



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

Circle Visit: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 17/06/2014

LLFS Telephone Screener Visit 2 New Control Subjects (TS1a-c)

Interviewer Note: To be kept in a confidential file separate from other data forms

This interview entails calling a spouse of an enrolled family member that has been identified and consented by the previously screened family member.

Interviewer Script: Hi, my name is [insert your name here] and I am calling from [insert your institution here] about the LONG LIFE Family Study. We are attempting to learn why some families have more relatives living to a very old age than some other families. Your [husband / wife] [Insert spouse's name] told us that they spoke with you and that you are interested in learning more about participating in this study. Your [husband / wife] belongs to a family we believe has had the good fortune to have many member living long and healthy lives. Because your [husband / wife] is participating in this important international study of longevity, we would like to invite you to participate as well. In addition to our university, this study is being conducted at two other American universities [insert names here], as well as at the University of Southern Denmark. Our goal is to find out what families with histories of long-lived individuals have in common. By participating in this study, you may make an important contribution to our efforts to help improve the health of future generations.

If you choose to participate in our study, we would arrange to see you in person. For now, we have some questions we would like to ask you. You do not have to answer any questions that you do not want to. All information that I receive from you, including your name and any other identifying information, will be strictly confidential and kept under lock and key. Your participation is voluntary; you do not have to answer these questions. This will take approximately 15 minutes. Is it okay to speak with you now?

¹Yes
 ⁰No

Interviewer: If no, then ask: When would be a good day and time for me to call you back and discuss this study?

Day/Date: _____ Time: _____ AM/PM

Participant ID: _____

Participant Name Code: _____

1. Do I have permission to ask you some questions about yourself?

- ¹Yes
- ⁰No

Script: Thank you very much for speaking with me.

Interviewer: Now I would like to verify your contact information:

2a. Name: _____

First Name	Middle Initial	Last Name
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2b. Home Address: _____

City	State	Zip Code
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2c. Home telephone number?

(_____) _____ - _____

2d. Is there another number to call that is better during the day? [If no, check here .]

(_____) _____ - _____

3. Age? _____ Years

4. Date of birth?

Day: _____ Month: _____ Year: _____

(Example: May 6, 1904 should appear as 06 /05 / 1904)

5. Gender?

- ¹Male
- ²Female

Interviewer Script: Now I would like to ask you some questions about your general health and any serious medical conditions that you may have.

Participant ID: _____

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6. In general, how would you say your health is? Would you say it is...

- 5Excellent
- 4Very Good
- 3Good
- 2Fair
- 1Poor
- DDon't Know
- RRefused

7. Do you have advanced cancer or a serious medical condition, such as one which requires oxygen or dialysis that would keep you from being able to participate in a home interview or a physical examination?

- 1Yes, definitely physically unable **End Interview (Script A below)**
- 0No, definitely physically able **Continue with Interview**
- DMaybe, Call back **Date/Time:** _____

Script A – End Interview: "Thank you so much for this information. We greatly appreciate the time and interest you have shown in our study. The information you provided is very important. Take care." **END OF INTERVIEW**

Interviewer Script – for those continuing: Before we continue, I want to ask you what is your understanding of the purpose of the LONG LIFE Family Study?

8a. Key elements (concepts), "family, long lived, research study" _____

Interviewer: Does the individual have a clear understanding of the purpose of the study?

- 8b. 1Yes
- 0No **End Interview (Use Script B Below)**

Interviewer: Does a hearing, language barrier or other problem make the Screenee unable to communicate with you?

- 8c. 1Yes **End Interview (Use Script B Below)**
- 0No

Script B – End Interview: "Thank you so much for this information. We greatly appreciate the time and interest you have shown in our study. The information you provided is very important. Take care." **END OF INTERVIEW**

For Controls Residing within the 3 U.S. Catchment Areas: Proceed with Q9a-9c below.

Interviewer: Thank you for answering our questions. The information you provided is very helpful. At this point, we would like to invite you to participate in an in-person visit with your husband / wife so that we can gather more information about your health. This interview can be scheduled at your convenience either in your home or at our clinic. We can conduct this visit at the same time as we see your spouse. During the visit, a trained clinical staff member will obtain medical and personal information about you. You will be asked to answer questions related to your current and past medical history, medication use, daily living activities, physical activity as well as your health habits. You will also be asked questions such as how many years of education you have had and where you were born and your occupation. Other questionnaires will include paper and pencil tests of your ability to process and recall information and a mood/personality assessment. With your permission, we will obtain measurements of your weight, height, waist circumference, heart rate, blood pressure and lung function. You will also be asked to perform some simple physical tasks such as standing up from of a chair, gripping an object to measure hand strength and walking a short distance to assess your physical function. Additionally, you will be asked to perform a series of movements to test your balance. You will be asked if we can collect a small blood sample. This examination can be completed in approximately 3-3.5 hours. We will use all this information to determine the different ways in which families can achieve long lives and successful aging. You may refuse to participate in any portion of the study.

9a. Are you interested in participating in an in-person visit, including providing a blood sample?

- ¹Yes **Go to 9b**
- ⁰No **Go to Q9c**
- ^DDon't Know (Pending) Specify: _____ **Call Back**

9b. Where would you like this visit to be conducted?

- ¹Home Visit **Schedule appointment for in-person visit**
- ²Clinic Visit **Schedule appointment for in-person visit**

9c. If "No", could you please indicate your reason(s)? (***Please X all that apply; then End Interview using Script B below.***)

- ¹Just Not Interested
- ¹Not Enough Time
- ¹Unwilling to Provide Blood Sample
- ¹Not Well
- ¹Concern about Ability to Complete Examination
- ¹Privacy Issue/Concern
- ¹Unwilling to Contact Family Members
- ¹Lack of "Family" Interest
- ¹Other, Please Specify: _____

Participant ID: _____

Participant Name Code: _____

Script B – End Interview: "Thank you so much for this information. We greatly appreciate the time and interest you have shown in our study. The information you provided is very important and will help us discover how some people and their families live to a very old age. If you decide at a later date that you would like to participate in this family study, please contact me at XXX-XXX-XXXX. Thank you and good-bye." **END OF INTERVIEW**

For Controls Residing Outside of the 3 U.S. Catchment Areas: Proceed with Q10a-10b below.

Interviewer: Thank you for answering our questions. The information you provided is very helpful. At this time, we do not have plans to conduct in person visits in your area. However, if we do visit your area at a later time, we would like to invite you to participate in an in-person visit with your husband/wife so that we can gather more information about your health. This interview can be scheduled at your convenience. We can conduct this visit at the same time as we see your spouse. During the visit, a trained clinical staff member will obtain medical and personal information about you. You will be asked to answer questions related to your current and past medical history, medication use, daily living activities, physical activity as well as your health habits. You will also be asked questions such as how many years of education you have had and where you were born and your occupation. Other questionnaires will include paper and pencil tests of your ability to process and recall information and a mood/personality assessment. With your permission, we will obtain measurements of your weight, height, waist circumference, heart rate, blood pressure and lung function. You will also be asked to perform some simple physical tasks such as standing up from of a chair, gripping an object to measure hand strength and walking a short distance to assess your physical function. Additionally, you will be asked to perform a series of movements to test your balance. You will be asked if we can collect a small blood sample. This examination can be completed in approximately 3-3.5 hours. We will use all this information to determine the different ways in which families can achieve long lives and successful aging. You may refuse to participate in any portion of the study.

10a. Are you interested in participating in an in-person visit, including providing a blood sample, if we come to your area?

- 1Yes **Go to End Interview Script A Below**
- 0No **Go to Q10b**
- DDon't Know (Pending) Specify: _____ **Call Back**

Script A – End Interview: "Thank you so much for this information. We greatly appreciate the time and interest you have shown in our study. We will be in touch with you regarding participation if we are able to schedule a visit in your area. The information you provided is very important. Thank you and good-bye." **END OF INTERVIEW**

Participant ID: _____

Participant Name Code: _____

10b. If "No", could you please indicate your reason(s)? (*Please X all that apply; then End Interview using Script B below*).

- 1Just Not Interested
- 1Not Enough Time
- 1Unwilling to Provide Blood Sample
- 1Not Well
- 1Concern about Ability to Complete Examination
- 1Privacy Issue/Concern
- 1Unwilling to Contact Family Members
- 1Lack of "Family" Interest
- 1Other, Please Specify: _____

Script B – End Interview: "Thank you so much for this information. We greatly appreciate the time and interest you have shown in our study. We will be in touch with you regarding participation if we are able to schedule a visit to your area. The information you provided is very important." **END OF INTERVIEW**
