

Health ABC Questionnaire Measures and Frequency
(Revised 9/24/2013)

	Y1 (1997- 1998)	Y1.5 (1997- 1999)	Y2 (1998- 1999)	Y2.5 (1998- 2000)	Y3 (1999- 2000)	Y3.5 (1999- 2001)	Y4 (2000- 2001)	Y4.5 (2000- 2002)	Y5 (2001- 2002)	Y5.5 (2001- 2003)	Y6 (2002- 2003)	Y6.5 (2002- 2004)	Y7 (2003- 2004)	Y7.5 (2003- 2005)	Y8 (2004- 2005)	Y8.5 (2004- 2006)	Y9 (2005- 2006)	Y9.5 (2005- 2007)	Y10 (2006- 2007)	Y10.5 (2006- 2008)	Y11 (2007- 2008)	Y11.5 (2007- 2009)	Y12 (2008- 2009)	Y12.5 (2008- 2010)	Y13 (2009- 2010)	Y13.5 (2009- 2011)	Y14 (2010- 2011)	Y15 ⁹ (2011- 2012)	Y16 ⁹ (2012- 2013)	Y17 ⁹ (2013- 2014)		
Questionnaire / Interview Measures																																
Appetite and eating behavior																																
- Appetite and eating behavior	X		X ⁷		X ⁷																X	X	X	X	X	X	X	X ¹³	X ¹³	X ¹³		
- Resources for & access to food	X		X																													
- Condition that interferes with ability to eat	X		X								X																					
- Condition that interferes with appetite							X ⁶																									
- Appetite, desire to eat	X	10Pittsb urgh subset	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ¹³	X ¹³	X ¹³	
- Special diet for health	X	X					X ⁶																									
- Eats meals alone	X																															
- Eating pleasure	X						X ⁶																									
- Enough food to satisfy hunger							X ⁶																									
Bereavement and serious life events																																
- Serious accident or illness - close friend or relative past 12 mo / [# months since last interview]	X		X		X		X		X		X ²										X							X ¹³	X ¹³	X ¹³		
- Death of child, grandchild, close friend, relative spouse, past 12 mo / [# months since last interview]	X		X		X		X		X		X		X ²								X							X ¹³	X ¹³	X ¹³		
- Inventory of Complicated Grief (ICG)			X																													
Cognitive assessment																																
- CLOX 1					X				X						X				X				X ⁸	X ⁸								
- Digit Symbol Substitution Test (DSST)	X								X				X ³		X		X ³		X		X		X ⁸	X ⁸								
- Exit 15					X																		X ⁸	X ⁸								
- Rapid Estimate of Adult Literacy in Medicine (REALM)					X																X											
- Teng Mini-Mental State Exam (3MS)	X				X				X				X ³				X ³		X		X		X ⁸	X ⁸					X ¹⁵			
- Cognitive Vitality Substudy																																
- Buschke Selective Reminder Test (SRT)					X ³				X ³				X ³				X ³															
- Boxes test					X ³				X ³				X ³				X ³															
- Digit copying test					X ³				X ³				X ³				X ³															
- Pattern comparison test					X ³				X ³				X ³				X ³															
- Letter comparison test					X ³				X ³				X ³				X ³															
- Simple reaction time test					X ³				X ³				X ³				X ³															
- Digit digit test					X ³				X ³				X ³				X ³															
- Digit symbol test					X ³				X ³				X ³				X ³															
- Controlled Oral Word Association (COWA)																												X ¹²	X ¹²	X ¹²		
- Telephone Interview for Cognitive Status (TICS)																												X ¹⁴	X ¹⁴	X ¹⁴		
Contact information	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ¹²	X ¹²	X ¹²	
Demographics																																
- age	X																															
- education	X																															
- ethnicity	X																															
- gender	X																															
Dental history / oral health																																
- Edentulism, remaining teeth	X		X		X						X																					
- Denture use, problems	X																															
- Chewing difficulty, frequency	X		X																													
- Oral health, care for teeth			X																													
- Oral health, pain, disease, problems	X		X																													
Depression																																
- CES-D	X				X ¹		X		X ¹		X		X ¹³		X		X		X		X		X ⁸	X ⁸								
- Geriatric Depression Scale (GDS)			X																													
- Depression, treated, ever	X																															
- Depression (two items from PHQ-9)																												X ¹³	X ¹³	X ¹³		
Falls																																
- Number of falls, past 6 months, injured, hospitalized, fractures	X																					X	X	X	X	X	X	X ¹²	X ¹²	X ¹²		
- Number of falls, past 12 months	X		X		X		X		X		X		X		X		X		X		X											
Family history																																
- Mother / father still living			X																													
- Brothers, sisters, cousins, spouses in HABC study													X																			

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Health insurance																																
- Supplemental health care coverage (besides	X								X		X				X		X		X		X		X		X		X	X ¹⁰	X ¹⁰	X ¹⁰		
- Supplemental health care coverage	X								X									X										X ¹⁰	X ¹⁰	X ¹⁰		
Health status / concerns and symptoms																																
- General health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ¹³	X ¹³	X ¹³	
- Overall quality of life															X ⁵													X ¹³	X ¹³	X ¹³		
- Bed, all or most of day, including hospital,																																
- past 6 months / [# months since last	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ¹³	X ¹³	X ¹³	
- interview]																																
- Activity reduced due to illness or injury,																																
- past 6 months / [# months since last	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ¹³	X ¹³	X ¹³	
- interview]																																
- Anything about health that causes you concern																												X ¹³	X ¹³	X ¹³		
- Nausea [since # months since last interview]																												X ¹³	X ¹³	X ¹³		
- Constipation [since # months since last interview]																												X ¹³	X ¹³	X ¹³		
- Shortness of breath [since # months since last																												X ¹³	X ¹³	X ¹³		
- interview]																																
- Difficulty concentrating [since # months since last																												X ¹³	X ¹³	X ¹³		
- interview]																																
- Difficulty swallowing [since # months since last																												X ¹³	X ¹³	X ¹³		
- interview]																																
Hearing																																
- Frequent ear infections									X																							
- Buzzy or ringing in ear, which ear									X																							
- Ear surgery, which ear									X																							
- Hearing aid	X								X																							
- Hear well enough to carry conversation in crowded																																
- room	X								X																							
- Hearing difficulty that hampers personal/social																																
- life	X								X																							
- Hearing difficulty and distractions that could have																																
- interfered with cognitive assessments over the																																
- telephone																												X ¹³	X ¹³	X ¹³		
- Job / hobby so noisy had to raise voice to									X																							
Informed care/decision making/preferences																																
- Informed care																																
- Anyone accompany to health care provider																																
- [since # months since last interview]																																
- [who/relationship]																												X ¹³	X ¹³	X ¹³		
- Provider checked to see if you understood																																
- condition/care																												X ¹³	X ¹³	X ¹³		
- Amount of information from health care																																
- provider																												X ¹³	X ¹³	X ¹³		
- New medicines ordered [opportunity to ask																																
- questions, express concerns, get																																
- information regarding side effects]																												X ¹³	X ¹³	X ¹³		
- New tests ordered [opportunity to ask																																
- questions, express concerns, get																																
- information regarding side effects]																												X ¹³	X ¹³	X ¹³		
- New treatments ordered [opportunity to ask																																
- questions, express concerns, get																																
- information regarding side effects]																												X ¹³	X ¹³	X ¹³		
- You/someone else get health info on internet																												X ¹³	X ¹³	X ¹³		

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- Decision-making and preferences																																				
- Made decisions about medical care [since # months since last interview] [what] [family participation]																																	X ¹³	X ¹³	X ¹³	
- Medical care - preferences regarding decision making																																	X ¹¹	X ¹¹	X ¹¹	
- Types of care preferences																																				
- CPR																																		X ¹¹	X ¹¹	X ¹¹
- Ventilator																																		X ¹¹	X ¹¹	X ¹¹
- Feeding tube																																		X ¹¹	X ¹¹	X ¹¹
- Kidney dialysis																																		X ¹¹	X ¹¹	X ¹¹
- Open-heart surgery																																		X ¹¹	X ¹¹	X ¹¹
- Implanted defibrillator																																		X ¹¹	X ¹¹	X ¹¹
- Biopsy																																		X ¹¹	X ¹¹	X ¹¹
- MRI, ultrasound, angiogram																																		X ¹¹	X ¹¹	X ¹¹
- Talked with doctor regarding life-sustaining treatments																																		X ¹¹	X ¹¹	X ¹¹
- Had procedures didn't want																																		X ¹¹	X ¹¹	X ¹¹
- Power of attorney designated						X		X				X ²																						X ¹¹	X ¹¹	X ¹¹
- Living will																																		X ¹¹	X ¹¹	X ¹¹
- Hospice (heard of; want; talked with family)																																		X ¹¹	X ¹¹	X ¹¹
Medical conditions																																				
- Arthritis and joint symptoms																																				
- Arthritis (all kinds), diagnosed by doctor, ever	X																																			
- Arthritis, OA dx by doctor, past 12 months, knee/hip take meds?			X		X		X		X		X																									
- Arthritis, referred to arthritis specialist or surgeon, treatment of arthritis																		X ⁵																		
- Arthritis, rheumatoid signs & symptoms			X																																	
- Arthritis, treatments, attitudes																	X ⁵																			
- Hip/knee replacement, attitudes																	X ⁵																			
- Stiffness, knee/hip																	X ⁵																			
- WOMAC, physical function knee/hip, past 7																	X ⁹																			
- Cancer																																				
- Cancer, past 3 years, type, treatment	X																																			
- Cancer, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Cardiovascular history / heart conditions																																				
- Myocardial infarction, angina, CHF, intermittent claudication, TIA, stroke, valvular heart disease, hypertension, ever had, diagnosed by doctor	X																																			
- CABG, angioplasty, carotid endarterectomy, bypass, pacemaker, aortic aneurysm repair, heart valve replacement, ever had	X																																			
- Cardiovascular disease symptoms, chest (Rose)	X						X																													
- Heart attack, angina, chest pain, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Stroke, ever																																				X ⁸
- Stroke, mini-stroke, TIA, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Congestive heart failure, past 6 months					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Hypertension, past 12 months			X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X	X	X	
- Cardiovascular disease symptoms, legs	X						X																													
- Diabetes																																				
- Diabetes, ever	X																																			
- Diabetes, past 12 months (time interval varies)			X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X	X	X	
- Diabetes, medications	X																																			
- Osteoporosis (also see Fractures)																																				
- Osteoporosis, diagnosed by doctor, ever	X																																			
- Fractured bone after age 45 (hip, age at fracture)	X																																			
- Vertebral fracture	X																																			

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- Grocery shopping ≥ 10 times, past 12 months	X																															
- Laundry, do or help at least 10 times, past 12 months	X																															
- Television watching, hours per week	X		X		X						X		X ²				X ²															
- Reading, hours per week	X		X		X						X		X ²				X ²															
- Sitting upright, hours per day					X						X																					
- Sedentary activities (television and reading)					X ³				X ³				X ³				X ³															
- Detailed activity instrument, including physical activities																			X ⁷													
- Detailed activity instrument, mostly sedentary					X ³				X ³		X		X ³				X ³															
- Walking regularly, in a typical week, when age 50									X																							
- Walk at least 10 times, past 12 months	X		X		X		X		X		X		X		X		X		X		X		X		X	X	X	X ¹⁰	X ¹⁰	X ¹⁰		
- Walk for exercise, past 2 weeks			X'		X'														X'													
- Walk, other type, past 2 weeks			X'		X'														X'													
- Walk up flight stairs at least 10 times, past 12 months	X		X		X		X		X		X		X		X		X		X		X		X		X	X	X	X ¹⁰	X ¹⁰	X ¹⁰		
- Moderate-intensity exercise, past 2 weeks			X'		X'														X'													
- Moderate-intensity exercise at least 10 times, past 12 months	X										X		X		X		X		X		X		X		X	X	X	X ¹⁰	X ¹⁰	X ¹⁰		
- Weight training, past 2 weeks			X'		X'														X'													
- Weight training at least 10 times, past 12 months	X																															
- Aerobics, past 2 weeks			X ⁷		X ⁷														X ⁷													
- Aerobics at least 10 times, past 12 months	X																															
- High-intensity exercise, past 2 weeks			X ⁷		X ⁷														X ⁷													
- High-intensity exercise at least 10 times, past 12 months	X		X		X		X		X		X		X		X		X		X		X		X		X	X	X	X ¹⁰	X ¹⁰	X ¹⁰		
- Vigorous exercise at least 1 hour per week, in a typical week, when age 50									X																							
Psychology																																
- Attitudes about pain & coping mechanisms															X ⁵																	
- Attitudes and traits			X ⁷		X ⁷																											
- Apathy (adapted from Apathy Evaluation Scale)											X																					
- Anxiety, past week	X				X				X ³		X		X ³				X ³															
- Personal mastery	X		X		X		X		X ³		X		X ³				X ³															
- Personality assessment					X ³				X ³				X ³				X ³															
- Resilience assessment																												X ¹⁴	X ¹⁴	X ¹⁴		
Religion																																
- Religion, spirituality, religious services/activities	X																															
Reliability of participant's responses			X		X		X		X		X		X ³		X		X		X		X		X		X		X	X ¹³	X ⁹	X ¹³		
Sleep																																
- Sleeping, lying down, hours per day					X						X																					
- Sleeping, hours per night	X								X																							
- Napping 5 or more minutes, times per week	X				X				X																							
- Snoring, past and present, how often	X																															
- Sleep problems	X				X				X																							
- Difficulty sleeping [since # months since last interview]																												X ¹³	X ¹³	X ¹³		
Smoking habits																																
- Currently smoke cigarettes, how many					X				X						X		X		X		X		X		X		X					
- Cigarettes (at least 100), ever, how long, current	X																															
- Pipe, ever, how long, current	X																															
- Cigar, ever, how long, current	X																															

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Social support and network																																	
- Type of residence (home, facility, etc.)																															X ¹⁰	X ¹⁰	X ¹⁰
- Marital status	X						X				X				X		X		X		X		X		X		X		X	X ¹⁰	X ¹⁰	X ¹⁰	
- Household, number who live in	X		X		X		X				X				X		X		X		X		X		X		X		X	X ¹⁰	X ¹⁰	X ¹⁰	
- Household, who else lives in	X						X				X																						
- Household, head of	X																																
- Household, pets					X																												
- Lubben Social Network Scale	X										X																						
- Friends and neighbors get together, typical week, how often	X										X		X ³		X		X ³		X				X		X				X ¹²	X ¹²	X ¹²		
- Children or other relatives get together, typical week, how often	X										X		X ³		X		X ³		X				X		X				X ¹²	X ¹²	X ¹²		
- Relied on for shopping, cooking, etc. for other	X										X																						
- Social contact					X ³				X ³				X ³				X ³																
- Social activities, frequency					X ³				X ³				X ³				X ³																
- Happiness and social support, numeric scale	X		X		X		X		X		X																						
Urinary / fecal history																																	
- Urination frequency, per day							X																										
- Urinary tract infection, past 12 months, how many times							X																										
- Leak urine, past 12 months, how many times	X						X																										
- Leak urine, past 7 days, how many times							X																										
- Symptoms related to enlarged prostate, past 30 days, men only	X																																
- Fecal incontinence, past 12 months	X																																
Vision																																	
- Glasses or contact lenses	X				X				X											X													
- Eye conditions (cataracts, glaucoma, etc.)	X				X						X																						
- Eyesight with glasses/contacts	X				X						X				X		X		X		X		X		X		X		X	X ¹²	X ¹²	X ¹²	
- Eyesight, worry	X				X																												
- Difficulty reading with glasses/contacts	X				X						X																						
- Difficulty w/close work/hobbies, with glasses/contacts	X				X						X																						
- Difficulty recognizing people across room, with glasses/contacts	X				X																												
- Difficulty going down steps, curbs, in dim light with glasses/contacts					X																												
- Difficulty noticing objects off to the side while walking with glasses/contacts					X																												
- Limited daily activities due to vision	X				X						X																						
- Currently driving, if not stopped due to eyesight	X				X						X				X		X		X		X		X		X		X		X	X ¹²	X ¹²	X ¹²	
Weight																																	
- Weight history	X																																
- Weight, self-reported, current	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ¹³	X ¹³	X ¹³
- Weight, satisfaction with	X						X ⁶																										
- Weight, change of 5 or more pounds, gain/loss, trying, past 6 months		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
- Weight, change of 5 or more pounds, gain/loss at any one time, trying, past 12 months	X						X																										
- Have scale, how often weigh yourself	X																																
- Weight, currently trying to lose	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ¹³	X ¹³	X ¹³	
- Weight, currently trying to gain	X						X ⁶																										
- Weight, eat less because of concern about weight			X																														
- Cause of weight loss							X ⁶																										

Health ABC Questionnaire Measures and Frequency
(Revised 9/24/2013)

	Y1 (1997- 1998)	Y1.5 (1997- 1999)	Y2 (1998- 1999)	Y2.5 (1998- 2000)	Y3 (1999- 2000)	Y3.5 (1999- 2001)	Y4 (2000- 2001)	Y4.5 (2000- 2002)	Y5 (2001- 2002)	Y5.5 (2001- 2003)	Y6 (2002- 2003)	Y6.5 (2002- 2004)	Y7 (2003- 2004)	Y7.5 (2003- 2005)	Y8 (2004- 2005)	Y8.5 (2004- 2006)	Y9 (2005- 2006)	Y9.5 (2005- 2007)	Y10 (2006- 2007)	Y10.5 (2006- 2008)	Y11 (2007- 2008)	Y11.5 (2007- 2009)	Y12 (2008- 2009)	Y12.5 (2008- 2010)	Y13 (2009- 2010)	Y13.5 (2009- 2011)	Y14 (2010- 2011)	Y15 ⁹ (2011- 2012)	Y16 ⁹ (2012- 2013)	Y17 ⁹ (2013- 2014)		
Work, volunteer, and caregiving activities																																
- Work for pay most of adult life, type position							X																									
- Work for pay currently, [number of hours, type activity]	X		X		X		X				X		X ³		X		X		X		X		X		X		X	X ¹²	X ¹²	X ¹²		
- Work, volunteer, [number of hours, type] activity	X		X		X		X				X		X ³		X		X		X		X		X		X		X	X ¹²	X ¹²	X ¹²		
- Provide care to child or disabled adult	X		X ⁷		X		X				X		X ²		X		X		X		X		X		X		X	X ¹²	X ¹²	X ¹²		
- Work and caregiving activities					X ³				X ³				X ³				X ³															
¹ Short version ² Home only ³ Cognitive Vitality Substudy ⁴ Flu Substudy ⁵ Knee/Hip Pain Substudy ⁶ Weight Change Substudy ⁷ Energy Expenditure Substudy ⁸ Healthy Brain Substudy ⁹ Quarterly Interviews ¹⁰ Quarterly Interviews - Quarter 1 only ¹¹ Quarterly Interviews - Quarter 2 only ¹² Quarterly Interviews - Quarters 1 and 3 only ¹³ Quarterly Interviews - Quarters 1 through 4 ¹⁴ Quarterly Interviews - Quarters 2 and 4 only ¹⁵ Memphis only - administered during clinic/home visit (not part of Quarterly interview)																																