

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

R2ID

R2ACROS

R2CONTAC

ANNUAL TELEPHONE INTERVIEW

Date of last regularly scheduled contact:

/ /

Month Day Year

NOT COLLECTED

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

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

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

R2HSTAT

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

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

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

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

days **R2BEDDAY**

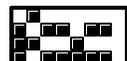
3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

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

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

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

days **R2CUTDAY**



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R3ID

R3ACROS

R3CONTAG

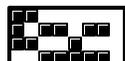
MEDICAL STATUS

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



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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

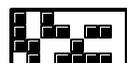
6e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

- 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



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R6ID	R6ACROS	R6CONTAC

PHYSICAL FUNCTION

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

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

Go to Question #7c Go to Question #8

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

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

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

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

Go to Question #8



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R7ID

R7ACROS

R7CONTAC

PHYSICAL FUNCTION

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

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

R7DW10EZ

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

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

R7DW20YN

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

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

R7DW20EZ



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R8ID R8ACROS
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



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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

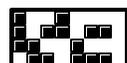
Some difficulty

A lot of difficulty

Or are you unable to do it

Don't know

R9DIFNAM



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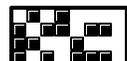
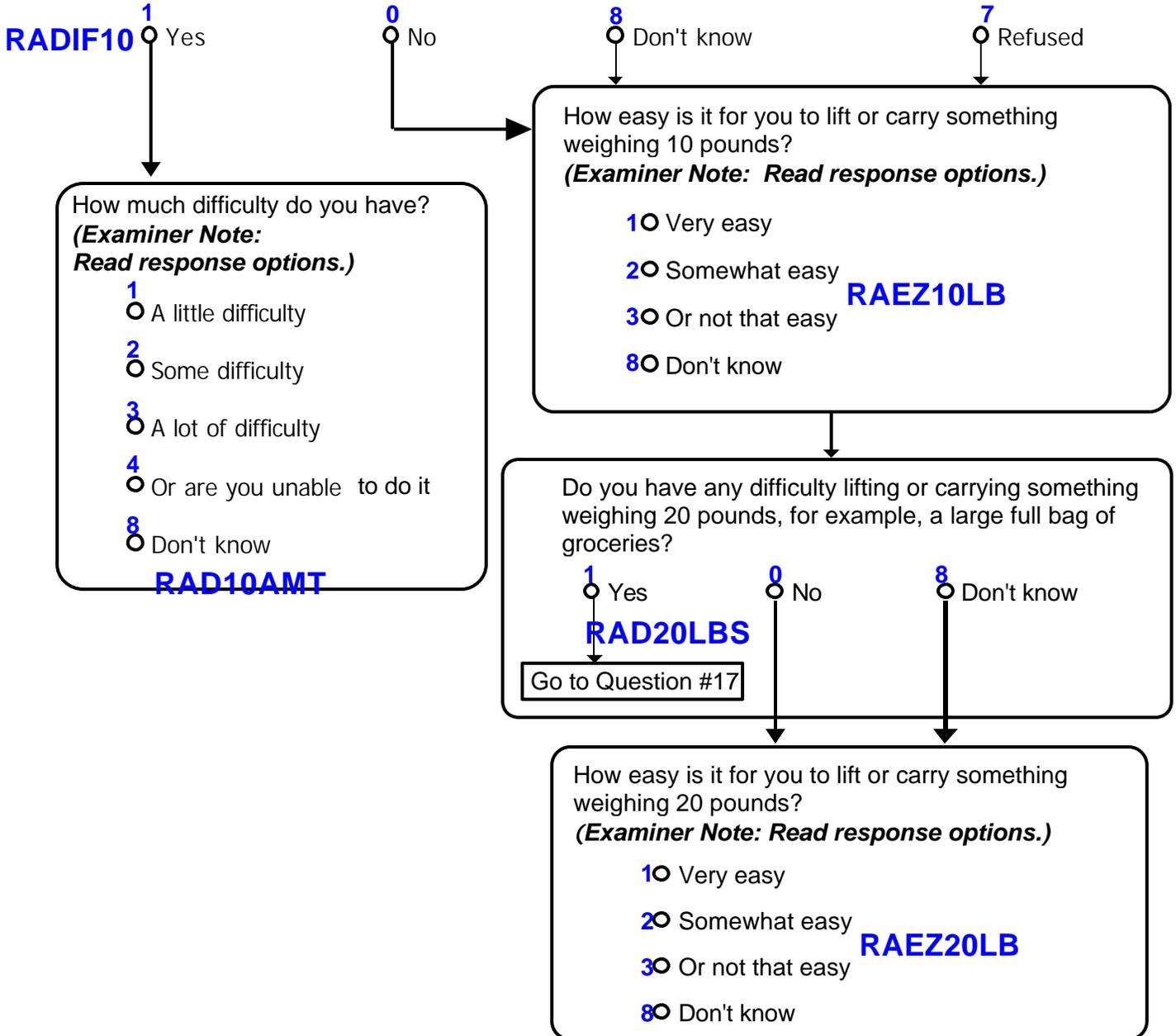
RAID

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 1 0 8 7
 Yes No Don't know Refused

Go to Question #18

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

RBHC7DAY 1 0 8
 Yes No Don't know

Go to Question #18

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

[] [] [] [] RBHCTIM
 Hours Minutes 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?

1 Yes 0 No 8 Don't know 7 Refused

RCEW12MO

Go to Question #19

In the past 7 days, did you go walking?

1 Yes 0 No **RCEW7DAY**

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

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

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

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

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

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

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

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

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

1 Yes 0 No 8 Don't know 7 Refused

RCFS12MO

Go to Question #20

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

1 Yes 0 No 8 Don't know

RCFS7DAY

Go to Question #20

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

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

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

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



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RDID	RDACROS	RDCONTAC

PHYSICAL ACTIVITY AND EXERCISE

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

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

Go to Question #21

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

RDHI7DAY ¹ Yes ⁰ No

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

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

RDHIAOTH _____

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?

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

RDH1TIME -1 Don't know **RDHIA1DK**

Hours Minutes

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

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



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REID	REACROS	RECONTAC

PHYSICAL ACTIVITY AND EXERCISE

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

REMI12MO Yes No Don't know Refused

Go to Question #22

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

REMI7DAY Yes No

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

- 1 Golf **REMIGOLF**
- 1 Bowling **REMIBOWL**
- 1 Dancing **REMIIDANC**
- 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.)

REMI1DK

Don't know

Hours Minutes -1

REM1TIME

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

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

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RFID

RFACROS

RFCONTAC

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

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

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

23. Do you currently do any volunteer work?

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

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

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



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RGID RGACROS RGCONTAC
APPETITE AND WEIGHT CHANGE

25. Now I have some questions about your appetite.

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

(Examiner Note: Read response options.)

- 1 Very good
- 2 Good
- 3 Moderate
- 4 Poor
- 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

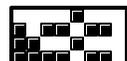
SMOKING HABITS

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.

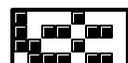
One
 Two or three
 Four or five **RHAJFNUM**
 Six or more
 Don't know

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

RHLCSBUP Yes No Don't know Refused

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

RHLCSBLS Yes No Don't know Refused



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RIID RIACROS RICONTAC
MEDICAL CONDITIONS

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

- RILCSBWS** Yes No Don't know Refused

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

- RICOF** Yes No Don't know Refused

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

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

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

- RIWHZ** Yes No Don't know Refused

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

- RIWHZMED** Yes No Don't know

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

- RILCASTH** Yes No Don't know Refused

a. Do you still have asthma?

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

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

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



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RJID RJACROS RJCONTAC
MEDICAL CONDITIONS

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

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

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

a. Emphysema?

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

b. Chronic obstructive pulmonary disease or COPD?

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

c. Chronic bronchitis?

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

Do you still have chronic bronchitis?

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

38A. In the past 12 months, have you seen a health professional for new or worsening symptoms of...?

a. Chest pain?

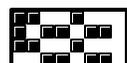
RJCP 1 Yes 0 No 8 Don't know 7 Refused

b. Shortness of breath?

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

c. Angina?

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



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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

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?

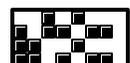
RKHOSMI3 Yes

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**



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

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**



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

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

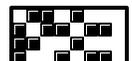
Refused

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	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"/>	16 <input type="radio"/> Year 8 18 <input type="radio"/> Year 9 20 <input type="radio"/> Year 10

RNID

RNACROS

RNCONTAC

MEDICAL CONDITIONS IN PAST 6 MONTHS

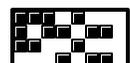
45. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?
RNHOSP12 Yes No Don't know Refused

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

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

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

Was it for...?		Reference #
a. A procedure to open a blocked artery	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"/>	¹⁶ <input type="radio"/> Year 8 ¹⁸ <input type="radio"/> Year 9 ²⁰ <input type="radio"/> Year 10

ROID

ROACROS

ROCONTAC

MEDICAL CONDITIONS AND FATIGUE

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

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

Go to Question #48

48. 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 ⁸ Don't know ⁷ Refused

ROELEVRF

48A. In the past month, on the average, have you been feeling unusually tired during the day?

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



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

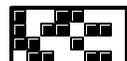
RPESSTOP

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		<input checked="" type="radio"/> 16 <input type="radio"/> Year 8 <input type="radio"/> Year 9 <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: _____)*

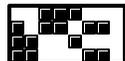
Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.

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 checked="" type="radio"/> 16 Year 8 <input checked="" type="radio"/> 18 Year 9 <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?

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	Date Form 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 INTERVIEW

Year of Contact:

78 Year 7.5 semi-annual (78-mo.) contact

16 Year 8 annual contact

17 Year 8.5 semi-annual contact

18 Year 9 annual contact **YAVISIT**

19 Year 9.5 semi-annual contact

20 Year 10 annual contact

8 Other (*Please specify* _____)

Type of Contact PARTICIPANT would have had:

1 Home (face-to-face interview)

4 Clinic (face-to-face interview)

5 Nursing home (face-to-face interview) **YACONTAC**

2 Telephone interview

3 Other (*Please specify:* _____)

YADATES

Interviewer Note: This refers to the type of contact the PARTICIPANT would have had, not where the proxy was interviewed.

Date of last regularly scheduled contact: [] [] / [] [] / [] [] [] []

Month Day Year

★ = Semi-annual telephone contact questions

Interviewer Note: Ask all questions for annual contact. Ask only ★ questions during semi-annual telephone contact.

★ 1. What is your relationship to (name of Health ABC participant)?

1 Spouse or partner **YAREL**

2 Child

3 Family member (other than spouse or child) (*Please specify:* _____)

4 Close friend

5 Health care provider **YARELOTH**

6 Other (*Please specify:* _____)

7 Refused

★ 2. How often do you have contact with (him/her)? (*Interviewer Note: Please mark only one answer.*)

1 Live together → Go to Question #4

2 Daily (but does not live together)

3 3 or more times a week **YACONFRQ**

4 Less than 3 times a week

8 Don't know

7 Refused

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

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

1 Yes 0 No 8 Don't know 7 Refused

YABED

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

days **YABEDDAY**

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

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

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

days **YACUTDAY**

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

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

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

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



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

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

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

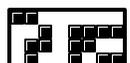
9. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.
- YASGDIAB** 1 Yes 0 No 8 Don't know 7 Refused

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.

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



Empty rectangular box for page link number.

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

Month / Day / Year

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

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

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

a. **YAREF11A**

b. **YAREF11B**

c. **YAREF11C**

Go to Question #12

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

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

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

a. **YAREF12A**

b. **YAREF12B**

c. **YAREF12C**

Go to Question #13

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

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

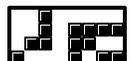
★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. **YAREF13A**

b. **YAREF13B**

c. **YAREF13C**

Go to Question #14



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

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

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

a.

--	--	--	--	--

YAREF14A

b.

--	--	--	--	--

YAREF14B

c.

--	--	--	--	--

YAREF14C

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

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

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

a.

--	--	--	--	--

YAREF15A

b.

--	--	--	--	--

YAREF15B

c.

--	--	--	--	--

YAREF15C

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

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

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

a.

--	--	--	--	--

YAREF16A

b.

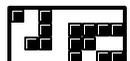
--	--	--	--	--

YAREF16B

c.

--	--	--	--	--

YAREF16C



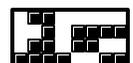
- ★ 17. Was (name of Health ABC participant) hospitalized overnight for any other reasons since we last spoke to (him/her) about 6 months ago?
- 1 Yes 0 No 8 Don't know 7 Refused **YAHOSP**

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

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

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

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



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

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

Please go to Question #20

Please describe for what:

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

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

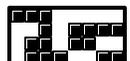
Please go to Question #21

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

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

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

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



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

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

Go to Question #22

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

1 A little difficulty YADWQMDF

2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know

- ★ 22. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking up 10 steps, that is about 1 flight, without resting?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Does not do.")

YADW10YN 1 Yes 0 No 8 Don't know 7 Refused 9 Does not do

Go to Question #23

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

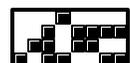
1 A little difficulty YADIF

2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know



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

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

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

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

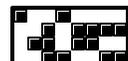
b. Does (he/she) usually receive help from another person when (he/she) gets in and out of bed or chairs?
 1 Yes 0 No 8 Don't know **YADIORHY**

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

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

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

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



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

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

A little difficulty **YADDIF**
 Some difficulty
 A lot of difficulty
 Or are they unable to do it?
 Don't know

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

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

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

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

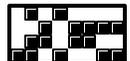
YACHN5LB Yes No Don't know Refused

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

Gain Lose Don't know **YAGNLS**

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

YAHOW6 pounds Don't know **YAHOW6DN**



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

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

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

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



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

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

Is the address that we currently have correct?

Yes

No **NOT COLLECTED**



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

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

Please tell me if these telephone numbers are correct.

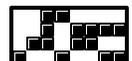
Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**



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



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

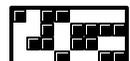
Yes

No

Don't know

Refused **YAMOVE**

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



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

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

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

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

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

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



HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <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 **BJVISIT**

20 Year 10

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

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

- 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?

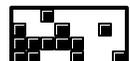
- BLDW1MYN
- 1 Yes
 - 0 No
 - 8 Don't know/don't do

-
-
-

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.)

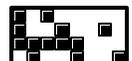
- 1 A little difficulty **BLDIF**
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are you unable to do it
- 8 Don't know

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.")

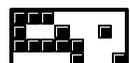
BLHOW6 pounds 8 Don't know/don't remember 7 Refused **BLHOW6DN**

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**

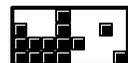
Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

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 #: BLBLART	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.

