1**

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

b. Pentagon 2 **SPPENT2**

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

c. Intersection **SPINT**

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

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

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

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

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



SQID

SQACROS

SQCONTAC

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

a. Shirt SQSH2

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

b. Blue SQBLU2

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

c. Honesty SQHON2

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

18 Would you please tell me again where you were born?
(Examiner Note: Ask this question only when a response was given in Question #1d and #1e. Score the response by checking against the response in Question #1d and #1e.)

Place of Birth?	Matches	Does not match/ Refused	Not attempted/ disabled
a. _____ City/Town	1 SQCITY2	7 ○	3 ○
b. _____ State/Country	1 SQSTE2	7 ○	3 ○

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

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



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
SRID	SRACROS	SRCONTAC	SRSTFID

DIGIT SYMBOL SUBSTITUTION TEST

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

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

- Point to the four rows of boxes.

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

- Fill in the first three sample boxes.

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

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

SRTST

- | | | | |
|--|---|---------------------------------|--|
| <input type="radio"/> 1 Sample completed | <input type="radio"/> 2 Unable to complete sample | <input type="radio"/> 7 Refused | <input type="radio"/> 3 Unable to test
(arthritis, poor vision, etc.) |
|--|---|---------------------------------|--|

Go on to timed test.

Do NOT go on to timed test.
Write in "00" below for Number Completed and "00" for Number Incorrect.

Do NOT go on to timed test.
Do not score.

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

Stop the participant after 90 seconds. Say:

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

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

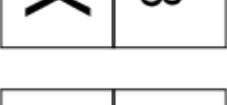
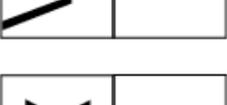
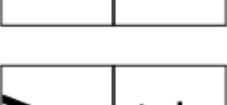
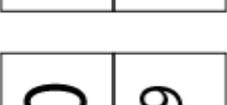
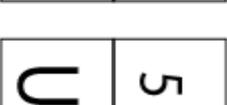
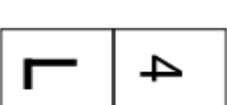
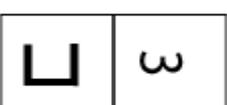
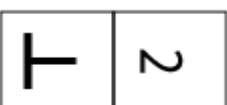
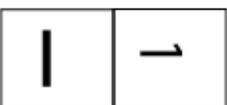
Number Completed: [] [] Number Incorrect: [] []

SRNC

SRNI



DIGIT



SCORE



Draft

SAMPLES

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

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

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

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

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

CLOX 1

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

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

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



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
STID	STACROS	STCONTAC	STSTFID

20-METER WALK

1. Describe the 20-meter walk.

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

Examiner Note: Demonstrate how to walk past the cone.

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

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

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

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

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

ST20MW1

7○ Participant refused

9○ Not attempted, unable

1○ Attempted, unable to complete

(Examiner Note: Do not record time.)

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

ST20TM1A Time on stop watch: [] : [] [] . [] []
Min Second Hundredths/Sec
ST20TM1B

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

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

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

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

ST20MW2

7○ Participant refused

9○ Not attempted, unable

1○ Attempted, unable to complete

(Examiner Note: Do not record time.)

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

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

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

1○ Yes 0○ No **STWLKAID**



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
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SUID

SUACROS

SUCONTAC

SUSTFID

LONG-DISTANCE CORRIDOR WALK ELIGIBILITY ASSESSMENT

Before Testing:

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

(Examiner Note: Refer to page 63.)

Yes

No **SU20MWC**

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

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

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

Yes

No **SUMARQ**

Examiner Note: Mark all that apply.

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

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

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

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

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

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

Yes

No **SUHR40**

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

4. a. Is systolic blood pressure > 199 mm Hg?

(Examiner Note: Refer to systolic blood pressure recorded on page 39.)

SUSYSYN Yes No

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

b. Is diastolic blood pressure > 109 mm Hg?

(Examiner Note: Refer to diastolic blood pressure recorded on page 39.)

SUSYDIYN Yes No

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



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

SVID

SVACROS

SVCONTAC

LONG-DISTANCE CORRIDOR WALK ELIGIBILITY ASSESSMENT

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

Yes

No **SVWKAID2**

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

6. Describe Test

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

Exclusion Questions:

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

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

SVHA ¹ Yes

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

No

Don't know

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

SVANG ¹ Yes

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

No

Don't know

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

SVHS ¹ Yes

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

No

Don't know

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

i) Chest pain **SVCP** ¹ Yes

Do 2-minute walk only,
and then go to Question #6 on page 71.

No

Don't know

ii) Angina **SVANGI** ¹ Yes

Do 2-minute walk only,
and then go to Question #6 on page 71.

No

Don't know



LONG-DISTANCE CORRIDOR WALK INSTRUCTIONS & SCRIPT

1. Attachment of heart rate monitor:

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

Attach the monitor.

2. Demonstrate and introduce both walks:

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

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

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

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



LONG-DISTANCE CORRIDOR WALK INSTRUCTIONS & SCRIPT

2-minute Walk

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

Record the participant's heart rate.

Ready stop watch.

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

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

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

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

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

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

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

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

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

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

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



LONG-DISTANCE CORRIDOR WALK INSTRUCTIONS & SCRIPT

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

Record the participant's heart rate.

Describe the 400-meter walk.

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

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

Start the stop watch.

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

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

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

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

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

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

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

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

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

2-MINUTE WALK

SWID

SWACROS

SWCONTAC

SWSTFID

1. Heart rate: bpm **SWHR2MW**

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

b. Is heart rate >135 bpm? 1 Yes 0 No **SWB2PL**



Go to Question #2e.

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

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

d. Is heart rate >135 bpm? 1 Yes 0 No **SWPLS2**

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

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

f. Meter mark: **SW2MTR** meters

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

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

: . **SW2MWTM2**

Min Second Hundredths/Sec

SW2MWTM1

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

1 Yes 0 No **SW2PLS**

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

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

1 Yes 0 No **SWC2MW**

(Examiner Note: Mark all that apply.)

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

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



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

400-METER WALK

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

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

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

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

SXADDMS
meters

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

Restart stopwatch

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

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

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

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

400-METER WALK

SYID

SYACROS

SYCONTAC

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

1 O Yes 0 O No SYCM4MW

(Examiner Note: Mark all that apply.)

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

SY4OTH

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

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

a. Chest pain	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWCP
b. Shortness of breath	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWSOB
c. Knee pain	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWKP
d. Hip pain	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWHP
e. Calf pain	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWCF
f. Foot pain	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWFP
g. Numbness or tingling in your legs or feet	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWNUMB
h. Leg cramps	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWLC
i. Back pain	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWBP
j. Other (Please specify: _____)	1 O Yes	0 O No	8 O Don't know	7 O Refused	SYWOTH



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
SZID	SZACROS	SZCONTAC	SZSTFID

PHLEBOTOMY

1 First sample collection 2 Second sample collection

SZLABVIS
SZLABVIS1

1. Do you bleed or bruise easily?

SZBLBR Yes No Don't know Refused

1 0 8 7

SZBRCD
SZBRCD1

Bar Code Label

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

Yes No Don't know Refused

1 0 8 7

SZFNT
SZFNT1

3. Have you ever had a radical mastectomy? **(Female Participants Only)**

Yes No Don't know Refused

1 0 8 7

SZRADMAS
SZRADMAS1

Which side?

1 Right 2 Left 3 Both

SZRMSIDE **SZRMSIDE1**

Right → Draw blood on left side.

Left → Draw blood on right side.

Both → Do NOT draw blood. Go to Question #10 on page 74.

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

Yes No Don't know Refused

1 0 8 7

SZKIDNEY
SZKIDNEY1

Which side?

1 Right 2 Left 3 Both

SZKDSIDE **SZKDSIDE1**

Right → Draw blood on left side.

Left → Draw blood on right side.

Both → Do NOT draw blood. Go to Question #10 on page 74.

Analysts, use the variables without the line through them for analyses.



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

T1ID **T1ACROS** **T1CONTAC**
PHLEBOTOMY

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

T1LABVIS
T1LABVIS1

5. Time at start of venipuncture:

T1VTM

		:		
Hours	Minutes			

am pm **T1AMP4** **T1VTM241**

6. Time blood draw completed:

T1BLDRTM

		:		
Hours	Minutes			

am pm **T1AMP5** **T1BDTM241**

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

		minutes
--	--	---------

T1TOUR
T1TOUR1

Comments on phlebotomy:

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

a. Date of last food:

--	--

 /

--	--

 /

--	--	--	--

T1LMD **T1LMD1**

Month Day Year

T1MHM

b. Time of last food:

--	--

 :

--	--

 am pm **T1LMAPM** **T1MHM241**

Hours Minutes

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

T1FAST

--	--

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

T1FAST1

Analysts, use the variables without the line through them for analyses.



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

T2ID
PHLEBOTOMY

T2ACROS

T2CONTAC

First sample collection
 Second sample collection

T2LABVIS
T2LABVIS1

9. Quality of venipuncture:

Clean

Traumatic **T2QVEN**

T2QVEN1

Please describe. Mark all that apply:

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

T2PVC1

T2PH1

T2PVHTG1

T2PMS1

T2PEDD1

T2PLVS1

T2POTH1

10. Was any blood drawn?

Yes

No **T2BLDR**

T2BLDR1

Please describe why not: _____

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

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. CPT	8 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV1 T2BV11
2. Lipid panel	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV2 T2BV21
3. PAXgene	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV3 T2BV31

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] []
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T3ID **T3ACROS** **T3CONTAC** **T3STFID**
LABORATORY PROCESSING **T3STFID1**

1 First sample collection **2** Second sample collection

T3LABVIS **T3SLABVIS1**
T3BRCD2 Bar Code Label

T3BRCD21

1. Draw Tube # 1 (CPT)

T3TMSP241 Time at start of processing: [] [] : [] [] **T3AMPMS**
 am pm

Collection Tubes	Cryo #	Vol.	Type	To	Fill in Bubble	Problems	Not Filled
Citrated plasma	1	var	b/4.0	M	T301X1 <input type="radio"/>	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B T301HPB1	-1 <input type="radio"/> T301NX1
Buffy + RNA-later	2	var	b/4.0	M	T302X1 <input type="radio"/>	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B T302HPB1	-1 <input type="radio"/> T302NX1

PAXgene

2. Time draw tube #2 placed in regular (-20°C) freezer :

T3MINPX [] [] : [] [] **T3AMPMPX**
 am pm **T3TMPX241**
 Hours Minutes

RNA-later

3. Time buffy coat aliquoted into cryovial #2 containing RNA-later and placed in 4°C refrigerator:

T3MINRN [] [] : [] [] **T3AMPMRN** **T3TMRN241**
 am pm
 Hours Minutes

4. Date cryovial #2 placed in -70°C freezer:

[] [] / [] [] / 2 0 0 [] **T3DATE** **T3DATE1**
 Month Day Year

5. Time cryovial #2 placed in -70°C freezer (should be at least 12 hours after being placed in cryovial #2 containing RNA-later):

T3MINFR [] [] : [] [] **T3AMPMFR** **T3TMFR241**
 am pm
 Hours Minutes

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
SZID	SZACROS	SZCONTAC	SZSTFID

PHLEBOTOMY

1 First sample collection 2 Second sample collection

SZLABVIS
SZLABVIS2

1. Do you bleed or bruise easily?

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

SZBRCD
SZBRCD2

Bar Code Label

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

1 Yes 0 No 8 Don't know 7 Refused

SZFNT
SZFNT2

3. Have you ever had a radical mastectomy? **(Female Participants Only)**

1 Yes 0 No 8 Don't know 7 Refused

SZRADMAS
SZRADMAS2

Which side?

1 Right 2 Left 3 Both

SZRMSIDE **SZRMSIDE2**

Draw blood on left side.	Draw blood on right side.	Do NOT draw blood. Go to Question #10 on page 74.
--------------------------	---------------------------	---

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

1 Yes 0 No 8 Don't know 7 Refused

SZKIDNEY
SZKIDNEY2

Which side?

1 Right 2 Left 3 Both

SZKDSIDE
SZKDSIDE2

Draw blood on left side.	Draw blood on right side.	Do NOT draw blood. Go to Question #10 on page 74.
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Analysts, use the variables without the line through them for analyses.



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

T1ID **T1ACROS**
PHLEBOTOMY

T1CONTAC

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

T1LABVIS
T1LABVIS2

5. Time at start of venipuncture:

T1VTM

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

am pm **T1AMPM4**

T1VTM242

6. Time blood draw completed:

T1BLDRTM

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

am pm **T1AMPM5**

T1BDTM242

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

<input type="text"/>	<input type="text"/>	minutes
----------------------	----------------------	---------

T1TOUR
T1TOUR2

Comments on phlebotomy:

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

a. Date of last food: / /

Month Day Year

T1MHM

T1LMD **T1LMD2**

b. Time of last food: :

Hours Minutes

am pm **T1LMAPM**

T1MHM242

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

T1FAST hours

T1FAST2

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

Analysts, use the variables without the line through them for analyses.



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

T2ID
PHLEBOTOMY

T2ACROS

T2CONTAC

First sample collection
 Second sample collection

T2LABVIS
T2LABVIS2

9. Quality of venipuncture:

Clean

Traumatic **T2QVEN**

T2QVEN2

Please describe. Mark all that apply:

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

T2PVC2

T2PH2

T2PVHTG2

T2PMS2

T2PEDD2

T2PLVS2

T2POTH2

10. Was any blood drawn?

Yes

No **T2BLDR**

T2BLDR2

Please describe why not: _____

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

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. CPT	8 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV1 T2BV12
2. Lipid panel	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV2 T2BV22
3. PAXgene	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV3 T2BV32

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 O Year 8 20 O Year 10	Staff ID# [] [] []
---	---------------------------------	---	--------------------------

T3ID **T3ACROS** **T3CONTAC** **T3STFID**
LABORATORY PROCESSING **T3STFID2**

1 First sample collection **2** Second sample collection

T3LABVIS **T3SLABVIS2**
T3BRCD2 Bar Code Label

T3BRCD22

1. Draw Tube # 1 (CPT)

T3TMSP242 Time at start of processing: [] [] : [] [] **T3TIMESP**
 am pm **T3AMPMSP**

Collection Tubes	Cryo #	Vol.	Type	To	Fill in Bubble	Problems	Not Filled
Citrated plasma	1	var	b/4.0	M	T301X2 -1	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B 1 2 3	-1 <input type="radio"/> T301NX2
Buffy + RNA-later	2	var	b/4.0	M	T302X2 -1	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B 1 2 3	-1 <input type="radio"/> T302NX2

PAXgene

2. Time draw tube #2 placed in regular (-20°C) freezer :

T3MINPX [] [] : [] [] **T3AMPMPX**
 am pm **T3TMPX242**
 Hours Minutes

RNA-later

3. Time buffy coat aliquoted into cryovial #2 containing RNA-later and placed in 4°C refrigerator:

T3MINRN [] [] : [] [] **T3AMPMRN** **T3TMRN242**
 am pm
 Hours Minutes

4. Date cryovial #2 placed in -70°C freezer:

[] [] / [] [] / 2 0 0 [] **T3DATE** **T3DATE2**
 Month Day Year

5. Time cryovial #2 placed in -70°C freezer (should be at least 12 hours after being placed in cryovial #2 containing RNA-later):

T3MINFR [] [] : [] [] **T3AMPMFR** **T3TMFR242**
 am pm
 Hours Minutes

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H [] [] [] []	[] [] [] []	<input checked="" type="radio"/> 16 Year 8 <input type="radio"/> 18 Year 9 <input type="radio"/> 20 Year 10
R2ID	R2ACROS	R2CONTAC

ANNUAL TELEPHONE INTERVIEW

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

Month Day Year

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

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

- | | |
|-----------------------------------|------------------------------------|
| <input type="radio"/> 1 Excellent | <input type="radio"/> 5 Poor |
| <input type="radio"/> 2 Very good | <input type="radio"/> 8 Don't know |
| <input type="radio"/> 3 Good | <input type="radio"/> 7 Refused |
| <input type="radio"/> 4 Fair | |
- R2HSTAT**

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

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

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

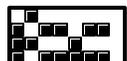
[] [] [] days **R2BEDDAY**

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

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

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

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



HABC Enrollment ID #	Acrostic	Year of Annual Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ¹⁸ <input type="radio"/> Year 9 ²⁰ <input type="radio"/> Year 10
R3ID	R3ACROS	R3CONTAG

MEDICAL STATUS

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

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

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

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



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

R4ID R4ACROS R4CONTAC
PHYSICAL FUNCTION

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

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

↓ ↓ ↓ ↓ ↓

Go to Question #6d Go to Question #7

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

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

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

- Arthritis Hip fracture
- Back pain Injury
- Balance problems/unsteadiness on feet Joint pain
(Please specify: _____)
- Cancer Leg pain
- Chest pain/discomfort Lung disease
(asthma, chronic bronchitis, emphysema, etc)
- Circulatory problems Old age
(no mention of a specific condition)
- Diabetes Osteoporosis
- Fatigue/tiredness (no specific disease) Shortness of breath
- 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

R4MNRS

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

Go to Question #7

HABC Enrollment ID #	Acrostic	Year of Annual Interview
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R5ID

R5ACROS

R5CONTAC

PHYSICAL FUNCTION

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

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

R5DWQMEZ

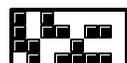
6e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

- 1 Yes →
- R5DW1MYN** 0 No →
- 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

R5DW1MEZ



HABC Enrollment ID #	Acrostic	Year of Annual Interview
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R7ID

R7ACROS

R7CONTAC

PHYSICAL FUNCTION

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

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

R7DW10EZ

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

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

R7DW20YN

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

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

R7DW20EZ



HABC Enrollment ID #	Acrostic	Year of Annual Interview
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R8ID R8ACROS
PHYSICAL FUNCTION

R8CONTAC

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

- R8EQUIP** Yes No Don't know Refused

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

- R8DIOYN** Yes No Don't know Refused

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

- R8DIORHY** Yes No Don't know

10. Do you have any difficulty bathing or showering?

- R8BATHYN** Yes No Don't know Refused

Does someone usually help you bathe or shower?

- R8BATHRH** Yes No Don't know

11. Do you have any difficulty dressing?

- R8DDYN** Yes No Don't know Refused

Does someone usually help you to dress?

- R8DDRHYN** Yes No Don't know

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

- R8DIFSTA** Yes No Don't know Refused

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

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

R8DSTAMT

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

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

R8EZSTA



HABC Enrollment ID #	Acrostic	Year of Annual Interview
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R9ID R9ACROS
PHYSICAL FUNCTION

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

R9DIFSK Yes No Don't know Refused

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

A little difficulty

Some difficulty

A lot of difficulty

Or are you unable to do it

Don't know

R9DSCAM

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

R9DIFARM Yes No Don't know Refused

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

A little difficulty

Some difficulty

A lot of difficulty

Or are you unable to do it

Don't know

R9DARMAM

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

R9DIFFN Yes No Don't know Refused

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

A little difficulty

Some difficulty

A lot of difficulty

Or are you unable to do it

Don't know

R9DIFNAM



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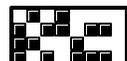
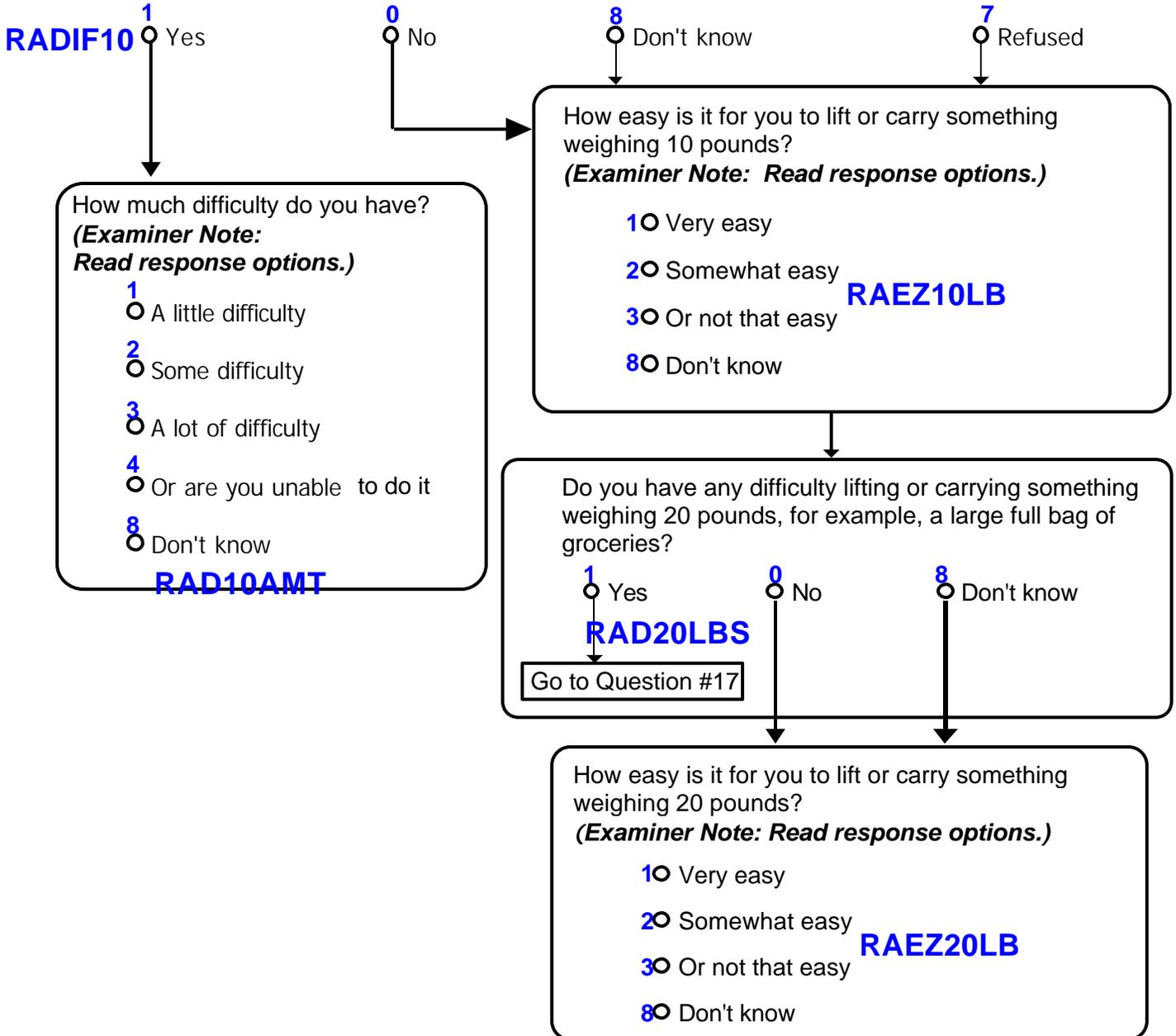
RAID

RAACROS

RACONTAC

PHYSICAL FUNCTION

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



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RBID	RBACROS	RBCONTAC

PHYSICAL ACTIVITY AND EXERCISE

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

RBHC12MO Yes
 No
 Don't know
 Refused

Go to Question #18

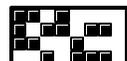
a. In the past 7 days, did you do heavy chores or home maintenance activities?

RBHC7DAY Yes
 No
 Don't know

Go to Question #18

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

RBHCHRS Hours
 Minutes
 RBHCMINS Don't know -1
RBHCDK



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

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

RCEW12MO Yes No Don't know Refused

Go to Question #19

In the past 7 days, did you go walking?

Yes No **RCEW7DAY**

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

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

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

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

Hours Minutes

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

RCEWPACE

Brisk Moderate Stroll Don't know

1 2 3 8

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

1 Bad weather

2 Not enough time

3 Injury

4 Health problems

5 Lost interest **RCEWREAS**

6 Felt unsafe

7 Not necessary

8 Other

9 Don't know

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

RCFS12MO Yes No Don't know Refused

Go to Question #20

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

RCFS7DAY Yes No Don't know

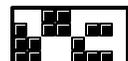
Go to Question #20

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

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

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

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



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RDID	RDACROS	RDCONTAC

PHYSICAL ACTIVITY AND EXERCISE

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

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

Go to Question #21

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

Yes **RDHI7DAY** No

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

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

RDHIAOTH _____

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

RDHIA1HR Hours **RDHIA1MN** Minutes -1 Don't know **RDHIA1DK**

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

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



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REID REACROS RECONTAC
PHYSICAL ACTIVITY AND EXERCISE

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

- REMI12MO Yes No Don't know Refused

Go to Question #22

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

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

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

REMIOT1 _____

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

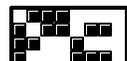
EMIA1HR REMIA1DK

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

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

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

REMI1MN



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RFID

RFACROS

RFCONTAC

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

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

RFVWCURJ Yes No Don't know Refused

23. Do you currently do any volunteer work?

RFVWCURV Yes No Don't know Refused

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

RFVWCURA Yes No Don't know Refused



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RGID RGACROS RGCONTAC
APPETITE AND WEIGHT CHANGE

25. Now I have some questions about your appetite.

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

(Examiner Note: Read response options.)

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

RGAPPET

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

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

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

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

25C. How much do you currently weigh?

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

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

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

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

SMOKING HABITS

27. Do you currently smoke cigarettes?

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

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

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



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RHID RHACROS RHCONTAC
MEDICAL CONDITIONS

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

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

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

- RHHCHBP** Yes No Don't know Refused

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

- RHSGDIAB** Yes No Don't know Refused

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

- RHAJFALL** Yes No Don't know Refused

Go to Question #31

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

1 One

2 Two or three

4 Four or five **RHAJFNUM**

6 Six or more

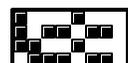
8 Don't know

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

- RHLCSBUP** Yes No Don't know Refused

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

- RHLCSBLS** Yes No Don't know Refused



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RIID RIACROS RICONTAC
MEDICAL CONDITIONS

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

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

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

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

How often did you have this morning cough?

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

- 1 A total of 3 or more months out of the past 12 months
 2 Less than 3 months out of the past 12 months
 8 Don't know

RICOFNUM

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

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

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

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

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

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

a. Do you still have asthma?

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

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

- 1 Yes 0 No 8 Don't know **RILCAS12**



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RJID RJACROS RJCONTAC
MEDICAL CONDITIONS

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

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

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

a. Emphysema?

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

b. Chronic obstructive pulmonary disease or COPD?

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

c. Chronic bronchitis?

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

Do you still have chronic bronchitis?

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

38A. In the past 12 months, have you seen a health professional for new or worsening symptoms of...?

a. Chest pain?

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

b. Shortness of breath?

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

c. Angina?

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



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RKID

RKACROS

RKCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

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

Month Day Year

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

RKHCHAMI Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RKHOSMI Yes

No

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

Go to Question #40

- a. **RKREF39A**
- b. **RKREF39B**
- c. **RKREF39C**

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

RKCHF Yes No Don't know Refused

Were you hospitalized overnight for this problem?

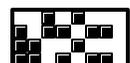
RKHOSMI3 Yes

No

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

Go to Question #41

- a. **RKREF40A**
- b. **RKREF40B**
- c. **RKREF40C**



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RLID

RLACROS

RLCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

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

- RLHCCVA** Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RLHOSMI2 Yes

No

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

Go to Question #42

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

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

- RLCHMGMT** Yes No Don't know Refused

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

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



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RMID

RMACROS

RMCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

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

RMLCPNEU

Yes

No

Don't know

Refused

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

a. **RMREF43A**

b. **RMREF43B**

c. **RMREF43C**

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

RMOSBR45

Yes

No

Don't know

Refused

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

a. **RMREF44A**

b. **RMREF44B**

c. **RMREF44C**



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RNID

RNACROS

RNCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

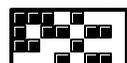
45. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?
RNHOSP12 Yes No Don't know Refused

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

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

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

Was it for...?		Reference #
a. A procedure to open a blocked artery	10 Yes 00 No 80 Don't know	Complete a Health ABC Event Form, Section III. Record reference #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RNREF46A
b. Gall bladder surgery	10 Yes 00 No 80 Don't know	RNGALLBL
c. Cataract surgery	10 Yes 00 No 80 Don't know	RNCATAR
d. TURP (MEN ONLY) (transurethral resection of prostate)	10 Yes 00 No 80 Don't know	NTURP



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

ROID

ROACROS

ROCONTAC

MEDICAL CONDITIONS AND FATIGUE

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

- ROOTILL**
 Yes
 No
 Don't know
 Refused

Go to Question #48

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

- ROELEV**
 Energy level
 Don't know
 Refused

ROELEVRF

48A. In the past month, on the average, have you been feeling unusually tired during the day?

- ROELTIRE**
 Yes
 No
 Don't know
 Refused

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

All of the time
 Most of the time
 Some of the time **ROELOFTN**
 Don't know
 Refused



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

RPID RPACROS RPCONTAC
EYESIGHT AND DRIVING

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

49. At the present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?

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

RPESQUAL

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

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

RPESCAR

a. When did you stop driving?

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

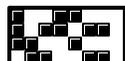
RPESSTOP

b. Did you stop driving because of your eyesight?

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

RPESSITE

Examiner Note: Questions #51 and #52 have been removed from the Annual Telephone Interview.



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

RUID

RUACROS

RUGONTAC

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

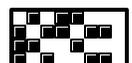
Examiner Note: Questions #51 and #52 have been removed from the Annual Telephone Interview.

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

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

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

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



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"/>	¹⁶ <input type="radio"/> Year 8 ¹⁸ <input type="radio"/> Year 9 ²⁰ <input type="radio"/> Year 10

RVID

RVACROS

RVCONTAC

SOCIAL NETWORK AND SUPPORT

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

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

RVSSFRNE

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

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

RVSSCHRE



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

**RWID RWACROS
HEALTH CARE/INSURANCE**

RWGONTAC

RWHCSRC

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

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

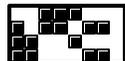
Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.

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

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

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

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



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 checked="" type="radio"/> Year 8 <input checked="" type="radio"/> Year 9 <input checked="" type="radio"/> Year 10

RXID

RXACROS

RXCONTAC

CURRENT ADDRESS AND TELEPHONE NUMBER

59. We would like to update all of your contact information this year. The address that we currently have listed for you is:
(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

Yes

No

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

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

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

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

Yes

No NOT COLLECTED

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

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

Yes

No

Don't know

Refused

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



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

RYID RYACROS
CONTACT INFORMATION

RYCONTAC

62. You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer for yourself. Please tell me if the information I have is still correct.
(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for someone who could provide information and answer questions for the participant is correct.)

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

RYCIYN Yes No

↓ ↓

Go to Question #63

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

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

RYKNOK Yes No Don't know Refused

↓ ↓ ↓ ↓

Go to Question #64

Go to Question #65

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

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

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

RYKYN Yes No Don't know Refused

↓ ↓ ↓ ↓

Go to Question #65

Go to Question #65

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

↓

Go to Question #65



HABC Enrollment ID #	Acrostic	Date Visit Completed	Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
T4ID	T4ACROS	Month / Day / Year T4DATE	T4STFID

HOME VISIT WORKBOOK

Year of Home Visit: **16** Year 8 (in lieu of clinic visit)
18
20 Year 10 (in lieu of clinic visit)

T4CONTAC

1 Telephone Interview - hidden

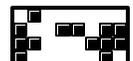
2 Clinic Visit - hidden **T4TYPE2**

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

What is the primary reason an alternate type of contact was done for the annual clinic visit?
Please mark only one reason.

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

T4REASON



HABC Enrollment ID #	Acrostic	Year of Home Visit
H [] [] [] [] []	[] [] [] [] []	16 <input type="radio"/> Year 8
		18 hidden <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

R2ID

R2ACROS

R2CONTAC

HOME VISIT INTERVIEW

Date of last regularly scheduled contact:

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

NOT COLLECTED

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

1. In general, how would you say your health is? Would you say it is. . .

(Examiner Note: Read response options.)

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

R2HSTAT

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

- R2BED12 Yes No Don't know Refused

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

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

[] [] [] days R2BEDDAY

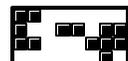
3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- R2CUT12 Yes No Don't know Refused

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

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

[] [] [] days R2CUTDAY



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Year 8 <input type="radio"/> Year 10 16 18 hidden 20
R3ID	R3ACROS	R3CONTAC

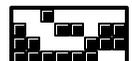
MEDICAL STATUS

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

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

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

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



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8
		18 hidden <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

R5ID

R5ACROS

R5CONTAC

PHYSICAL FUNCTION

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

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

R5DWQMEZ

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

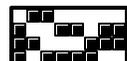
- 1 Yes →
- 0 No →
- 8 Don't know/don't do →

R5DW1MYN

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

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

R5DW1MEZ



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 10 20 <input type="radio"/> Year 10
R6ID	R6ACROS	R6CONTAC

PHYSICAL FUNCTION

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

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

Go to Question #7c
Go to Question #8

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

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

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

- | | | |
|---|---|----------------|
| <input type="radio"/> Arthritis | <input type="radio"/> Hip fracture | R6MNRS2 |
| <input type="radio"/> Back pain | <input type="radio"/> Injury | |
| <input type="radio"/> Balance problems/unsteadiness on feet | <input type="radio"/> Joint pain
<i>(Please specify: _____)</i> | |
| <input type="radio"/> Cancer | <input type="radio"/> Leg pain | |
| <input type="radio"/> Chest pain/discomfort | <input type="radio"/> Lung disease
<i>(asthma, chronic bronchitis, emphysema, etc)</i> | |
| <input type="radio"/> Circulatory problems | <input type="radio"/> Old age
<i>(no mention of a specific condition)</i> | |
| <input type="radio"/> Diabetes | <input type="radio"/> Osteoporosis | |
| <input type="radio"/> Fatigue/tiredness (no specific disease) | <input type="radio"/> Shortness of breath | |
| <input type="radio"/> Fall | <input type="radio"/> Stroke | |
| <input type="radio"/> Foot/ankle pain | <input type="radio"/> Other symptom
<i>(Please specify: _____)</i> | |
| <input type="radio"/> Heart disease
<i>(including angina, congestive heart failure, etc)</i> | <input type="radio"/> Multiple conditions/symptoms
unable to determine MAIN reason | |
| <input type="radio"/> High blood pressure/hypertension | <input type="radio"/> Don't know | |

Go to Question #8



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 10 20 <input type="radio"/> Year 10

R7ID

R7ACROS

R7CONTAC

PHYSICAL FUNCTION

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

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

R7DW10EZ

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

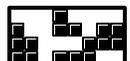
- 1 Yes →
- 0 No →
- 8 Don't know/don't do →

R7DW20YN

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

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

R7DW20EZ



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 10 20 <input type="radio"/>

R8ID

R8ACROS

R8CONTAC

PHYSICAL FUNCTION

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

- R8EQUIP** Yes No Don't know Refused

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

- R8DIOYN** Yes No Don't know Refused

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

- R8DIORHY** Yes No Don't know

10. Do you have any difficulty bathing or showering?

- R8BATHYN** Yes No Don't know Refused

Does someone usually help you bathe or shower?

- R8BATHRH** Yes No Don't know

11. Do you have any difficulty dressing?

- R8DDYN** Yes No Don't know Refused

Does someone usually help you to dress?

- R8DDRHYN** Yes No Don't know

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

- R8DIFSTA** Yes No Don't know Refused

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

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

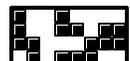
R8DSTAMT

How easy is it for you to stand up from a chair without using your arms?

(Examiner Note: Read response options.)

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

R8EZSTA



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ^{18 hidden} ²⁰ <input type="radio"/> Year 10

R9ID R9ACROS
PHYSICAL FUNCTION

R9CONTAC

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

- R9DIFSCK** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

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

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

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

- R9DIFARM** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

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

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

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

- R9DIFFN** ¹ Yes ⁰ No ⁸ Don't know ⁷ Refused

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

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



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 Year 8 18 hidden 20 Year 10
RAID	RAACROS	RACONTAC

PHYSICAL FUNCTION

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

RADIF10 1 Yes 0 No 8 Don't know 7 Refused

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

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

RAD10AMT

How easy is it for you to lift or carry something weighing 10 pounds?
(Examiner Note: Read response options.)

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

RAEZ10LB

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

1 Yes 0 No 8 Don't know

RAD20LBS

Go to Question #17

How easy is it for you to lift or carry something weighing 20 pounds?
(Examiner Note: Read response options.)

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

RAEZ20LB



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RCID

RCACROS

RCCONTAC

PHYSICAL ACTIVITY AND EXERCISE

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

Yes No Don't know Refused

RCEW12MO

Go to Question #19

In the past 7 days, did you go walking?

Yes No

RCEW7DAY

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

RCEWTMDK

RCEWTIME

times

Don't know

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

RCEWMIN

RCEWHR

Hours Minutes

Don't know

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

RCEWPACE

Brisk Moderate Stroll Don't know

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

- 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

RCEWREAS

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

Yes No Don't know Refused

RCFS12MO

Go to Question #20

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

RCFS7DAY

Yes No Don't know

Go to Question #20

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

RCFSNUM

flights

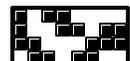
Don't know

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

RCFSLOAD

flights

Don't know



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RDID RDACROS RDCONTAC
PHYSICAL ACTIVITY AND EXERCISE

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

- RDHI12MO** Yes No Don't know Refused

Go to Question #21

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

RDHI7DAY Yes No

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

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

-1 Other (Please specify):
RDHIAOTH _____

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

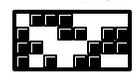
- 1 Bad weather
- 2 Not enough time
- 3 Injury
- 4 Health problems
- 5 Lost interest **RDHINDEX**
- 6 Felt unsafe
- 7 Not necessary
- 8 Other
- 9 Don't know

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?

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

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

Hours Minutes



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REID REACROS RECONTAC
PHYSICAL ACTIVITY AND EXERCISE

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

REMI12MO Yes No Don't know Refused

Go to Question #22

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

REMI7DAY Yes No

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

- 1 Golf **REMIGOLF**
- 1 Bowling **REMI BOWL**
- 1 Dancing **REMI DANC**
- 1 Skating **REMI SKAT**
- 1 Bocce **REMI BOCC**
- 1 Table tennis **REMI TENN**
- 1 Billiards/pool **REMI POOL**
- 1 Hunting **REMI HUNT**
- 1 Sailing/boating **REMI BOAT**
- 1 Fishing **REMI FISH**
- 1 Other (Please specify):

REMIOT1

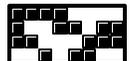
What is the main reason you have not done any moderate intensity exercise in the past 7 days?
 (Examiner Note: OPTIONAL - Show card #5.)

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

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

REMI A1HR **REMI A1DK**
 Hours Minutes Don't know
 -1

REMI A1MN



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RFID

RFACROS

RFCONTAC

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

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

RFVWCURJ Yes No Don't know Refused

23. Do you currently do any volunteer work?

RFVWCURV Yes No Don't know Refused

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

RFVWCURA Yes No Don't know Refused

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RHID RHACROS RHCONTAC
MEDICAL CONDITIONS

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

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

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

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

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

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

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

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

Go to Question #31

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

1 One

2 Two or three

4 Four or five **RHAJFNUM**

6 Six or more

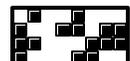
8 Don't know

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

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

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

- RHLCSBLS** 1 Yes 0 No 8 Don't know 7 Refused



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RIID RIACROS RICONTAC
MEDICAL CONDITIONS

33. Do you have to walk slower than people your own age when on a level surface because of breathlessness?

RILCSBWS Yes No Don't know Refused

34. During the past 12 months, were there times when you had a cough almost every morning?

RICOF Yes No Don't know Refused

How often did you have this morning cough?
(Examiner Note: The months do not have to be consecutive.)

1 A total of 3 or more months out of the past 12 months
2 Less than 3 months out of the past 12 months RICOFNUM
8 Don't know

35. In the past 12 months, have you had wheezing or whistling in your chest at any time?

RIWHZ Yes No Don't know Refused

Did you require medicine or treatment for any of the times you had wheezing or whistling in your chest?

RIWHZMED Yes No Don't know

36. Has a doctor ever told you that you had asthma?

RILCASTH Yes No Don't know Refused

a. Do you still have asthma?

Yes No Don't know RILCSHA

b. Have you had an attack of asthma in the past 12 months?

Yes No Don't know RILCAS12



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RJID RJACROS RJCONTAC
MEDICAL CONDITIONS

37. In the past 12 months, have you gone to a doctor's office or hospital emergency room for asthma or breathing problems?

RJLCASHP Yes No Don't know Refused

38. Has a doctor ever told you that you had any of the following...?

a. Emphysema?

RJLCEMPH Yes No Don't know Refused

b. Chronic obstructive pulmonary disease or COPD?

RJLCCOPD Yes No Don't know Refused

c. Chronic bronchitis?

RJLCCHBR Yes No Don't know Refused

Do you still have chronic bronchitis?

Yes No Don't know

RJLCSHCB

38A. In the past 12 months, have you seen a health professional for new or worsening symptoms of...?

a. Chest pain?

RJCP Yes No Don't know Refused

b. Shortness of breath?

RJSOB Yes No Don't know Refused

c. Angina?

RJANGI Yes No Don't know Refused



HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 18 hidden <input type="radio"/> Year 10 20 <input type="radio"/>
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RKID

RKACROS

RKCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on [] [] / [] [] / [] [] [] []

Month / Day / Year

39. Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?

RKHCHAMI Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RKHOSMI Yes No

No
Go to Question #40

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

- a. [] [] [] [] [] [] **RKREF39A**
- b. [] [] [] [] [] [] **RKREF39B**
- c. [] [] [] [] [] [] **RKREF39C**

40. Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure?

RKCHF Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RKHOSMI3 Yes No

No
Go to Question #41

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

- a. [] [] [] [] [] [] **RKREF40A**
- b. [] [] [] [] [] [] **RKREF40B**
- c. [] [] [] [] [] [] **RKREF40C**



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RLID

RLACROS

RLCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

41. Since we last spoke to you about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

- RLHCCVA** Yes No Don't know Refused

Were you hospitalized overnight for this problem?

RLHOSMI2 Yes No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **RLREF41A**

b. **RLREF41B**

c. **RLREF41C**

[Go to Question #42](#)

42. Since we last spoke to you about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you.

- RLCHMGMT** Yes No Don't know Refused

Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

a. **RLREF42A**

b. **RLREF42B**

c. **RLREF42C**



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RMID

RMACROS

RMCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

43. Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia?

RMLCPNEU Yes No Don't know Refused

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a. **RMREF43A**

b. **RMREF43B**

c. **RMREF43C**

44. Since we last spoke to you about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)?

RMOSBR45 Yes No Don't know Refused

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a. **RMREF44A**

b. **RMREF44B**

c. **RMREF44C**



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RNID

RNACROS

RNCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

45. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?

RNHOSP12 Yes No Don't know Refused

Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.

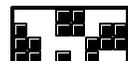
a. [] [] [] [] [] RNREF45A Reason for hospitalization: _____	b. [] [] [] [] [] RNREF45B Reason for hospitalization: _____	c. [] [] [] [] [] RNREF45C Reason for hospitalization: _____
d. [] [] [] [] [] RNREF45D Reason for hospitalization: _____	e. [] [] [] [] [] RNREF45E Reason for hospitalization: _____	f. [] [] [] [] [] RNREF45F Reason for hospitalization: _____

46. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?

RNOUTPA Yes No Don't know Refused

Was it for...?

		Reference #
a. A procedure to open a blocked artery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	→ Complete a Health ABC Event Form, Section III. Record reference #: [] [] [] [] [] RNREF46A
b. Gall bladder surgery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNBLART
c. Cataract surgery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNGALLBL
d. TURP (MEN ONLY) (transurethral resection of prostate)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	RNCATAR
		NTURP



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ROID

ROACROS

ROCONTAC

MEDICAL CONDITIONS AND FATIGUE

47. Is there any other illness or condition for which you see a doctor or other health care professional?

ROOTILL Yes No Don't know Refused

Go to Question #48

48. Please describe your usual energy level in the past month, where 0 is no energy and 10 is the most energy that you have ever had.

(Examiner Note: REQUIRED - Show card #6.)

ROELEV Energy level Don't know Refused

ROELEVRF

48A. In the past month, on the average, have you been feeling unusually tired during the day?

ROELTIRE Yes No Don't know Refused

Have you been feeling unusually tired...?
(Examiner Note: Read response options.)

1 All of the time

2 Most of the time

3 Some of the time **ROELOFTN**

8 Don't know

7 Refused



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RPID **RPACROS** **RPCONTAC**
EYESIGHT AND DRIVING

Now I would like to ask you some questions about your eyesight.

49. At the present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?
(Examiner Note: **OPTIONAL - Show card #7.**)

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor
- 6 Completely blind
- 8 Don't know
- 7 Refused

RPESQUAL

50. Now, I'd like to ask about driving a car. Are you currently driving, at least once in a while?

- 1 Yes 0 No, I never drove 2 No, I am no longer driving 8 Don't know 7 Refused

RPESCAR

a. When did you stop driving?

- 1 Less than 6 months ago
- 2 6-12 months ago
- 3 More than 12 months ago
- 8 Don't know

RPESSTOP

b. Did you stop driving because of your eyesight?

- 1 Yes 0 No 8 Don't know

RPESSITE

Examiner Note: Questions #51 and #52 have been removed from the Home Visit Interview.



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RUID

RUACROS

RUGONTAC

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

Examiner Note: Questions #51 and #52 have been removed from the Home Visit Interview.

53. What is your marital status? Are you...?
(Examiner Note: Read response options.)

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 8 Don't know
- 7 Refused

RUMARSTA

54. Beside yourself, how many other people live in your household?

RUSSOPIH

1 Participant lives alone
 Other people in household

8 Don't know

7 Refused

RUSSOPRF



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RVID

RVACROS

RVCONTAC

SOCIAL NETWORK AND SUPPORT

55. In a typical week, how often do you get together with friends or neighbors? Would you say...
(Examiner Note: Read response options. **REQUIRED - Show card #8.**)

- 1 At least once a day
- 2 4 to 6 times per week
- 3 2 to 3 times per week
- 4 1 time per week
- 5 Less than once per week
- 8 Don't know
- 7 Refused

RVSSFRNE

56. In a typical week, how often do you get together with your children or other relatives?
Would you say...
(Examiner Note: Read response options. **REQUIRED - Show card #8.**)

- 1 At least once a day
- 2 4 to 6 times per week
- 3 2 to 3 times per week
- 4 1 time per week
- 5 Less than once per week
- 8 Don't know
- 7 Refused

RVSSCHRE



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RWID RWACROS
HEALTH CARE/INSURANCE

RWCONTAC

57. Where do you usually go for health care or advice about health care?
(Examiner Note: Read response options. Mark only ONE answer.)

- 1 Private doctor's office (individual or group practice)
- 2 Public clinic such as a neighborhood health center
- 3 Health Maintenance Organization (HMO) (Please specify: _____)
(Examples: Health Maintenance Organization (e.g., Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring))
- 4 Hospital outpatient clinic
- 5 Emergency room
- 6 Other (Please specify: _____)

RWHCSRC

Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.

58. Do you have a health insurance plan or other supplemental coverage which pays for a visit to a doctor?

- 1 Yes 0 No 8 Don't know 7 Refused RWHCHI

What type of health insurance do you have?

(Examiner Note: Please record all types below. If participant is unsure whether they have Part B Medicare, ask if you may look at their Medicare card.)

- RWHCHI01⁻¹ Part B Medicare
- RWHCHI02⁻¹ Medicaid/public medical assistance (e.g., Family Care Network; Health Choices; Health Pass, Tenn Care) (Please specify: _____)
- RWHCHI03⁻¹ Health Maintenance Organization (e.g., Keystone; Cigna; UPMC Health Plan; Aetna; HealthAmerica, HealthSpring) (Please specify: _____)
- RWHCHI04⁻¹ Medi-Gap
- RWHCHI05⁻¹ Private insurance (Please specify: _____)
- RWHCHI06⁻¹ Other (Please specify: _____)



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RXID

RXACROS

RXCONTAC

CURRENT ADDRESS AND TELEPHONE NUMBER

59. We would like to update all of your contact information this year. The address that we currently have listed for you is:

(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

RXADDYN Yes

No

Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.

60. The telephone number(s) that we currently have for you is (are):

(Examiner Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)

Please tell me if these telephone number(s) are correct.

Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.

61. Do you expect to move or have a different address in the next 6 months?

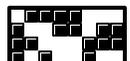
RXSSESPTY Yes

No

8 Don't know

7 Refused

Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.



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RZID RZACROS
CONTACT INFORMATION

RZCONTAC

64. Please tell me the name, address, and telephone number of your next of kin.
 How is this person related to you?

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.

65. Has the participant identified their power of attorney?
 (Examiner Note: Refer to the HABC Participant Contact Information report.)

RZPPOA 1 Yes 0 No 8 Don't know 7 Refused

Go to Question #66
Go to Question #67

Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for the power of attorney is correct.

You previously told us the name and address of your power of attorney. Please tell me if the information I have is still correct.

Is the name and address of the power of attorney correct?

RZPAYN 1 Yes 0 No 8 Don't know 7 Refused

Go to Question #67
Go to Question #67

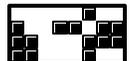
Examiner Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.

Go to Question #67

66. Have you given anyone power of attorney?

RZP2YN 1 Yes 0 No 8 Don't know 7 Refused

Examiner Note: Please record the name, street address, city, state, zip code, telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.



S1ID

HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> Year 8 <input type="radio"/> Year 10 16 18 hidden 20

S1ACROS

S1CONTAC

CONTACT INFORMATION

67. You previously told us the name, address, and telephone number of two friends, relatives, or a clergy person who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. These people did not have to be local people. Please tell me if the information I have is still correct.
 (Examiner Note: Please review the HABC Participant Contact Information report and confirm that the contact information for two, friends, relatives, or a clergy person who do not live with the participant is correct.)

Is the contact information for the two close friends or relatives who do not live with the participant and who would know how to reach the participant in case they move correct?

S1C1YN Yes No

↓

Go to Question #68

↓

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number on the HABC Participant Contact Information report. Please determine whether this person is next of kin or has power of attorney.

Examiner Note: Please answer the following question based on your judgment of the participant's responses to this interview.

68. On the whole, how reliable do you think the participant's responses to this interview are?

Very reliable
 Fairly reliable
 Not very reliable
 Don't know

S1RELY

Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes. We will be calling you in about 6 months from now to find out how you've been doing.



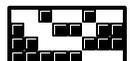
HABC Enrollment ID #	Acrostic	Year of Home Visit	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10	<input type="text"/> <input type="text"/> <input type="text"/>
S4ID	S4ACROS	S4CONTAC	S4STFID2

WEIGHT

Examiner Note: Weight is measured without shoes, heavy jewelry, or wallets.

1. Measurement 1 . lb **S4WTLBS**

2. Measurement 2 . lb **S4WTLBS2**



HABC Enrollment ID #	Acrostic	Year of Home Visit		Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8	20 <input type="radio"/> Year 10	<input type="text"/> <input type="text"/> <input type="text"/>
S5ID	S5ACROS	S5CONTAC		S5STFID

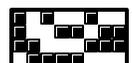
RADIAL PULSE

Measurement 1 beats per 30 seconds **S5PLSSM1**

+

Measurement 2 beats per 30 seconds **S5PLSSM2**

= beats per minute **S5PLSAV**



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
S6ID	S6ACROS	S6CONTAC	S6STFID

BLOOD PRESSURE

1. Cuff Size Small Regular Large Thigh **S6OCUF**

2. Arm Used Right Left →

(Examiner Note: Use arm listed on Data from Prior Visits Report.)

Please explain why right arm was not used:

Pulse Obliteration Level

3. Palpated Systolic [] [] [] **S6POPS** mm Hg * Add +30 to Palpated Systolic to obtain Maximal Inflation Level.

+ Add 30*

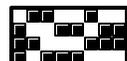
4. Maximal Inflation Level (MIL) [] [] [] **S6POMX** mm Hg † If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.

5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes No **S6BPYN**

Blood Pressure (Seated)

6. Systolic **S6SYS** [] [] [] mm Hg **Comments (required for missing or unusual values):** _____

7. Diastolic **S6DIA** [] [] [] mm Hg _____



HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] [] []
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S7ID

S7ACROS

S7CONTAC

S7STFID

GRIP STRENGTH

(Hand-Held Dynamometry)

1. Have you had any surgery on your hands or wrists in the past 3 months?

- Yes No Don't know Refused **S7WRST1**

Which hand?		
<input type="radio"/> Right	<input type="radio"/> Left	<input type="radio"/> Both right and left S7WRTRL
Do NOT test right.	Do NOT test left.	Do NOT test either hand. Go to Questions #4 and #5 on next page and mark "Unable to test/exclusion/didn't understand."

2. Has any pain or arthritis in your right hand gotten worse recently?

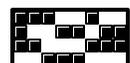
- Yes No Don't know Refused **S7ARWRSR**

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know S7PSQ1
1	0	8

3. Has any pain or arthritis in your left hand gotten worse recently?

- Yes No Don't know Refused **S7ARWRSL**

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know S7PSQ2
1	0	8



HABC Enrollment ID #	Acrostic	Year of Home Visit
<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 16 Year 8 <input type="radio"/> 20 Year 10

S8ID
S8ACROS
S8CONTAG
GRIP STRENGTH (Hand-Held Dynamometry)

Script: "I'd like you to take your right/left arm, rest it on the table, and bend your elbow. Grip the two bars in your hand, like this. Please slowly squeeze the bars as hard as you can."

Examiner Note: Hand the dynamometer to the participant. Adjust if needed.

Script: "Now try it once just to get the feel of it. For this practice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Examiner Note: Show dial to participant.

Script: "We'll do this two times. This time it counts, so when I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

4. Right Hand -1 Unable to test/exclusion/didn't understand S8NOTST

S8RTR1
 Trial 1 kg 7 Refused 9 Unable to complete S8RRUC1

Examiner Note: Wait 15-20 seconds before second trial.

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8RTR2
 Trial 2 kg 7 Refused 9 Unable to complete S8RRUC2

Repeat the procedure on the left side.

5. Left Hand -1 Unable to test/exclusion/didn't understand S8LNTST

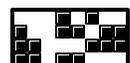
Script: "Now we'll test your left side. When I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR1
 Trial 1 kg 7 Refused 9 Unable to complete S8LRUC1

Examiner Note: Wait 15-20 seconds before second trial.

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR2
 Trial 2 kg 7 Refused 9 Unable to complete S8LRUC2



HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Scan Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Staff ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
S9ID	S9ACROS	Month / Day / Year S9DATE	S9STFID

Year of Home Visit: Year 8 Year 10 **S9CONTAC**

BONE DENSITY (DXA) SCAN

1. Do you have breast implants?
 Yes No Don't know Refused **S9BI**

◆ Flag scan for review by DXA Reading Center.
 ◆ Indicate in the table in Question #2 whether breast implant is in "Left ribs" or "Right ribs" subregion, or both.

2. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?
 Yes No Don't know Refused **S9MO**

- a. Flag scan for review by DXA Reading Center.
 b. Indicate in the table the location of joint replacement, hardware or other artifacts (sub-regions are those defined by the whole body scan analysis).

Sub-region	Hardware	Other Artifacts	None
Head	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9HEAD
Left arm	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LA
Right arm	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RA
Left ribs	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LR
Right ribs	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RR
Thoracic spine	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9TS
Lumbar spine	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LS
Pelvis	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9PEL
Left leg	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9LL
Right leg	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ⁹ S9RL



HABC Enrollment ID #	Acrostic	Year of Home Visit
H		16 20
		<input type="radio"/> Year 8 <input type="radio"/> Year 10

SAID SAACROS
BONE DENSITY (DXA) SCAN

3. Have you had any of the following tests within the past ten days?

	Yes	No	Don't know	Refused	
a. Barium enema	SABE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
b. Upper GI X-ray series	SAUGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
c. Lower GI X-ray series	SALGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
d. Nuclear medicine scan	SANUKE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
e. Other tests using contrast ("dye") or radioactive materials	<input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	SAOTH2

**(Examiner Note: If "Yes" to any, reschedule bone density measurement so that at least 10 days will have passed since the tests were performed.)*

4. Have you ever had hip replacement surgery where all or part of your joint was replaced?

SAHIPRP 1 Yes 0 No 8 Don't know 7 Refused

On which side did you have hip replacement surgery?

1 Right 2 Left 3 Both **SAHIPRP2**

Do NOT scan right hip.

Do NOT scan left hip.

Do NOT scan either hip.
Go to Question #6 on the next page.

5. Which hip was scanned at the Baseline (Year 1) Clinic Visit?

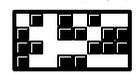
(Examiner Note: Refer to Data from Prior Visits Report to see which hip was scanned at Baseline.)

SAHIPY1 1 Right 2 Left 3 Neither 8 Don't know

Scan right hip unless contraindicated.

Scan left hip unless contraindicated.

Scan right hip unless contraindicated.



HABC Enrollment ID #	Acrostic	Year of Home Visit
H [] [] [] [] []	[] [] [] []	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10
SBID	SBACROS	SBCONTAC

BONE DENSITY (DXA) SCAN

6. Was a bone density measurement obtained for...?

a. Whole body

¹
 Yes ⁰
 No **SBWB**

Last 2 characters of scan ID #: [] [] **SBSCAN1**

Date of scan: [] [] / [] [] / [] [] [] [] **SBSCDTE1**

Month Day Year

b. Hip

¹
 Yes ⁰
 No **SBHIP**

Last 2 characters of scan ID #: [] [] **SBSCAN2**

Date of scan: [] [] / [] [] / [] [] [] [] **SBSCDTE2**

Month Day Year



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] [] []
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SGID
SGACROS
SGCONTAC
SGSTFID

PULMONARY FUNCTION TEST TRACKING

1. Is the participant's systolic blood pressure greater than 199 mm Hg or diastolic blood pressure greater than 109 mm Hg?

Examiner Note: Check blood pressure recorded on page #39.)

Yes No **8** **SGBPCHK**

↓
Do NOT test. Go to Question #9.

2. Have you had any surgery on your chest or abdomen in the past 2 months?

Yes No Don't know Refused **7** **SGSURG**

↓
Do NOT test. Go to Question #9.

3. Have you had a heart attack in the past 2 months?

Yes No Don't know Refused **7** **SGHA**

↓
Do NOT test. Go to Question #9.

4. Now please think about the past 30 days. Have you been hospitalized for any other heart problem in the past 30 days?

Yes No Don't know Refused **7** **SGHOSP**

↓
Do NOT test. Go to Question #9.

5. Do you have a detached retina or have you had eye surgery in the past 2 months?

Yes No Don't know Refused **7** **SGRET**

↓
Do NOT test. Go to Question #9.

6. Have you had symptoms of a cold or respiratory infection within the past 2 weeks?

Yes No Don't know Refused **7** **SGRESP**



HABC Enrollment ID #	SHACROS Acrostic	Year of Home Visit
SHID H		16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

PULMONARY FUNCTION TEST TRACKING

7. Does the participant regularly use beta-agonist inhalers, an anticholinergic inhaler (Atrovent, Spiriva), or a combination inhaler/nebulizer (Combivent, Advair, DuoNeb)?

Examiner Note: Check Medication Inventory Form or medications identified by the participant. Common beta-agonist inhalers include: Short acting: Albuterol, Brethair, Maxair Autohaler, Proventil, Tonalate, Ventolin, Alupent, Xopenix. Long acting: Serevent, Foradil. Anticholinergic inhaler: Atrovent, Spiriva. Combination inhaler/nebulizer: Combivent, Advair, DuoNeb.

1 Yes 0 No 8 Don't know SHBETA

Has the participant used their . . .

- ◆ Short-acting beta agonist (e.g., Albuterol, Brethair, Maxair Autohaler, Proventil, Tonalate, Ventolin, Alupent, Xopenix, DuoNeb), in the last 4 hours,
- ◆ Atrovent or Combivent in the last 6 hours,
- ◆ Serevent, Advair, or Foradil in the last 10 hours, or
- ◆ Spiriva in the last 24 hours?

(Examiner Note: If a participant has used Atrovent, Spiriva, Combivent, Advair, Foradil, or Serevent within the prescribed time period, they should NOT be asked to use their short-acting bronchodilator.)

1 Yes 0 No 8 Don't know SHINHALE

Administer PFT and go to Question # 8.

If the participant has their short-acting bronchodilator with them, ask them to take two puffs and wait 15 minutes before performing the test. If they do not have their short-acting bronchodilator with them, proceed with the test.

Administer PFT and go to Question # 8.

8. What equipment is being used for the pulmonary function test?

SHSPIRTY

1 Table-top spirometer 2 Hand-held (EasyOne) spirometer

9. Was the spirometry test completed?

0 Yes 0 No SHSPIR

Record the results:

SHFVCBST
FVC Best value: [] . [] [] liters

SHFVCPR
FVC Percent predicted: [] [] [] . [] percent

SHFEVBST
FEV₁ Best value: [] . [] [] liters

SHFEVPR
FEV₁ Percent predicted: [] [] [] . [] percent

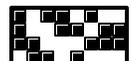
SHFEVPR2
FEV₁/FVC%: [] [] [] . [] percent

Why wasn't the spirometry test completed?

(Examiner Note: Mark all that apply.)

- 1 Equipment failure SHPFTEQ SHPFTUU
- 1 Participant unable to understand instructions
- 1 Participant medically excluded SHPFTME
- 1 Participant physically unable to cooperate SHPFTUC
- 1 Participant refused SHPFTRF
- 1 Other (Please specify:)

SHPFTOT



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
SIID	SIACROS	SICONTAC	SISTFID

CHAIR STANDS

SINGLE CHAIR STAND

Describe: "This is a test of strength in your legs where you stand up without using your arms."

Demonstrate and say: "Fold your arms across your chest, like this, and stand when I say GO, keeping your arms in this position. OK?"

Test: "Ready, Go!"

<input type="radio"/> Participant refused	SISCS	▶	Go to Standing Balance on page 52.
<input type="radio"/> Not attempted, unable		▶	Go to Standing Balance on page 52.
<input type="radio"/> Attempted, unable to stand		▶	Go to Standing Balance on page 52.
<input type="radio"/> Rises using arms		▶	Go to Standing Balance on page 52.
<input type="radio"/> Stands without using arms		▶	Go to Repeated Chair Stands below.

REPEATED CHAIR STANDS

Describe: "This time, I want you to stand up five times as quickly as you can keeping your arms folded across your chest."

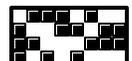
Demonstrate and say: "When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time. I'll demonstrate two chair stands to show you how it's done."

Examiner Note: Rise two times as quickly as you can, counting as you sit down each time.

Test: "When I say 'Go' stand up five times in a row, as quickly as you can, without stopping. Stand up all the way, and sit all the way down each time. Ready, Go!"

Examiner Note: Start timing as soon as you say "Go." Count: "1, 2, 3, 4, 5" as the participant sits down each time.

<input type="radio"/> Participant refused	SIRCS	
<input type="radio"/> Not attempted, unable		
<input type="radio"/> Attempted, unable to complete 5 stands without using arms	→ []	SICOMP Number completed without using arms
<input type="radio"/> Completes 5 stands without using arms	→ [] [] . [] []	Seconds to complete SISEC



HABC Enrollment ID #	Accession	Year of Home Visit	Staff ID#
H [] [] [] []	[] [] [] []	16 ○ Year 8 20 ○ Year 10	[] [] []

STANDING BALANCE

SJCONTAC

SJSTFID

INTRODUCTION: "I'm going to ask you to stand in several different positions that test your balance. I'll demonstrate each position and then ask you to try to stand in each position for 30 seconds. I'll be near you to provide support, and the wall is close enough to prevent you from falling if you lose your balance. Do you have any questions?"

SEMI-TANDEM STAND

Describe: "First I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 30 seconds. Please watch while I demonstrate."

Demonstrate and say: "You may put either foot in front, whichever is more comfortable. You can use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step like this."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Examiner Note: Start timing when the participant lets go. If the participant does not hold onto your arm, start timing when they are in position.

- 7
○ Participant refused → Go to Teng mini-mental state on page 54.
- 9
○ Not attempted, unable → Go to Teng mini-mental state on page 54
- 1
○ Unable to attain position or cannot hold for at least one second → Go to Teng mini-mental state on page 54.
- 2
○ Holds position between 1 and 29 seconds → [] [] . [] [] seconds. Go to Tandem Stand below. **SJSTSTM**
- 3
○ Holds position for 30 seconds → Go to Tandem Stand below.

SJSTS

TANDEM STAND

Describe: "Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot. I'll demonstrate."

Demonstrate and say: "Again, you may use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step, like this."

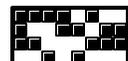
Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

SJTS1

- 7
○ Participant refused → Go to One-Leg Stand on page 53.
- 9
○ Not attempted, unable → Go to One-Leg Stand on page 53.
- 1
○ Unable to attain position or cannot hold for at least one second → Go to Trial 2.
- 2
○ Holds position between 1 and 29 seconds → [] [] . [] [] seconds. Go to Trial 2. **SJSTSTM**
- 3
○ Holds position for 30 seconds → Go to One-Leg Stand on page 53.



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10 20
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SKID

SKACROS

SKCONTAC

STANDING BALANCE

TANDEM STAND

Perform a second trial: "Now, let's do the same thing one more time. Hold onto my arm while you get into position. When you are ready, let go."

Trial 2:

Participant refused → Go to One-Leg Stand below.

Not attempted, unable → Go to One-Leg Stand below.

SKTS2

Unable to attain position or cannot hold for at least one second → Go to One-Leg Stand below.

Holds position between 1 and 29 seconds → [] [] . [] [] SKTS2TM seconds. Go to One-Leg Stand below.

Holds position for 30 seconds → Go to One-Leg Stand below.

ONE-LEG STAND

Describe: "For the last position, I would like you to try to stand on one leg for 30 seconds. You may stand on either leg, whichever is more comfortable. I'll demonstrate."

Demonstrate and say: "Try to hold your foot up until I say stop. If you lose your balance put your foot down."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

Participant refused → Go to Teng mini-mental state on page 54.

Not attempted, unable → Go to Teng mini-mental state on page 54.

SKTR1

Unable to attain position or cannot hold for at least one second → Go to Trial 2.

Holds position between 1 and 29 seconds → [] [] . [] [] SKTR1TM seconds. Go to Trial 2.

Holds position for 30 seconds → Go to Teng mini-mental state on page 54.

Perform a second trial: "Now, let's do the same thing one more time."

Trial 2:

SKTR2

Participant refused → Go to Teng mini-mental state on page 54.

Not attempted, unable → Go to Teng mini-mental state on page 54.

Unable to attain position or cannot hold for at least one second → Go to Teng mini-mental state on page 54.

Holds position between 1 and 29 seconds → [] [] . [] [] SKTR2TM seconds. Go to Teng mini-mental on page 54.

Holds position for 30 seconds → Go to Teng mini-mental state on page 54.



HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Date Form Completed [] / [] / [] [] [] [] Month Day Year	Staff ID# [] [] [] [] [] []
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Year of Home Visit
 Year 8 Year 10

SLID SLACROS SLDATE SLSTFID

TENG MINI-MENTAL STATE EXAM (3MS)

SLCONTAC

Are you comfortable? I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once.

(Examiner Note: Record responses. If the participant does not answer, mark the "No response" option.)

1 When were you born? SLBORNRF

a. [] [] / b. [] [] / c. [] [] No response

Month Day Year

Where were you born? (Place of Birth?)

Answer given	Can't do/Refused	Not attempted/disabled
d. City/town	7	3
e. State/Country	7	3

Examiner Note:
Ask again in Question #18.

2 I am going to say three words for you to remember. Repeat them after I have said all three words:

Shirt, Blue, Honesty

(Examiner Note: Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned. Record responses to first attempt below.)

	Correct	Error/Refused	Not attempted/disabled
a. Shirt	1	7	3
b. Blue	1	7	3
c. Honesty	1	7	3
d. Numbers of presentations necessary for the participant to repeat the sequence:	[]		

SLSHRT SLBLU SLHON SLNUM

3 a. I would like you to count from 1 to 5.

1 Able to count forward 2 Unable to count forward

Say 1-2-3-4-5

b. Now I would like to you count backwards from 5 to 1. Record the responses in the order given:
(Examiner Note: Enter "99999" if no response)

[] [] [] [] [] SLCNTBK

4 a. Spell "world."

1 Able to spell 2 Unable to spell

"It's spelled W-O-R-L-D."

b. Now spell "world" backwards
(Examiner Note: Record letters in order given. Enter "xxxxx" if no response.)

[] [] [] [] [] SLSPWLD



H					
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16 Year 8 20 Year 10

5 What three words did I ask you to remember earlier?
 (Examiner Note: The words may be repeated in any order. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices, score "Unable to recall/refused" and provide the correct answer.)

a. Shirt **SMSHRM**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "Something to wear"
- 4 After "Was it shirt, shoes, or socks?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

b. Blue **SMBLRM**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A color"
- 4 After "Was it blue, black, or brown?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

c. Honesty **SMHNRM**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A good personal quality"
- 4 After "Was it honesty, charity, or modesty?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

6 a. What is today's date?
 (Examiner Note: If the participant does not answer, mark the "No response" option.)

No response
SMTDAYM / SMTDAYD / SMTDAYY / SMTDAYRF
 Month Day Year

b. What is the day of the week?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMDAYWK**
 7 Error/refused Day of the week
 3 Not attempted/disabled

c. What season of the year is it?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMSEAS**
 7 Error/refused Season
 3 Not attempted/disabled

7 a. What state are we in?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMSTAT**
 7 Error/refused State
 3 Not attempted/disabled

b. What county are we in?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMCNTY**
 7 Error/refused County
 3 Not attempted/disabled

c. What (city/town) are we in?
 (Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)

1 Correct **SMCITN**
 7 Error/refused City/town
 3 Not attempted/disabled

d. Are we in a clinic, store, or home?
 (Examiner Note: If correct answer [e.g., hospital or nursing home] is not among the three alternatives, substitute it for the middle alternative [store]. If the participant states that none is correct, ask them to make the best choice of the three options.)

1 Correct **SMWHRE**
 7 Error/refused
 3 Not attempted/disabled



H					
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16 Year 8 20 Year 10

8 (Examiner Note: Point to the object or a part of your own body and ask the participant to name it. Score "Error/Refused" if the participant cannot name it within 2 seconds or gives an incorrect name. Do not wait for the participant to mentally search for the name.)

	Correct	Error/Refused	Not attempted/disabled
a. Pencil: What is this? SNPENC	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. Watch: What is this? SNWTCH	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. Forehead: What do you call this part of the face? SNFRHD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. Chin: And this part? SNCHIN	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
e. Shoulder: And this part of the body? SNSHLD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
f. Elbow: And this part? SNELP	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
g. Knuckle: And this part? SNKNK	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

9 What animals have four legs? Tell me as many as you can.

(Examiner Note: Discontinue after 30 seconds. Record the total number of correct responses. If the participant gives no response in 10 seconds and there are still at least 10 seconds remaining, gently remind them [once only].)

"What (other) animals have four legs?"

The first time an incorrect answer is provided, say,

"I want four-legged animals."

Do not correct for subsequent errors.

Score (total correct responses):

_____ **SNE2SCR**

(Examiner Note: Write any additional correct answers on a separate sheet of paper.)

10 (Examiner Note: If the initial response is scored "Lesser correct answer" or "Error," coach the participant by saying: "An arm and a leg are both limbs or extremities" to reinforce the correct answer. Coach only for Question #10a. No other prompting or coaching is allowed.)

- a. In what way are an arm and a leg alike? **SNARLG**
- 1 Limbs, extremities, appendages
 - 2 Lesser correct answer (e.g., body parts, both bend, have joints)
 - 7 Error/refused (e.g., states differences, gives unrelated answer)
 - 3 Not attempted/disabled
-
- b. In what way are laughing and crying alike? **SNLCRY**
- 1 Expressions of feelings, emotions
 - 2 Lesser correct answer (e.g., sounds, expressions, other similar responses)
 - 7 Error/refused (e.g., states differences, gives unrelated answer)
 - 3 Not attempted/disabled
-

- c. In what way are eating and sleeping alike? **SNETSLS**
- 1 Necessary bodily functions, essential for life
 - 2 Lesser correct answer (e.g., bodily functions, relaxing, good for you or other similar responses)
 - 7 Error/refused (e.g., states differences, gives unrelated answer)
 - 3 Not attempted/disabled

11 Repeat what I say: "I would like to go out." (Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence.)

- 1 Correct **SNRPT**
- 2 1 or 2 words missed
- 7 3 or more words missed/refused
- 3 Not attempted/disabled



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

SOID

SOACROS

SOCONTAC

12 Now repeat: "No ifs, ands or buts."

(Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence. Give no credit if the participant misses the "s.")

	Correct	Error/ Refused	Not attempted/ disabled
a. no ifs	SOIF <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. ands	SOAND <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. or buts	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

SOBUT

14 Please write the following sentence:
I would like to go out.

(Examiner Note: Hand participant a piece of blank paper and a #2 pencil with eraser. If necessary, repeat the sentence word by word as the participant writes. Allow a maximum of 1 minute after the first reading of the sentence for scoring the task. Either printing or cursive writing is allowed. Score "Correct" for each correct word, but no credit for "I". For each word, score "Error/Refused" if there are spelling errors or incorrect mixed capitalizations [all letters printed in uppercase are permissible]. Self-corrected errors are acceptable.)

	Correct	Error/ Refused	Not attempted/ disabled
a. would	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. like	SOLKE <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. to	SOTO <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. go	SOGO <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
e. out	SOOUT <input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

(Examiner Note: Note which hand the participant uses to write. If this task is not done, ask participant if they are right or left handed. [Use in Question #16])

- 1 Right SOHAND
 2 Left
 8 Unknown

13 Examiner Note: Hold up card #10 and say,

"Please do this."

If the participant does not close their eyes within 5 seconds, prompt by pointing to the sentence and saying

"Read and do what this says."

If the participant has already read the sentence aloud spontaneously, simply say,

"Do what this says."

Allow 5 seconds for the response. Assign the appropriate score (see below). As soon as the participant closes their eyes, say

"Open."
SOCRD1

- 1 Closes eyes without prompting
- 2 Closes eyes after prompting
- 3 Reads aloud, but does not close eyes
- 7 Does not read aloud or close eyes/refused
- 5 Not attempted/disabled



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

SPID

SPACROS

SPCONTAC

15 Here is a drawing. Please copy the drawing onto this piece of paper.
(Examiner Note: Hand participant card #11. Allow 1 minute for copying. For right-handed participants, present the sample on the left side; for left-handed participants, present the sample on the right side. Allow a maximum of 1 minute for response. Do not penalize for self-corrected errors, tremors, minor gaps, or overshoots.)

a. Pentagon 1 SPPENT1

- 1 5 approximately equal sides
- 2 5 sides, but longest:shortest side is >2:1
- 3 nonpentagon enclosed figure
- 4 2 or more lines, but it is not an enclosed figure
- 7 less than 2 lines/refused
- 6 not attempted/disabled

b. Pentagon 2 SPPENT2

- 1 5 approximately equal sides
- 2 5 sides, but longest:shortest side is >2:1
- 3 nonpentagon enclosed figure
- 4 2 or more lines, but it is not an enclosed figure
- 7 less than 2 lines/refused
- 6 not attempted/disabled

c. Intersection SPINT

- 1 4-cornered enclosure
- 2 not a 4-cornered enclosure
- 7 no enclosure/refused
- 4 not attempted/disabled

16 *(Examiner Note: Refer to Question #14 to check whether the participant is right- or left-handed. Ask them to take the paper in their non-dominant hand.)*

"Take this paper with your left (right for left handed person) hand, fold it in half using both hands, and hand it back to me."

(Examiner Note: After saying the whole command, hold the paper within reach of the participant. Do not repeat any part of the command. Do not move the paper toward the participant. The participant may hand back the paper with either hand.)

	Correct	Error/Refused	Not attempted/disabled
a. Takes paper in correct hand	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. Folds paper in half	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
c. Hands paper back	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>

SPPCOR

SPPELD

SPPHND



HABC Enrollment ID #	Acrostic	Year of Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10

SQID

SQACROS

SQCONTAC

17 What three words did I ask you to remember earlier?
(Examiner Note: Administer this item even when the participant scored one or more "unable to recall/refused" on Question #5. The words may be repeated in any order. For each word not readily given, provide the category followed by multiple choices when necessary. Do not wait more than 3 seconds for spontaneous recall and do not wait more than 2 seconds after category cueing before providing the next level of help.)

a. Shirt **SQSH2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "Something to wear"
- 4 After "Was it shirt, shoes, or socks?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

b. Blue **SQBLU2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A color"
- 4 After "Was it blue, black, or brown?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

c. Honesty **SQHON2**

- 1 Spontaneous recall
- 2 Correct word/incorrect form
- 3 After "A good personal quality"
- 4 After "Was it honesty, charity, or modesty?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

18 Would you please tell me again where you were born?
(Examiner Note: Ask this question only when a response was given in Question #1d and #1e. Score the response by checking against the response in Question #1d and #1e.)

Place of Birth?	Matches	Does not match/Refused	Not attempted/disabled
a. SQCITY2 City/town	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. SQSTE2 State/Country	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>

19 *(Examiner Note: If physical/functional disabilities or other problems exist which cause the participant difficulty in completing any of the tasks, record the nature of the problem listed below. Mark all that apply.)*

- 1 Vision **SQVIS**
- 1 Hearing **SQHEAR**
- 1 Writing problems due to injury or illness
SQWRITE
- 1 Illiteracy or lack of education **SQILLIT**
- 1 Language **SQLANG**
- 1 Other *(Please record the specific **SQOTH** problem in the space provided.)*



HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of Home Visit <input type="radio"/> 16 Year 8 <input type="radio"/> 20 Year 10	Staff ID# <input type="text"/> <input type="text"/> <input type="text"/>
SRID	SRACROS	SRCONTAC	SRSTFID

DIGIT SYMBOL SUBSTITUTION TEST

- Place the task sheet before the participant and point to the task.

Script: "Look at these boxes across the top of the page. On the top of each box is a number from one through nine. On the bottom part of each box there is a symbol. Each symbol is paired with a number."

- Point to the four rows of boxes.

Script: "Down here are boxes with numbers on the top, but the bottom part is blank. What I want you to do is to put the correct symbol in each box like this."

- Fill in the first three sample boxes.

Script: "Now I want you to fill in all boxes up to this line."

- Point to the line separating the samples from the test proper.

SRTST

- | | | | |
|--|---|---|--|
| 1
<input type="radio"/> Sample completed | 2
<input type="radio"/> Unable to complete sample | 7
<input type="radio"/> Refused | 3
<input type="radio"/> Unable to test
(arthritis, poor vision, etc.) |
|--|---|---|--|

Go on to timed test.

Do NOT go on to timed test.
Write in "00" below for
Number Completed and "00"
for Number Incorrect.

Do NOT go on to timed test.
Do not score.

Script: "When I tell you to begin, start here and fill in the boxes in these four rows. Do them in order and don't skip any. Please try to work as quickly as possible. Let's begin."

Stop the participant after 90 seconds. Say:

Script: "That's good. That completes this set of tasks."

Score: *(Examiner Note: Use card #12 to score test.*
DO NOT COUNT ANY SYMBOLS AFTER TWO BLANKS IN A ROW).

Number Completed:

Number Incorrect:

SRNC

SRNI



DIGIT	1	2	3	4	5	6	7	8	9	SCORE
SYMBOL	—	L	3	L	U	0	Λ	X	=	<input type="text"/>

SAMPLES

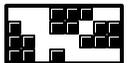
2	1	3	7	2	4	8	1	5	4	2	1	3	2	1	4	2	3	5	2	3	1	4	6	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

1	5	4	2	7	6	3	5	7	2	8	5	4	6	3	7	2	8	1	9	5	8	4	7	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

6	2	5	1	9	2	8	3	7	4	6	5	9	4	8	3	7	2	6	1	5	4	6	3	7
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

9	2	8	1	7	9	4	6	8	5	9	7	1	8	5	2	9	4	8	6	3	7	9	8	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Home Visit <input checked="" type="radio"/> Year 8 <input checked="" type="radio"/> Year 10	Staff ID# [] [] []
SSID	SSACROS	SSCONTAC	SSSTFID

CLOX 1

Examiner Note: Place a plain white sheet of paper in front of the participant and say:

Script: "Draw me a clock that says 1:45. Set the hands and numbers on the face so that a child could read them."

1. Does figure resemble a clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX01
2. Is a circular face present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX02
3. Are the dimensions >1 inch?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX03
4. Are all numbers inside the perimeter?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX04
5. Is there sectoring or are there tic marks?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX05
6. Were 12, 6, 3, & 9 placed first?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX06
7. Is the spacing intact? (Symmetry on either side of 12 o'clock and 6 o'clock?)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX07
8. Were only Arabic numerals used?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX08
9. Are only the numbers 1 through 12 among the numerals present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX09
10. Is the sequence 1 through 12 intact? (No omissions or intrusions.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX10
11. Are there exactly 2 hands present? (Ignore sectoring/tic marks)	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX11
12. Are all hands represented as arrows?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX12
13. Is the hour hand between 1 o'clock and 2 o'clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX13
14. Is the minute hand obviously longer than the hour hand?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX14
15. Are there any of the following...?		
a) Hand pointing to 4 or 5 o'clock?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15A
b) "1:45" present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15B
c) Any other notation (e.g. "9:00")?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15C
d) Any arrows point inward?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15D
e) Intrusions from "hand" or "face" present?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15E
f) Any letters, words or pictures?	<input checked="" type="radio"/> Yes <input type="radio"/> No	SSCLX15F



HABC Enrollment ID #	Acoustic	Year of Home Visit	Staff ID#
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8	20 <input type="radio"/> Year 10

4-METER WALK

T6ACROS

T6CONTAC

T6STFID

Examiner Note: Measure out 4 meters for the walk. If a 4-meter space is not available, measure 3 meters.

1 Which walk was set up?

T64MW ¹ 4-meter ² 3-meter ⁰ None:

No 3-meter space was available →

USUAL PACE WALK

2 Describe the 4-meter walk and demonstrate how to walk past the tape.

Script: "This is a three part walking test. The first and second parts test your usual walking speed. Please walk past the tape, then stop. Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

3 To start the test, say,

Script: "Ready, Go."

4 Start timing with the first footfall over the start line (participant's foot touches the floor). Stop timing with the participant's first footfall over the finish line at 4-meters (or 3-meters). You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor.)

T64MWTM1
Time on stopwatch: .
Second Hundredths/Sec

Examiner Note: If greater than 30 seconds mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.

⁷ Participant refused →

T64MW1 ⁹ Not attempted, unable →

(Please comment: _____)

¹ Attempted, but unable to complete →

(Please comment: _____)

5 Reset the stopwatch and have the participant repeat the usual-pace walk.

Script: "For the next part of the test, I want you to walk again at your usual walking pace. When you walk past the tape please stop. Ready, Go."

Time on stopwatch: . **T64MWTM2**
Second Hundredths/Sec

6 RAPID WALK

Reset the stopwatch and instruct the participant to walk as quickly as they can for the third portion of the test.

Script: "When I say go, I want you to walk as fast as you can. Ready, Go."

Time on stopwatch: . **T64MWTM3**
Second Hundredths/Sec

⁷ Participant refused →

T64MW3 ⁹ Not attempted, unable →

(Please comment: _____)

¹ Attempted, but unable to complete →

(Please comment: _____)

7 Was the participant using a walking aid, such as a cane or walker? ¹ Yes ⁰ No **T6WLKAID**



HABC Enrollment ID # H	Acrostic	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID#
SZID	SZACROS	SZCONTAC	SZSTFID

PHLEBOTOMY

1 First sample collection 2 Second sample collection

SZLABVIS
SZLABVIS1

1. Do you bleed or bruise easily?

SZBLBR 1 Yes 0 No 8 Don't know 7 Refused

SZBRCD
SZBRCD1

Bar Code Label

2. Have you ever experienced fainting spells while having blood drawn?

1 Yes 0 No 8 Don't know 7 Refused

SZFNT
SZFNT1

3. Have you ever had a radical mastectomy? **(Female Participants Only)**

1 Yes 0 No 8 Don't know 7 Refused

SZRADMAS
SZRADMAS1

Which side?

1 Right 2 Left 3 Both

1 Right 2 Left 3 Both

SZRMSIDE **SZRMSIDE1**

1 Right: Draw blood on left side.
 2 Left: Draw blood on right side.
 3 Both: Do NOT draw blood. Go to Question #10 on page 74.

4. Have you ever had a graft or shunt for kidney dialysis?

1 Yes 0 No 8 Don't know 7 Refused

SZKIDNEY
SZKIDNEY1

Which side?

1 Right 2 Left 3 Both

1 Right 2 Left 3 Both

SZKDSIDE
SZKDSIDE1

1 Right: Draw blood on left side.
 2 Left: Draw blood on right side.
 3 Both: Do NOT draw blood. Go to Question #10 on page 74.

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		<input checked="" type="radio"/> 16 <input type="radio"/> Year 8
		<input checked="" type="radio"/> 20 <input type="radio"/> Year 10

T1ID **T1ACROS**
PHLEBOTOMY

T1CONTAC

<input type="radio"/> ¹ First sample collection	<input type="radio"/> ² Second sample collection
--	---

T1LABVIS
T1LABVIS1

5. Time at start of venipuncture:

T1VTM

		:		
Hours	Minutes			

¹ am ² pm **T1AMP4** **T1VTM241**

6. Time blood draw completed:

T1BLDRTM

		:		
Hours	Minutes			

¹ am ² pm **T1AMP5** **T1BDTM241**

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

		minutes
--	--	---------

T1TOUR
T1TOUR1

Comments on phlebotomy:

8. What is the date and time you last ate anything?

a. Date of last food:

--	--

 /

--	--

 /

--	--	--	--

T1LMD **T1LMD1**

Month Day Year

T1MHM

b. Time of last food:

--	--

 :

--	--

 ¹ am ² pm **T1LMAPM** **T1MHM241**

Hours Minutes

c. How many hours have passed since the participant last ate any food?

T1FAST

--	--

 hours (Question 6 minus Question 8b. Round to nearest hour.)

T1FAST1

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 ○ Year 8 20 ○ Year 10

T2ID **T2ACROS** **T2CONTAC**

PHLEBOTOMY

1 First sample collection 2 Second sample collection

T2LABVIS
T2LABVIS1

9. Quality of venipuncture:

- 1 Clean 2 Traumatic **T2QVEN** **T2QVEN1**

Please describe. Mark all that apply:

- 1 Vein collapse **T2PVC**
- 1 Hematoma **T2PH**
- 1 Vein hard to get **T2PVHTG**
- 1 Multiple sticks **T2PMS**
- 1 Excessive duration of draw **T2PEDD**
- 1 Leakage at venipuncture site **T2PLVS**
- 1 Other (Please specify:)
T2POTH _____

T2PVC1
T2PH1
T2PVHTG1
T2PMS1
T2PEDD1
T2PLVS1
T2POTH1

10. Was any blood drawn?

- 1 Yes 0 No **T2BLDR** **T2BLDR1**

Please describe why not: _____

Were tubes filled to specified capacity? If not, comment why.

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. CPT	8 ml	1 <input type="radio"/>	0 <input type="radio"/> →	T2BV1 T2BV11
2. Lipid panel	10 ml	1 <input type="radio"/>	0 <input type="radio"/> →	T2BV2 T2BV21
3. PAXgene	10 ml	1 <input type="radio"/>	0 <input type="radio"/> →	T2BV3 T2BV31

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 Year 8 20 Year 10	Staff ID# [] [] []
---	-----------------------------	---	--------------------------

T3ID **T3ACROS** **T3CONTAC** **T3STFID**
LABORATORY PROCESSING **T3STFID1**

1 First sample collection 2 Second sample collection

T3LABVIS **T3SLABVIS1**
T3BRCD2 Bar Code Label

T3BRCD21

1. Draw Tube # 1 (CPT)

T3TMSP241 Time at start of processing: [] [] : [] [] ¹ am ² pm **T3AMPMSP**

Collection Tubes	Cryo #	Vol.	Type	To	Fill in Bubble	Problems	Not Filled
Citrated plasma	1	var	b/4.0	M	T301X1	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B	-1 <input type="radio"/> T301NX1
Buffy + RNA-later	2	var	b/4.0	M	T302X1	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B	-1 <input type="radio"/> T302NX1

PAXgene

2. Time draw tube #2 placed in regular (-20°C) freezer :

T3HRSPX [] [] : [] [] ¹ am ² pm **T3AMPMPX** **T3MINPX** **T3TMPX241**

Hours Minutes

RNA-later

3. Time buffy coat aliquoted into cryovial #2 containing RNA-later and placed in 4°C refrigerator:

T3HRSRN [] [] : [] [] ¹ am ² pm **T3AMPMRN** **T3MINRN** **T3TMRN241**

Hours Minutes

4. Date cryovial #2 placed in -70°C freezer:

[] [] / [] [] / 2 0 0 [] **T3DATE** **T3DATE1**

Month Day Year

5. Time cryovial #2 placed in -70°C freezer (should be at least 12 hours after being placed in cryovial #2 containing RNA-later):

T3HRSFR [] [] : [] [] ¹ am ² pm **T3AMPMFR** **T3MINFR** **T3TMFR241**

Hours Minutes

Analysts, use the variables without the line through them for analyses.

b=Blue; M=Meibohm lab; H=Hemolyzed; P=Partial; B=Both



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
SZID	SZACROS	SZCONTAC	SZSTFID

PHLEBOTOMY

1 First sample collection 2 Second sample collection

SZLABVIS
SZLABVIS2

1. Do you bleed or bruise easily?

SZBLBR Yes No Don't know Refused

1 0 8 7

SZBRCD
SZBRCD2

Bar Code Label

2. Have you ever experienced fainting spells while having blood drawn?

Yes No Don't know Refused

1 0 8 7

SZFNT
SZFNT2

3. Have you ever had a radical mastectomy? **(Female Participants Only)**

Yes No Don't know Refused

1 0 8 7

SZRADMAS
SZRADMAS2

Which side?

1 Right 2 Left 3 Both

SZRMSIDE **SZRMSIDE2**

Draw blood on left side. Draw blood on right side. Do NOT draw blood. Go to Question #10 on page 74.

4. Have you ever had a graft or shunt for kidney dialysis?

Yes No Don't know Refused

1 0 8 7

SZKIDNEY
SZKIDNEY2

Which side?

1 Right 2 Left 3 Both

SZKDSIDE **SZKDSIDE2**

Draw blood on left side. Draw blood on right side. Do NOT draw blood. Go to Question #10 on page 74.

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> 16 ○ Year 8
		<input checked="" type="radio"/> 20 ○ Year 10

T1ID **T1ACROS**
PHLEBOTOMY

T1CONTAC

<input type="radio"/> ¹ First sample collection	<input type="radio"/> ² Second sample collection
--	---

T1LABVIS
T1LABVIS2

5. Time at start of venipuncture:

T1VTM

<input type="text"/>	:	<input type="text"/>
----------------------	---	----------------------

Hours Minutes

¹ am

² pm

T1AMP4

T1VTM242

6. Time blood draw completed:

T1BLDRTM

<input type="text"/>	:	<input type="text"/>
----------------------	---	----------------------

Hours Minutes

¹ am

² pm

T1AMP5

T1BDTM242

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

<input type="text"/>	minutes
----------------------	---------

T1TOUR

T1TOUR2

Comments on phlebotomy:

8. What is the date and time you last ate anything?

a. Date of last food:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	---	----------------------	---	----------------------	----------------------	----------------------

Month Day Year

T1MHM

T1LMD

T1LMD2

b. Time of last food:

<input type="text"/>	:	<input type="text"/>
----------------------	---	----------------------

Hours Minutes

¹ am

² pm

T1LMAPM

T1MHM242

c. How many hours have passed since the participant last ate any food?

T1FAST

<input type="text"/>	<input type="text"/>
----------------------	----------------------

hours (Question 6 minus Question 8b. Round to nearest hour.)

T1FAST2

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 ○ Year 8 20 ○ Year 10

T2ID
PHLEBOTOMY

T2ACROS

T2CONTAC

First sample collection Second sample collection

T2LABVIS
T2LABVIS2

9. Quality of venipuncture:

Clean

Traumatic **T2QVEN**

T2QVEN2

Please describe. Mark all that apply:

- 1 Vein collapse **T2PVC**
- 1 Hematoma **T2PH**
- 1 Vein hard to get **T2PVHTG**
- 1 Multiple sticks **T2PMS**
- 1 Excessive duration of draw **T2PEDD**
- 1 Leakage at venipuncture site **T2PLVS**
- 1 Other (Please specify:)
T2POTH _____

T2PVC2

T2PH2

T2PVHTG2

T2PMS2

T2PEDD2

T2PLVS2

T2POTH2

10. Was any blood drawn?

Yes

No **T2BLDR**

T2BLDR2

Please describe why not: _____

Were tubes filled to specified capacity? If not, comment why.

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. CPT	8 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV1 T2BV12
2. Lipid panel	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV2 T2BV22
3. PAXgene	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV3 T2BV32

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] []
---	-----------------------------	---	--------------------------

T3ID **T3ACROS** **T3CONTAC** **T3STFID**
LABORATORY PROCESSING **T3STFID2**

1 First sample collection 2 Second sample collection

T3LABVIS **T3SLABVIS2**
T3BRCD2 Bar Code Label

T3BRCD22

1. Draw Tube # 1 (CPT)

T3TMSP242 Time at start of processing: [] [] : [] [] am pm
T3TIMESP **T3AMPMSP**

Collection Tubes	Cryo #	Vol.	Type	To	Fill in Bubble	Problems	Not Filled
Citrated plasma	1	var	b/4.0	M	T301X2 <input type="radio"/>	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B T301HPB2	-1 <input type="radio"/> T301NX2
Buffy + RNA-later	2	var	b/4.0	M	T302X2 <input type="radio"/>	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B T302HPB2	-1 <input type="radio"/> T302NX2

PAXgene

2. Time draw tube #2 placed in regular (-20°C) freezer :

T3HRSPX [] [] : [] [] am pm **T3AMPMPX** **T3MINPX** **T3TMPX242**

Hours Minutes

RNA-later

3. Time buffy coat aliquoted into cryovial #2 containing RNA-later and placed in 4°C refrigerator:

T3HRSRN [] [] : [] [] am pm **T3AMPMRN** **T3MINRN** **T3TMRN242**

Hours Minutes

4. Date cryovial #2 placed in -70°C freezer:

[] [] / [] [] / 2 0 0 [] **T3DATE** **T3DATE2**

Month Day Year

5. Time cryovial #2 placed in -70°C freezer (should be at least 12 hours after being placed in cryovial #2 containing RNA-later):

T3HRSFR [] [] : [] [] am pm **T3AMPMFR** **T3MINFR** **T3TMFR242**

Hours Minutes

Analysts, use the variables without the line through them for analyses.



- ★ 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.")

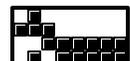
days **YACUTDAY**

- ★ 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.

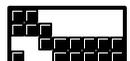
1 One **YAAJFNUM**

2 Two or three

4 Four or five

6 Six or more

8 Don't know



Empty rectangular box for page link number.

Now I'm going to ask about some medical problems (*name of Health ABC participant*) might have had since we last spoke to (*him/her*) about 6 months ago, which was on / /

Month / Day / Year

- ★ 11. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a heart attack, angina, or chest pain due to heart disease?
YAHCHAMI Yes No Don't know Refused

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF11A**

b. **YAREF11B**

c. **YAREF11C**

Go to Question #12

- ★ 12. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a stroke, mini-stroke, or TIA?
 Yes No Don't know Refused **YAHCCVA**

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI2**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF12A**

b. **YAREF12B**

c. **YAREF12C**

Go to Question #13

- ★ 13. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had congestive heart failure?
YACHF Yes No Don't know Refused

★ Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI3**

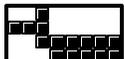
★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF13A**

b. **YAREF13B**

c. **YAREF13C**

Go to Question #14



- ★ 14. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had cancer? We are specifically interested in hearing about a cancer that was diagnosed for the first time since we last spoke to *(him/her)*.

1 Yes
 0 No
 8 Don't know
 7 Refused **YACHMGMT**

★ Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF14A

b.

--	--	--	--	--

YAREF14B

c.

--	--	--	--	--

YAREF14C

- ★ 15. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had pneumonia?

1 Yes
 0 No
 8 Don't know
 7 Refused **YALCPNEU**

★ Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF15A

b.

--	--	--	--	--

YAREF15B

c.

--	--	--	--	--

YAREF15C

- ★ 16. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* broke or fractured a bone(s)?

1 Yes
 0 No
 8 Don't know
 7 Refused **YAOSBR45**

★ Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF16A

b.

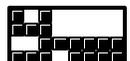
--	--	--	--	--

YAREF16B

c.

--	--	--	--	--

YAREF16C



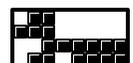
- ★ 17. Was (name of Health ABC participant) hospitalized overnight for any other reasons since we last spoke to (him/her) about 6 months ago?
- 1 Yes 0 No 8 Don't know 7 Refused **YAHOSP**

★ **Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.**

a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17A	b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17B	c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17C
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____
d.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17D	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17E	f.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17F
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____

- ★ 18. Has (name of Health ABC participant) had any same day outpatient surgery since we last spoke to (him/her) about 6 months ago?
- 1 Yes 0 No 8 Don't know 7 Refused **YAOUTPA**

	Was it for. . . ?		Reference #
★ a.	A procedure to open a blocked artery	1 <input type="radio"/> Yes → Complete a Health ABC Event Form, Section III. Record reference #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		0 <input type="radio"/> No	YAREF18A
		8 <input type="radio"/> Don't know YABLART	
★ b.	Gall bladder surgery	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YAGALLBL	
★ c.	Cataract surgery	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YACATAR	
★ d.	TURP (MEN ONLY) (transurethral resection of prostate)	1 <input type="radio"/> Yes	
		0 <input type="radio"/> No	
		8 <input type="radio"/> Don't know YATURP	



19. Is there any other illness or condition for which (*name of Health ABC participant*) sees a doctor or other health care professional?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAOTILL**
- Please go to Question #20

Please describe for what:

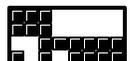
20. Does (*name of Health ABC participant*) have any problems with (*his/her*) memory?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAMEM**
- Please go to Question #21

- a. Did (*his/her*) trouble with memory begin suddenly or slowly?
- 1 Suddenly **YAMEMBEG**
 2 Slowly
 8 Don't know
- b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?
- 1 Steady downhill progression **YAMEMPRG**
 2 Abrupt decline
 3 Stayed the same (no decline)
 4 Gotten better
 8 Don't know
- c. Is a doctor aware of (*his/her*) memory problems?
- 1 Yes
 0 No
 8 Don't know **YAMEMDR**

What does the doctor believe is causing (*his/her*) memory problems?
 (*Interviewer Note: Please mark only one answer.*)

- | | |
|---|---|
| <input type="radio"/> 1 Alzheimer's disease | <input type="radio"/> 7 Parkinson's disease YAMEMPRB |
| <input type="radio"/> 2 Confusion | <input type="radio"/> 9 Stroke |
| <input type="radio"/> 3 Delerium | <input type="radio"/> 10 Nothing wrong |
| <input type="radio"/> 4 Dementia | <input type="radio"/> 11 Other (<i>Please specify</i>) |
| <input type="radio"/> 5 Depression | _____ |
| <input type="radio"/> 6 Multiinfarct | <input type="radio"/> 8 Don't know |



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**

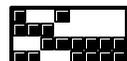
25. Does (*name of Health ABC participant*) have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused **YABATHYN**

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?)

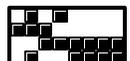
YACHN5LB Yes No Don't know Refused

★ 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.

YAHCSRC



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.)

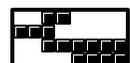
Please tell me if these telephone numbers are correct.

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.



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 **YAPROXY**
- 4 In nursing home/long-term care facility
- 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 # H [] [] [] []	Acrostic [] [] [] []	Date Visit Completed [] / [] / [] [] [] [] Month Day Year	Staff ID # [] [] []
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T7ID T7ACROS T7DATE T7STFID
PROXY HOME VISIT WORKBOOK

Year of Proxy Home Visit: Year 8 Year 10 Other (Please specify: _____)

What is your...?

T7CONTAC

[] [] [] [] [] [] [] [] [] []	[]	[] [] [] [] [] [] [] [] [] []
First Name	M.I.	Last Name

T7FNM

T7LNM

PROCEDURE CHECKLIST

Measurement	Page #	Yes: Measurement fully completed	Yes: Measurement partially completed	No: Participant refused	No: Other reason/ Not applicable	Comments
1. Was the Proxy Interview administered?	1	1 0	3 0	0 0	2 0	T7PVIADM
2. Medication inventory	35	1 0	3 0	0 0	2 0	T7MIF
3. Weight	37	1 0	3 0	0 0	2 0	T7WT
4. Radial pulse	38	1 0	3 0	0 0	2 0	T7RP
5. Blood pressure	39	1 0	3 0	0 0	2 0	T7BP
6. Grip strength	40	1 0	3 0	0 0	2 0	T7GRIP
7. DXA: Did participant agree to come into clinic for DXA?	42	1 0 Yes		0 0 No		T7DXA
8. Pulmonary function test	49	1 0	3 0	0 0	2 0	T7PFT
9. Chair stands	51	1 0	3 0	0 0	2 0	T7CS
10. Standing balance	52	1 0	3 0	0 0	2 0	T7SB
11. 4-meter walk	63	1 0	3 0	0 0	2 0	T74MW
12. Phlebotomy	72	1 0	3 0	0 0	2 0	T7PHLEB
13. Laboratory processing	75	1 0	3 0	0 0	2 0	T7LAB
Year 8 only:						
14. Was the Hip and Knee Pain Interview administered?		1 0	3 0	0 0	2 0	T7HPIADM
15. Did participant agree to schedule a hip x-ray?		1 0		0 0	2 0	T7HIPXR

Would you like us to send a copy of your test results to your doctor? Yes No

T7DOC



HABC Enrollment ID #	Acrostic	Date Visit Completed	Staff ID #
H [] [] [] [] []	[] [] [] [] []	[] [] / [] [] / [] [] [] []	[] [] [] []
Y A I D	Y A A C R O S	Month Day Year	Y A S T F I D

PROXY HOME VISIT INTERVIEW

Year of Contact:

78 hidden

16 Year 8 annual contact

17 hidden

18 hidden

19 hidden

20 Year 10 annual contact

8 Other (*Please specify* _____)

YAVISIT

Type of Contact:

1 Home (face-to-face interview)

4 hidden

5 Nursing home (face-to-face interview) **YACONTAC**

2 hidden

3 Other (*Please specify:* _____)

YADATES

Date of last regularly scheduled contact: [] [] / [] [] / [] [] [] []

Month Day Year

- What is your relationship to (name of Health ABC participant)?
 - 1 Spouse or partner **YAREL**
 - 2 Child
 - 3 Family member (other than spouse or child) (*Please specify:* _____)
 - 4 Close friend
 - 5 Health care provider
 - 6 Other (*Please specify:* _____)
 - 7 Refused

- How often do you have contact with (him/her)? (*Interviewer Note: Please mark only one answer.*)
 - 1 Live together → Go to Question #4
 - 2 Daily (but does not live together)
 - 3 3 or more times a week **YACONFRQ**
 - 4 Less than 3 times a week
 - 8 Don't know
 - 7 Refused

PROXY HOME VISIT INTERVIEW

3. What is the most frequent type of contact?

- 1 Mostly in person
- 2 Mostly by phone
- 3 Both in person and by phone
- 4 Other (Please specify: **YACONTYP**)
- 8 Don't know
- 7 Refused

4. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.

- 1 Yes
 - 0 No
 - 8 Don't know
 - 7 Refused
- YABED**

About how many days did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.

(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YABEDDAY**

5. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) cut down on the things (he/she) usually did, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- YACUT** 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

How many days did (he/she) cut down on the things (he/she) usually did because of illness or injury? Please include days in bed.

(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YACUTDAY**

6. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay overnight as a patient in a nursing home or rehabilitation center?

- YAMCNH** 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

7. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) receive care at home from a visiting nurse, home health aide, or nurse's aide?

- YAMCVN** 1 Yes
- 0 No
- 8 Don't know
- 7 Refused



Now I'm going to ask you about some medical problems that *(name of Health ABC participant)* might have had in the past 12 months.

In the past 12 months, was *(name of Health ABC participant)* told by a doctor that *(he/she)* had...?

8. Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.
- YAHCHBP** 1 Yes 0 No 8 Don't know 7 Refused

9. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.
- YASGDIAB** 1 Yes 0 No 8 Don't know 7 Refused

10. In the past 12 months, has *(name of Health ABC participant)* fallen and landed on the floor or ground?
- YAAJFALL** 1 Yes 0 No 8 Don't know 7 Refused

Please go to Question #11

How many times has *(he/she)* fallen in the past 12 months?
If you are unsure, please make your best guess.

1 One **YAAJFNUM**

2 Two or three

4 Four or five

6 Six or more

8 Don't know

Now I'm going to ask about some medical problems (*name of Health ABC participant*) might have had since we last spoke to (*him/her*) about 6 months ago, which was on / /
Month Day Year

11. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a heart attack, angina, or chest pain due to heart disease?
YAHCHAMI Yes No Don't know Refused

Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF11A**

b. **YAREF11B**

c. **YAREF11C**

Go to Question #12

12. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a stroke, mini-stroke, or TIA?
 Yes No Don't know Refused **YAHCCVA**

Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI2**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF12A**

b. **YAREF12B**

c. **YAREF12C**

Go to Question #13

13. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had congestive heart failure?
YACHF Yes No Don't know Refused

Was (*he/she*) hospitalized overnight for this problem?
 Yes No **YAHOSMI3**

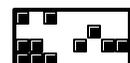
Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF13A**

b. **YAREF13B**

c. **YAREF13C**

Go to Question #14



14. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had cancer? We are specifically interested in hearing about a cancer that was diagnosed for the first time since we last spoke to *(him/her)*.

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YACHMGMT**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF14A

b.

--	--	--	--	--

YAREF14B

c.

--	--	--	--	--

YAREF14C

15. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had pneumonia?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YALCPNEU**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF15A

b.

--	--	--	--	--

YAREF15B

c.

--	--	--	--	--

YAREF15C

16. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* broke or fractured a bone(s)?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAOSBR45**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a.

--	--	--	--	--

YAREF16A

b.

--	--	--	--	--

YAREF16B

c.

--	--	--	--	--

YAREF16C



17. Was (name of Health ABC participant) hospitalized overnight for any other reasons since we last spoke to (him/her) about 6 months ago?
 1 Yes 0 No 8 Don't know 7 Refused **YAHOSP**

**Complete a Health ABC Event Form, Section I, for each event.
 Record reference #'s and reason for hospitalization below.**

a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17A	b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17B	c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17C
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____
d.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17D	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17E	f.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF17F
	Reason for hospitalization: _____		Reason for hospitalization: _____		Reason for hospitalization: _____

18. Has (name of Health ABC participant) had any same day outpatient surgery since we last spoke to (him/her) about 6 months ago?
 1 Yes 0 No 8 Don't know 7 Refused **YAOUTPA**

Was it for . . . ?

a. A procedure to open a blocked artery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know	→ Complete a Health ABC Event Form, Section III. Record reference #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YAREF18A
b. Gall bladder surgery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know		YAGALLBL
c. Cataract surgery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know		YACATAR
d. TURP (MEN ONLY) (transurethral resection of prostate)	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know		YATURP



19. Is there any other illness or condition for which (*name of Health ABC participant*) sees a doctor or other health care professional?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAOTILL**

Please go to Question #20

Please describe for what:

20. Does (*name of Health ABC participant*) have any problems with (*his/her*) memory?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **YAMEM**

Please go to Question #21

a. Did (*his/her*) trouble with memory begin suddenly or slowly?

1 Suddenly **YAMEMBEG**
 2 Slowly
 8 Don't know

b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?

1 Steady downhill progression **YAMEMPRG**
 2 Abrupt decline
 3 Stayed the same (no decline)
 4 Gotten better
 8 Don't know

c. Is a doctor aware of (*his/her*) memory problems?

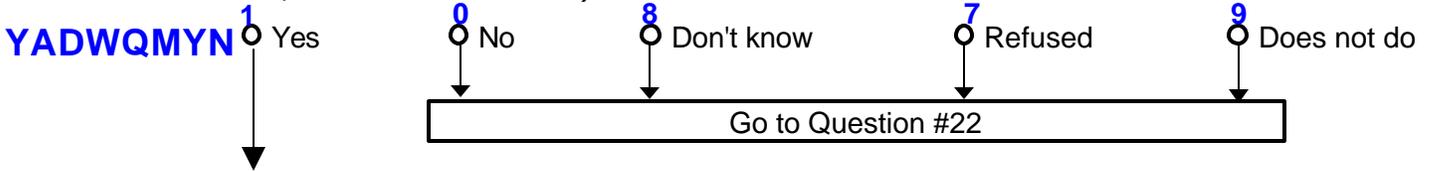
1 Yes
 0 No
 8 Don't know **YAMEMDR**

What does the doctor believe is causing (*his/her*) memory problems?
(Interviewer Note: Please mark only one answer.)

<input type="radio"/> 1 Alzheimer's disease	<input type="radio"/> 7 Parkinson's disease YAMEMPRB
<input type="radio"/> 2 Confusion	<input type="radio"/> 9 Stroke
<input type="radio"/> 3 Delerium	<input type="radio"/> 10 Nothing wrong
<input type="radio"/> 4 Dementia	<input type="radio"/> 11 Other (<i>Please specify</i>)
<input type="radio"/> 5 Depression	_____
<input type="radio"/> 6 Multiinfarct	<input type="radio"/> 8 Don't know



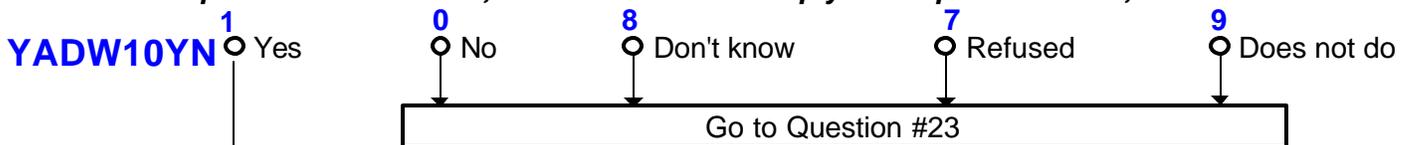
21. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this was because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Does not do.")



How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

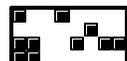
1 A little difficulty **YADWQMDF**
 2 Some difficulty
 3 A lot of difficulty
 4 Or are they unable to do it?
 8 Don't know

22. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking up 10 steps, that is about 1 flight, without resting?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Does not do.")



How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

1 A little difficulty **YADIF**
 2 Some difficulty
 3 A lot of difficulty
 4 Or are they unable to do it?
 8 Don't know



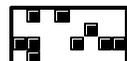
23. Does (name of Health ABC participant) have to use a cane, walker, crutches, or other special equipment to help (him/her) get around?
 1 Yes 0 No 8 Don't know 7 Refused **YAEQUIP**

24. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty getting in and out of bed or chairs?
 1 Yes 0 No 8 Don't know 7 Refused **YADIOYN**

- a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)
- 1 A little difficulty **YADIODIF**
 - 2 Some difficulty
 - 3 A lot of difficulty
 - 4 Or are they unable to do it?
 - 8 Don't know
- b. Does (he/she) usually receive help from another person when (he/she) gets in and out of bed or chairs?
 1 Yes 0 No 8 Don't know **YADIORHY**

25. Does (name of Health ABC participant) have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused **YABATHYN**

- a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)
- 1 A little difficulty **YABATHDF**
 - 2 Some difficulty
 - 3 A lot of difficulty
 - 4 Or are they unable to do it?
 - 8 Don't know
- b. Does (he/she) usually receive help from another person in bathing or showering?
 1 Yes 0 No 8 Don't know **YABATHRH**



26. Does (name of Health ABC participant) have any difficulty dressing?
 Yes No Don't know Refused **YADDYN**

a. How much difficulty does (he/she) have?
(Interviewer Note: Read response options.)

A little difficulty **YADDIF**
 Some difficulty
 A lot of difficulty
 Or are they unable to do it?
 Don't know

b. Does (he/she) usually receive help from another person in dressing?
 Yes No Don't know **YADDRHYN**

27. In general, would you say that (name of Health ABC participant's) appetite or desire to eat has been. . . ?
(Interviewer Note: Read response options.)

Very good Very poor **YAAPPET**
 Good Don't know
 Moderate Refused
 Poor

28. Since we last spoke to (name of Health ABC participant) about 6 months ago, has (his/her) weight changed by 5 or more pounds?
(Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant either 5 or more pounds heavier or lighter than they were 6 months ago?)

YACHN5LB Yes No Don't know Refused

a. Did (he/she) gain or lose weight?
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

Gain Lose Don't know **YAGNLS**

b. How many pounds did (he/she) gain/lose in the past 6 months?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

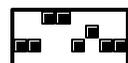
YAHOW6 pounds Don't know **YAHOW6DN**

29. Where does (*name of Health ABC participant*) usually go for health care or advice about health care?

(Interviewer Note: Read response options. Please mark only one answer.)

- 1 Private doctor's office (individual or group practice)
- 2 Public clinic such as a neighborhood health center
- 3 Health Maintenance Organization (HMO) (**Please specify:** _____)
(Examples: Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring)
- 4 Hospital outpatient clinic
- 5 Emergency room
- 6 Other (**Please specify:** _____)

Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.



30. We would like to update all of *(name of Health ABC participant's)* contact information this year. The address that we currently have listed for *(name of Health ABC participant)* is:
(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.

The telephone number(s) that we currently have for *(name of Health ABC participant)* is *(are)*
(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)

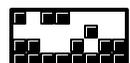
Please tell me if these telephone numbers are correct.

Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**

Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.



31. Do you expect (name of Health ABC participant) to move or have a different mailing address in the next 6 months?

1 Yes

0 No

8 Don't know

7 Refused **YAMOVE**

Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.



32. **Interviewer Note:** Please answer the following question based on your judgment of the proxy's responses to the Proxy Interview.

On the whole, how reliable do you think the proxy's responses to the Proxy Interview are?

- 1 Very reliable
2 Fairly reliable **YARELY**
3 Not very reliable
8 Don't know

33. What is the primary reason a proxy was contacted for the Semi-Annual Telephone Interview or Annual Contact? Please mark only one reason.

- 1 Illness/health problem(s)
2 Hearing difficulties
3 Cognitive difficulties **YAPROXY**
4 In nursing home/long-term care facility
5 Refused to give reason
6 Other (*Please specify:* _____)

Thank you very much for answering these questions. Please remember to call us if (*name of Health ABC participant*) is admitted to a hospital or nursing home for any reason so that we can better understand changes in (*his/her*) health. We would also like to hear from you if (*name of Health ABC participant*) moves or if (*his/her*) mailing address changes. We will be calling you in about 6 months from now to find out how (*name of Health ABC participant*) has been doing.



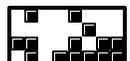
HABC Enrollment ID # <input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of Proxy Home Visit <input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10	Staff ID# <input type="text"/> <input type="text"/> <input type="text"/>
S4ID	S4ACROS	S4CONTAC	S4STFID2

WEIGHT

Examiner Note: Weight is measured without shoes, heavy jewelry, or wallets.

1. Measurement 1 . lbs. **S4WTLBS**

2. Measurement 2 . lbs. **S4WTLBS2**



HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	<input type="text"/> <input type="text"/>
S5ID	S5ACROS	S5CONTAC	S5STFID

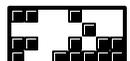
RADIAL PULSE

Measurement 1 beats per 30 seconds **S5PLSSM1**

+

Measurement 2 beats per 30 seconds **S5PLSSM2**

= beats per minute **S5PLSAV**



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10 20	Staff ID# [] [] []
S6ID	S6ACROS	S6CONTAC	S6STFID

BLOOD PRESSURE

1. Cuff Size Small Regular Large Thigh **S6OCUF**

2. Arm Used Right Left →

(Examiner Note: Use arm listed on Data from Prior Visits Report.)

Please explain why right arm was not used:

Pulse Obliteration Level

3. Palpated Systolic [] [] [] **S6POPS** mm Hg * Add +30 to Palpated Systolic to obtain Maximal Inflation Level.

+ Add 30*

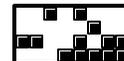
4. Maximal Inflation Level (MIL) [] [] [] **S6POMX** mm Hg † If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.

5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes No **S6BPYN**

Blood Pressure (Seated)

6. Systolic **S6SYS** [] [] [] mm Hg *Comments (required for missing or unusual values):* _____

7. Diastolic **S6DIA** [] [] [] mm Hg _____



HABC Enrollment ID # H	Acrostic	Year of Proxy Home Visit 16 Year 8 20 Year 10	Staff ID#
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S7ID S7ACROS S7CONTAC S7STFID
GRIP STRENGTH

(Hand-Held Dynamometry)

1. Have you had any surgery on your hands or wrists in the past 3 months?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 S7WRST1

Which hand?		
<input type="radio"/> 1 Right	<input type="radio"/> 2 Left	<input type="radio"/> 3 Both right and left S7WRTRL
Do NOT test right.	Do NOT test left.	Do NOT test either hand. Go to Questions #4 and #5 on next page and mark "Unable to test/exclusion/didn't understand."

2. Has any pain or arthritis in your right hand gotten worse recently?

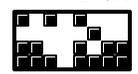
- 1 Yes
 0 No
 8 Don't know
 7 Refused
 S7ARWRSR

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 8 Don't know S7PSQ1

3. Has any pain or arthritis in your left hand gotten worse recently?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 S7ARWRSL

Will the pain keep you from squeezing as hard as you can?		
<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 8 Don't know S7PSQ2



HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 20 Year 10

S8ID S8ACROS S8CONTAG
GRIP STRENGTH (Hand-Held Dynamometry)

Script: "I'd like you to take your right/left arm, rest it on the table, and bend your elbow. Grip the two bars in your hand, like this. Please slowly squeeze the bars as hard as you can."

Examiner Note: Hand the dynamometer to the participant. Adjust if needed.

Script: "Now try it once just to get the feel of it. For this practice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Examiner Note: Show dial to participant.

Script: "We'll do this two times. This time it counts, so when I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

4. Right Hand ⁻¹ Unable to test/exclusion/didn't understand S8NOTST

S8RTR1 Trial 1 kg 7 Refused 9 Unable to complete S8RRUC1

Examiner Note: Wait 15-20 seconds before second trial.

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8RTR2 Trial 2 kg 7 Refused 9 Unable to complete S8RRUC2

Repeat the procedure on the left side.

5. Left Hand ⁻¹ Unable to test/exclusion/didn't understand S8LNTST

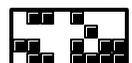
Script: "Now we'll test your left side. When I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR1 Trial 1 kg 7 Refused 9 Unable to complete S8LRUC1

Examiner Note: Wait 15-20 seconds before second trial.

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

S8LTR2 Trial 2 kg 7 Refused 9 Unable to complete S8LRUC2



HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Scan Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Staff ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
S9ID	S9ACROS	Month Day Year S9DATE	S9STFID

Year of Proxy Home Visit: Year 8 Year 10 **S9CONTAC**

BONE DENSITY (DXA) SCAN

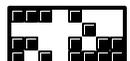
1. Do you have breast implants?
 Yes No Don't know Refused **S9BI**

- ◆ Flag scan for review by DXA Reading Center.
- ◆ Indicate in the table in Question #2 whether breast implant is in "Left ribs" or "Right ribs" subregion, or both.

2. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?
 Yes No Don't know Refused **S9MO**

- a. Flag scan for review by DXA Reading Center.
b. Indicate in the table the location of joint replacement, hardware or other artifacts (sub-regions are those defined by the whole body scan analysis).

Sub-region	Hardware	Other Artifacts	None
Head	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9HEAD
Left arm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9LA
Right arm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9RA
Left ribs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9LR
Right ribs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9RR
Thoracic spine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9TS
Lumbar spine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9LS
Pelvis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9PEL
Left leg	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9LL
Right leg	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> S9RL



HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit
H		16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10
		SACONTAC

SAID SAACROS
BONE DENSITY (DXA) SCAN

3. Have you had any of the following tests within the past ten days?

	Yes	No	Don't know	Refused	
a. Barium enema	SABE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
b. Upper GI X-ray series	SAUGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
c. Lower GI X-ray series	SALGI <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
d. Nuclear medicine scan	SANUKE <input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	
e. Other tests using contrast ("dye") or radioactive materials	<input type="radio"/> 1 *	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7	SAOTH2

**(Examiner Note: If "Yes" to any, reschedule bone density measurement so that at least 10 days will have passed since the tests were performed.)*

4. Have you ever had hip replacement surgery where all or part of your joint was replaced?

SAHIPRP 1 Yes 0 No 8 Don't know 7 Refused

On which side did you have hip replacement surgery?

1 Right 2 Left 3 Both **SAHIPRP2**

Do NOT scan right hip.

Do NOT scan left hip.

Do NOT scan either hip.
Go to Question #6 on the next page.

5. Which hip was scanned at the Baseline (Year 1) Clinic Visit?

(Examiner Note: Refer to Data from Prior Visits Report to see which hip was scanned at Baseline.)

SAHIPY1 1 Right 2 Left 3 Neither 8 Don't know

Scan right hip unless contraindicated.

Scan left hip unless contraindicated.

Scan right hip unless contraindicated.

HABC Enrollment ID #	Acrostic	Year of Proxy Home Visit
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	¹⁶ <input type="radio"/> Year 8 ²⁰ <input type="radio"/> Year 10
SBID	SBACROS	SBCONTAC

BONE DENSITY (DXA) SCAN

6. Was a bone density measurement obtained for...?

a. Whole body

¹
 Yes ⁰
 No **SBWB**

Last 2 characters of scan ID #: **SBSCAN1**

Date of scan: / / **SBSCDTE1**

Month Day Year

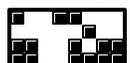
b. Hip

¹
 Yes ⁰
 No **SBHIP**

Last 2 characters of scan ID #: **SBSCAN2**

Date of scan: / / **SBSCDTE2**

Month Day Year



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] [] []
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SGID SGACROS SGCONTAC SGSTFID
PULMONARY FUNCTION TEST TRACKING

1. Is the participant's systolic blood pressure greater than 199 mm Hg or diastolic blood pressure greater than 109 mm Hg?

Examiner Note: Check blood pressure recorded on page #39.)

Yes No **8 SGBPCHK**

Do NOT test. Go to Question #9.

2. Have you had any surgery on your chest or abdomen in the past 2 months?

Yes No Don't know Refused **8 SGSURG**

Do NOT test. Go to Question #9.

3. Have you had a heart attack in the past 2 months?

Yes No Don't know Refused **8 SGHA**

Do NOT test. Go to Question #9.

4. Now please think about the past 30 days. Have you been hospitalized for any other heart problem in the past 30 days?

Yes No Don't know Refused **8 SGHOSP**

Do NOT test. Go to Question #9.

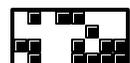
5. Do you have a detached retina or have you had eye surgery in the past 2 months?

Yes No Don't know Refused **8 SGRET**

Do NOT test. Go to Question #9.

6. Have you had symptoms of a cold or respiratory infection within the past 2 weeks?

Yes No Don't know Refused **8 SGRESP**



HABC Enrollment ID #	SHACROS Acrostic	Year of Proxy Home Visit
SHID H		16 <input type="radio"/> Year 8
		20 <input type="radio"/> Year 10

PULMONARY FUNCTION TEST TRACKING

7. Does the participant regularly use beta-agonist inhalers, an anticholinergic inhaler (Atrovent, Spiriva), or a combination inhaler/nebulizer (Combivent, Advair, DuoNeb)?

Examiner Note: Check Medication Inventory Form or medications identified by the participant. Common beta-agonist inhalers include: Short acting: Albuterol, Brethair, Maxair Autohaler, Proventil, Tonalate, Ventolin, Alupent, Xopenix. Long acting: Serevent, Foradil. Anticholinergic inhaler: Atrovent, Spiriva. Combination inhaler/nebulizer: Combivent, Advair, DuoNeb.

1 Yes 0 No 8 Don't know SHBETA

Has the participant used their . . .

- ◆ Short-acting beta agonist (e.g., Albuterol, Brethair, Maxair Autohaler, Proventil, Tonalate, Ventolin, Alupent, Xopenix, DuoNeb), in the last 4 hours,
- ◆ Atrovent or Combivent in the last 6 hours,
- ◆ Serevent, Advair, or Foradil in the last 10 hours, or
- ◆ Spiriva in the last 24 hours?

(Examiner Note: If a participant has used Atrovent, Spiriva, Combivent, Advair, Foradil, or Serevent within the prescribed time period, they should NOT be asked to use their short-acting bronchodilator.)

1 Yes 0 No 8 Don't know SHINHALE

Administer PFT and go to Question # 8.

If the participant has their short-acting bronchodilator with them, ask them to take two puffs and wait 15 minutes before performing the test. If they do not have their short-acting bronchodilator with them, proceed with the test.

Administer PFT and go to Question # 8.

8. What equipment is being used for the pulmonary function test?

SHSPIRTY

1 Table-top spirometer 2 Hand-held (EasyOne) spirometer

9. Was the spirometry test completed?

0 Yes 0 No SHSPIR

Record the results:

SHFVCBST
FVC Best value: [] . [] [] liters

SHFVCPR
FVC Percent predicted: [] [] [] . [] percent

SHFEVBST
FEV₁ Best value: [] . [] [] liters

SHFEVPR
FEV₁ Percent predicted: [] [] [] . [] percent

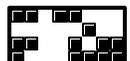
SHFEVPR2
FEV₁/FVC%: [] [] [] . [] percent

Why wasn't the spirometry test completed?

(Examiner Note: Mark all that apply.)

- 1 Equipment failure SHPFTEQ SHPFTUU
- 1 Participant unable to understand instructions
- 1 Participant medically excluded SHPFTME
- 1 Participant physically unable to cooperate SHPFTUC
- 1 Participant refused SHPFTRF
- 1 Other (Please specify:)

SHPFTOT



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10	Staff ID# [] [] []
SIID	SIACROS	SICONTAC	SISTFID

CHAIR STANDS

SINGLE CHAIR STAND

Describe: "This is a test of strength in your legs where you stand up without using your arms."

Demonstrate and say: "Fold your arms across your chest, like this, and stand when I say GO, keeping your arms in this position. OK?"

Test: "Ready, Go!"

- | | | | |
|--|--------------|---|------------------------------------|
| <input type="radio"/> Participant refused | SISCS | ▶ | Go to Standing Balance on page 52. |
| <input type="radio"/> Not attempted, unable | | ▶ | Go to Standing Balance on page 52. |
| <input type="radio"/> Attempted, unable to stand | | ▶ | Go to Standing Balance on page 52. |
| <input type="radio"/> Rises using arms | | ▶ | Go to Standing Balance on page 52. |
| <input type="radio"/> Stands without using arms | | ▶ | Go to Repeated Chair Stands below. |

REPEATED CHAIR STANDS

Describe: "This time, I want you to stand up five times as quickly as you can keeping your arms folded across your chest."

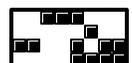
Demonstrate and say: "When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time. I'll demonstrate two chair stands to show you how it's done."

Examiner Note: Rise two times as quickly as you can, counting as you sit down each time.

Test: "When I say 'Go' stand up five times in a row, as quickly as you can, without stopping. Stand up all the way, and sit all the way down each time. Ready, Go!"

Examiner Note: Start timing as soon as you say "Go." Count: "1, 2, 3, 4, 5" as the participant sits down each time.

- | | | |
|---|---------------------|---|
| <input type="radio"/> Participant refused | SIRCS | |
| <input type="radio"/> Not attempted, unable | | |
| <input type="radio"/> Attempted, unable to complete 5 stands without using arms | → [] | SICOMP Number completed without using arms |
| <input type="radio"/> Completes 5 stands without using arms | → [] [] . [] [] | Seconds to complete SISEC |



HABC Enrollment ID #	Accession	Year of Proxy Home Visit	Staff ID#
H [] [] [] [] []	SJACROS [] [] [] [] []	16 Year 8 20 Year 10	[] [] [] []

STANDING BALANCE

INTRODUCTION: "I'm going to ask you to stand in several different positions that test your balance. I'll demonstrate each position and then ask you to try to stand in each position for 30 seconds. I'll be near you to provide support, and the wall is close enough to prevent you from falling if you lose your balance. Do you have any questions?"

SEMI-TANDEM STAND

Describe: "First I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 30 seconds. Please watch while I demonstrate."

Demonstrate and say: "You may put either foot in front, whichever is more comfortable. You can use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step like this."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Examiner Note: Start timing when the participant lets go. If the participant does not hold onto your arm, start timing when they are in position.

- 7 Participant refused → Go to 4-meter walk on page 63.
- 9 Not attempted, unable → Go to 4-meter walk on page 63.
- 1 Unable to attain position or cannot hold for at least one second → Go to 4-meter walk on page 63.
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] **SJSTSTM** seconds. Go to Tandem Stand below.
- 3 Holds position for 30 seconds → Go to Tandem Stand below.

SJSTS

TANDEM STAND

Describe: "Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot. I'll demonstrate."

Demonstrate and say: "Again, you may use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step, like this."

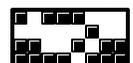
Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

SJTS1

- 7 Participant refused → Go to One-Leg Stand on page 53.
- 9 Not attempted, unable → Go to One-Leg Stand on page 53.
- 1 Unable to attain position or cannot hold for at least one second → Go to Trial 2.
- 2 Holds position between 1 and 29 seconds → [] [] . [] [] **SJSTSTM** seconds. Go to Trial 2.
- 3 Holds position for 30 seconds → Go to One-Leg Stand on page 53.



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] [] [] [] [] [] []	Year of Proxy Home Visit 16 <input type="radio"/> Year 8 <input type="radio"/> Year 10
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SKID

SKACROS

SKCONTAC

STANDING BALANCE

TANDEM STAND

Perform a second trial: "Now, let's do the same thing one more time. Hold onto my arm while you get into position. When you are ready, let go."

Trial 2:

Participant refused —————▶ Go to One-Leg Stand below.

Not attempted, unable —————▶ Go to One-Leg Stand below.

9 **SKTS2**

Unable to attain position or cannot hold for at least one second —————▶ Go to One-Leg Stand below.

1

Holds position between 1 and 29 seconds —————▶ [] [] . [] [] **SKTS2TM** seconds. Go to One-Leg Stand below.

2

Holds position for 30 seconds —————▶ Go to One-Leg Stand below.

3

ONE-LEG STAND

Describe: "For the last position, I would like you to try to stand on one leg for 30 seconds. You may stand on either leg, whichever is more comfortable. I'll demonstrate."

Demonstrate and say: "Try to hold your foot up until I say stop. If you lose your balance put your foot down."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

Participant refused —————▶ Go to 4-meter walk on page 63.

Not attempted, unable —————▶ Go to 4-meter walk on page 63.

9 **SKTR1**

Unable to attain position or cannot hold for at least one second —————▶ Go to Trial 2.

Holds position between 1 and 29 seconds —————▶ [] [] . [] [] **SKTR1TM** seconds. Go to Trial 2.

2

Holds position for 30 seconds —————▶ Go to 4-meter walk on page 63.

3

Perform a second trial: "Now, let's do the same thing one more time."

Trial 2:

SKTR2

Participant refused —————▶ Go to 4-meter walk on page 63.

7

Not attempted, unable —————▶ Go to 4-meter walk on page 63.

9

Unable to attain position or cannot hold for at least one second —————▶ Go to 4-meter walk on page 63.

1

Holds position between 1 and 29 seconds —————▶ [] [] . [] [] **SKTR2TM** seconds. Go to Teng mini-mental on page 54.

2

Holds position for 30 seconds —————▶ Go to 4-meter walk on page 63.

3



HABC Enrollment ID #	Acoustic	Year of Proxy Home Visit	Staff ID#
T6ACROS		16 <input type="radio"/> Year 8	20 <input type="radio"/> Year 10
H			

4-METER WALK

Examiner Note: Measure out 4 meters for the walk. If a 4-meter space is not available, measure 3 meters.

1 Which walk was set up?

T64MW ¹ 4-meter ² 3-meter ⁰ None:

No 3-meter space was available →

USUAL PACE WALK

2 Describe the 4-meter walk and demonstrate how to walk past the tape.

Script: "This is a three part walking test. The first and second parts test your usual walking speed. Please walk past the tape, then stop. Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

3 To start the test, say,

Script: "Ready, Go."

4 Start timing with the first footfall over the start line (participant's foot touches the floor). Stop timing with the participant's first footfall over the finish line at 4-meters (or 3-meters). You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor.)

T64MWTM1
Time on stopwatch: .
Second Hundredths/Sec

Examiner Note: If greater than 30 seconds mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.

⁷ Participant refused →

T64MW1 ⁹ Not attempted, unable →

(Please comment: _____)

¹ Attempted, but unable to complete →

(Please comment: _____)

5 Reset the stopwatch and have the participant repeat the usual-pace walk.

Script: "For the next part of the test, I want you to walk again at your usual walking pace. When you walk past the tape please stop. Ready, Go."

Time on stopwatch: . **T64MWTM2**
Second Hundredths/Sec

6 RAPID WALK

Reset the stopwatch and instruct the participant to walk as quickly as they can for the third portion of the test.

Script: "When I say go, I want you to walk as fast as you can. Ready, Go."

Time on stopwatch: . **T64MWTM3**
Second Hundredths/Sec

⁷ Participant refused →

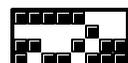
T64MW3 ⁹ Not attempted, unable →

(Please comment: _____)

¹ Attempted, but unable to complete →

(Please comment: _____)

7 Was the participant using a walking aid, such as a cane or walker? ¹ Yes ⁰ No **T6WLKAID**



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
SZID	SZACROS	SZCONTAC	SZSTFID

PHLEBOTOMY

1 First sample collection 2 Second sample collection

SZLABVIS
SZLABVIS1

1. Do you bleed or bruise easily?

SZBLBR Yes No Don't know Refused

1 0 8 7

SZBRCD
SZBRCD1

Bar Code Label

2. Have you ever experienced fainting spells while having blood drawn?

Yes No Don't know Refused

1 0 8 7

SZFNT
SZFNT1

3. Have you ever had a radical mastectomy? **(Female Participants Only)**

Yes No Don't know Refused

1 0 8 7

SZRADMAS
SZRADMAS1

Which side?

1 Right 2 Left 3 Both

SZRMSIDE **SZRMSIDE1**

Right → Draw blood on left side.

Left → Draw blood on right side.

Both → Do NOT draw blood. Go to Question #10 on page 74.

4. Have you ever had a graft or shunt for kidney dialysis?

Yes No Don't know Refused

1 0 8 7

SZKIDNEY
SZKIDNEY1

Which side?

1 Right 2 Left 3 Both

SZKDSIDE **SZKDSIDE1**

Right → Draw blood on left side.

Left → Draw blood on right side.

Both → Do NOT draw blood. Go to Question #10 on page 74.

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 ○ Year 8
		20 ○ Year 10

T1ID **T1ACROS**
PHLEBOTOMY

T1CONTAC

<input type="radio"/> ¹ First sample collection	<input type="radio"/> ² Second sample collection
--	---

T1LABVIS
T1LABVIS1

5. Time at start of venipuncture:

T1VTM

		:		
Hours	Minutes			

¹ am ² pm **T1AMP4**

T1VTM241

6. Time blood draw completed:

T1BLDRTM

		:		
Hours	Minutes			

¹ am ² pm **T1AMP5**

T1BDTM241

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

minutes	

T1TOUR
T1TOUR1

Comments on phlebotomy:

8. What is the date and time you last ate anything?

a. Date of last food:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

T1MHM

T1LMD **T1LMD1**

b. Time of last food:

--	--

 :

--	--

Hours Minutes

¹ am ² pm **T1LMAPM**

T1MHM241

c. How many hours have passed since the participant last ate any food?

T1FAST

--	--

 hours

T1FAST1

(Question 6 minus Question 8b. Round to nearest hour.)

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 ○ Year 8 20 ○ Year 10

T2ID
PHLEBOTOMY

T2ACROS

T2CONTAC

First sample collection Second sample collection

T2LABVIS
T2LABVIS1

9. Quality of venipuncture:

Clean

Traumatic **T2QVEN**

T2QVEN1

Please describe. Mark all that apply:

-1 Vein collapse **T2PVC**

T2PVC1

-1 Hematoma **T2PH**

T2PH1

-1 Vein hard to get **T2PVHTG**

T2PVHTG1

-1 Multiple sticks **T2PMS**

T2PMS1

-1 Excessive duration of draw **T2PEDD**

T2PEDD1

-1 Leakage at venipuncture site **T2PLVS**

T2PLVS1

-1 Other *(Please specify:)*

T2POTH _____

T2POTH1

10. Was any blood drawn?

Yes

No **T2BLDR**

T2BLDR1

Please describe why not: _____

Were tubes filled to specified capacity? If not, comment why.

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. CPT	8 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV1 T2BV11
2. Lipid panel	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV2 T2BV21
3. PAXgene	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV3 T2BV31

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 O Year 8 20 O Year 10	Staff ID# [] [] []
---	-----------------------------	---	--------------------------

T3ID **T3ACROS** **T3CONTAC** **T3STFID**
LABORATORY PROCESSING **T3STFID1**

1 First sample collection **2** Second sample collection

T3LABVIS **T3SLABVIS1**
T3BRCD2 Bar Code Label

T3BRCD21

1. Draw Tube # 1 (CPT)

T3TMSP241 Time at start of processing: [] [] : [] [] **T3AMPMS**
 am pm

Collection Tubes	Cryo #	Vol.	Type	To	Fill in Bubble	Problems	Not Filled
Citrated plasma	1	var	b/4.0	M	T301X1 -1	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B 1 2 3	-1 T301NX1 <input type="radio"/>
Buffy + RNA-later	2	var	b/4.0	M	T302X1 -1	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B 1 2 3	-1 T302NX1 <input type="radio"/>

PAXgene

2. Time draw tube #2 placed in regular (-20°C) freezer :

T3HRSPX [] [] : [] [] **T3AMPMPX**
 am pm **T3MINPX** **T3TMPX241**

Hours Minutes

RNA-later

3. Time buffy coat aliquoted into cryovial #2 containing RNA-later and placed in 4°C refrigerator:

T3HRSRN [] [] : [] [] **T3AMPMRN** **T3TMRN241**
 am pm **T3MINRN**

Hours Minutes

4. Date cryovial #2 placed in -70°C freezer:

[] [] / [] [] / 2 0 0 [] **T3DATE** **T3DATE1**

Month Day Year

5. Time cryovial #2 placed in -70°C freezer (should be at least 12 hours after being placed in cryovial #2 containing RNA-later):

T3HRSF [] [] : [] [] **T3AMPMFR** **T3TMFR241**
 am pm **T3MINFR**

Hours Minutes

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID # H [] [] [] []	Acrostic [] [] [] []	Type of Annual Contact 16 ○ Year 8 20 ○ Year 10	Staff ID# [] [] []
SZID	SZACROS	SZCONTAC	SZSTFID

PHLEBOTOMY

1 First sample collection 2 Second sample collection

SZLABVIS
SZLABVIS2

1. Do you bleed or bruise easily?

SZBLBR 1 Yes 0 No 8 Don't know 7 Refused

SZBRCD
SZBRCD2

Bar Code Label

2. Have you ever experienced fainting spells while having blood drawn?

1 Yes 0 No 8 Don't know 7 Refused

SZFNT
SZFNT2

3. Have you ever had a radical mastectomy? **(Female Participants Only)**

1 Yes 0 No 8 Don't know 7 Refused

SZRADMAS
SZRADMAS2

Which side?

1 Right 2 Left 3 Both

1 Right → Draw blood on left side.
 2 Left → Draw blood on right side.
 3 Both → Do NOT draw blood. Go to Question #10 on page 74.

SZRMSIDE **SZRMSIDE2**

4. Have you ever had a graft or shunt for kidney dialysis?

1 Yes 0 No 8 Don't know 7 Refused

SZKIDNEY
SZKIDNEY2

Which side?

1 Right 2 Left 3 Both

1 Right → Draw blood on left side.
 2 Left → Draw blood on right side.
 3 Both → Do NOT draw blood. Go to Question #10 on page 74.

SZKDSIDE
SZKDSIDE2

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> 16 ○ Year 8
		<input checked="" type="radio"/> 20 ○ Year 10

T1ID **T1ACROS**
PHLEBOTOMY

T1CONTAC

<input type="radio"/> ¹ First sample collection	<input type="radio"/> ² Second sample collection
--	---

T1LABVIS
T1LABVIS2

5. Time at start of venipuncture:

T1VTM

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Hours			Minutes	

¹ am ² pm **T1AMP4**

T1VTM242

6. Time blood draw completed:

T1BLDRTM

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Hours			Minutes	

¹ am ² pm **T1AMP5**

T1BDTM242

7. Total tourniquet time:

(Examiner Note: If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

<input type="text"/>	<input type="text"/>	minutes
----------------------	----------------------	---------

T1TOUR
T1TOUR2

Comments on phlebotomy:

8. What is the date and time you last ate anything?

a. Date of last food: / /

Month Day Year

T1MHM

T1LMD **T1LMD2**

b. Time of last food: :

Hours Minutes

¹ am ² pm **T1LMAPM**

T1MHM242

c. How many hours have passed since the participant last ate any food?

T1FAST

T1FAST2

hours (Question 6 minus Question 8b. Round to nearest hour.)

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID #	Acrostic	Type of Annual Contact
H		16 ○ Year 8 20 ○ Year 10

T2ID
PHLEBOTOMY

T2ACROS

T2CONTAC

First sample collection Second sample collection

T2LABVIS
T2LABVIS2

9. Quality of venipuncture:

Clean

Traumatic **T2QVEN**

T2QVEN2

Please describe. Mark all that apply:

- 1 Vein collapse **T2PVC**
- 1 Hematoma **T2PH**
- 1 Vein hard to get **T2PVHTG**
- 1 Multiple sticks **T2PMS**
- 1 Excessive duration of draw **T2PEDD**
- 1 Leakage at venipuncture site **T2PLVS**
- 1 Other (Please specify:)
T2POTH _____

T2PVC2

T2PH2

T2PVHTG2

T2PMS2

T2PEDD2

T2PLVS2

T2POTH2

10. Was any blood drawn?

Yes

No **T2BLDR**

T2BLDR2

Please describe why not: _____

Were tubes filled to specified capacity? If not, comment why.

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. CPT	8 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV1 T2BV12
2. Lipid panel	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV2 T2BV22
3. PAXgene	10 ml	<input checked="" type="radio"/>	<input type="radio"/> →	T2BV3 T2BV32

Analysts, use the variables without the line through them for analyses.



HABC Enrollment ID # H [] [] [] [] []	Acrostic [] [] [] [] []	Type of Annual Contact 16 <input type="radio"/> Year 8 20 <input type="radio"/> Year 10	Staff ID# [] [] []
---	---------------------------------	---	--------------------------

T3ID **T3ACROS** **T3CONTAC** **T3STFID**
LABORATORY PROCESSING **T3STFID2**

1 First sample collection 2 Second sample collection

T3LABVIS **T3SLABVIS2**
T3BRCD2 Bar Code Label

T3BRCD22

1. Draw Tube # 1 (CPT)

T3TMSP242 Time at start of processing: [] [] : [] [] am pm **T3AMPMSP**

Collection Tubes	Cryo #	Vol.	Type	To	Fill in Bubble	Problems	Not Filled
Citrated plasma	1	var	b/4.0	M	T301X2 <input type="radio"/>	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B T301HPB2	-1 <input type="radio"/> T301NX2
Buffy + RNA-later	2	var	b/4.0	M	T302X2 <input type="radio"/>	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> B T302HPB2	-1 <input type="radio"/> T302NX2

PAXgene

2. Time draw tube #2 placed in regular (-20°C) freezer :

T3HRSPX [] [] : [] [] am pm **T3AMPMPX** **T3MINPX** **T3TMPX242**

Hours Minutes

RNA-later

3. Time buffy coat aliquoted into cryovial #2 containing RNA-later and placed in 4°C refrigerator:

T3HRSRN [] [] : [] [] am pm **T3AMPMRN** **T3TMRN242** **T3MINRN**

Hours Minutes

4. Date cryovial #2 placed in -70°C freezer:

[] [] / [] [] / 2 0 0 [] **T3DATE** **T3DATE2**

Month Day Year

5. Time cryovial #2 placed in -70°C freezer (should be at least 12 hours after being placed in cryovial #2 containing RNA-later):

T3HRSFRR [] [] : [] [] am pm **T3AMPMFR** **T3TMFR242** **T3MINFR**

Hours Minutes

Analysts, use the variables without the line through them for analyses.



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"/>	<input type="text"/> <input type="text"/> <input type="text"/>
H1ID	H1ACROS	Month	Day	Year	H1STFID

YEAR 8 LIPID PANEL RESULTS

Examiner Note: Please record the results of the lipid panel sent by the local laboratory below.

Total cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	CHOLES
Triglycerides	<input type="text"/> <input type="text"/> <input type="text"/> m/dL	TRIG
HDL cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	HDL
LDL cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	LDL
Chol/HDL ratio* <i>*Examiner Note: If Chol/HDL ratio is not provided by local lab, divide total cholesterol by HDL cholesterol. Record to nearest decimal.</i>	<input type="text"/> <input type="text"/> . <input type="text"/>	CHLRATIO



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"/>
BJID	BJACROS	Month BJDATE Day Year	BJSTFID

MISSED FOLLOW-UP CONTACT

Complete this form for each regularly scheduled follow-up clinic visit or telephone contact that has been missed and cannot be made-up.

1 Type of Follow-up Contact Missed

BJTYPE

1 Annual Clinic Visit



Which visit?

16 Year 8

18 Year 9

20 Year 10

BJVISIT

2 Semi-Annual Phone Interview



Which contact?

17 Year 8.5

19 Year 9.5

BJCONTAC

2 Reason Follow-up Contact Missed

Please check the primary reason for the missed follow-up visit or telephone contact. Check only one reason.

- | | | |
|---|---|-----------------|
| 1 <input type="radio"/> Illness/health problem(s) | 10 <input type="radio"/> Moved out of area | BJREASON |
| 2 <input type="radio"/> Hearing difficulties | 11 <input type="radio"/> Travelling/on vacation | |
| 3 <input type="radio"/> Cognitive difficulties | 12 <input type="radio"/> Personal problem(s) | |
| 4 <input type="radio"/> In nursing home/long-term care facility | 13 <input type="radio"/> Unable to contact/unable to locate | |
| 5 <input type="radio"/> Too busy; time and/or work conflict | 14 <input type="radio"/> Refused to give reason | |
| 6 <input type="radio"/> Caregiving responsibilities | 15 <input type="radio"/> Modified follow-up regimen
(e.g. will only agree to one contact per year) | |
| 7 <input type="radio"/> Physician's advice | 18 <input type="radio"/> Withdrew from study/withdrew informed consent | |
| 8 <input type="radio"/> Family member's advice | 16 <input type="radio"/> Deceased | |
| 9 <input type="radio"/> Clinic too far/travel time | 17 <input type="radio"/> Other (Please specify: _____) | |

3 Comments



HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
BLID	BLACROS	Month Day Year BLDATE	BLSTFID

SEMI-ANNUAL TELEPHONE CONTACT

Telephone contact: **17** Year 8.5 **19** Year 9.5 **8** Other (Please specify _____)

BLCONTAC

Date of last contact: / / **BLDTCON**

Month Day Year

I would like to ask you some questions that we asked you about 6 months ago, on (date of last contact). The reason for asking them again is to find out how you've been doing during the past six months.

1. In general, how would you say your health is? Would you say it is . . .
(Interviewer Note: Read response options.)

- 1** Excellent **8** Don't know **BLHSTAT**
- 2** Very good **7** Refused
- 3** Good
- 4** Fair
- 5** Poor

2. Since we last spoke to you about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.

- 1** Yes **0** No **8** Don't know **7** Refused **BLBED12**

About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **BLBEDDAY**

3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- 1** Yes **0** No **8** Don't know **7** Refused **BLCUT12**

How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **BLCUTDAY**



4. Since we last spoke to you about 6 months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?
 1 Yes 0 No 8 Don't know 7 Refused **BLMCNH**

5. Since we last spoke to you about 6 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?
 1 Yes 0 No 8 Don't know 7 Refused **BLMCVN**

6. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
 1 Yes 0 No 8 Don't know 7 Refused **BLEQUIP**

7. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?
 1 Yes 0 No 8 Don't know 7 Refused **BLDIOYN**

Does someone usually help you get in and out of bed or chairs?
 1 Yes 0 No 8 Don't know **BLDIORHY**

8. Do you have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused **BLBATHYN**

Does someone usually help you bathe or shower?
 1 Yes 0 No 8 Don't know **BLBATHRH**

9. Do you have any difficulty dressing?
 1 Yes 0 No 8 Don't know 7 Refused **BLDDYN**

Does someone usually help you to dress?
 1 Yes 0 No 8 Don't know **BLDDRHYN**

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?

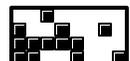
- BLDW1MYN
- 1
 Yes
 - 0
 No
 - 8
 Don't know/don't do

-
-
-

10f. How easy is it for you to walk one mile?
(Interviewer Note: Read response options.)

- 1
 Very easy
- 2
 Somewhat easy
- 3
 Or not that easy
- 8
 Don't know/don't do

BLDW1MEZ



11. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?

(Interviewer Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Don't do.")

BLDW10YN 1 Yes

0 No

8 Don't know

7 Refused

9 Don't do

Go to Question #11c

Go to Question #12

a. How much difficulty do you have?

(Interviewer Note: Read response options.)

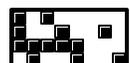
- 1 A little difficulty **BLDIF**
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are you unable to do it
- 8 Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?

(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
(Please specify: _____) |
| <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: _____) BLMNRS3 |
| <input type="radio"/> 23 Foot/ankle pain | <input type="radio"/> 2 Multiple conditions/symptoms
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 | |

Go to Question #12



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** 0 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
- 0 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.")

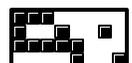
BLHOW6 pounds 8 Don't know/don't remember 7 Refused **BLHOW6DN**

c. Were you trying to gain/lose weight?

- 1 Yes
- 0 No
- 8 Don't know **BLTRGNLS**

15. At the present time, are you trying to lose weight?

- 1 Yes
- 0 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**

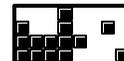
Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

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.

- 1 Yes
 0 No
 8 Don't know
 7 Refused **BLCHMGMT**

Complete a Health ABC Event Form(s), Section II, for each event. Record reference #'s below:

- a.

--	--	--	--	--	--

BLREF16A
- b.

--	--	--	--	--	--

BLREF16B
- c.

--	--	--	--	--	--

BLREF16C

20. Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **BLLCPNEU**

Complete a Health ABC Event Form(s), Section II, for each event. Record reference #'s below:

- a.

--	--	--	--	--	--

BLREF17A
- b.

--	--	--	--	--	--

BLREF17B
- c.

--	--	--	--	--	--

BLREF17C

21. Since we last spoke to you about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)?

- 1 Yes
 0 No
 8 Don't know
 7 Refused **BLOSBR45**

Complete a Health ABC Event Form(s), Section II, for each event. Record reference #'s below:

- a.

--	--	--	--	--	--

BLREF18A
- b.

--	--	--	--	--	--

BLREF18B
- c.

--	--	--	--	--	--

BLREF18C

22. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 BLHOSP12



Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.

a. <input type="text"/> Reason for hospitalization: BLREF19A	b. <input type="text"/> Reason for hospitalization: BLREF19B	c. <input type="text"/> Reason for hospitalization: BLREF19C
d. <input type="text"/> Reason for hospitalization: BLREF19D	e. <input type="text"/> Reason for hospitalization: BLREF19E	f. <input type="text"/> Reason for hospitalization: BLREF19F

23. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 BLOUTPA



Was it for...?

a. A procedure to open a blocked artery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know	Complete a Health ABC Event Form, Section III. Record reference #:	Reference #: <input type="text"/> BLREF20A
b. Gallbladder surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know	BLGALLBL	
c. Cataract surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know	BLCATAR	
d. TURP (MEN ONLY) (transurethral resection of prostate)	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know	BLTURP	



24. Do you expect to move or have a different address in the next 6 months?

- 1 Yes 0 No 8 Don't know 7 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.

