



(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

## Annual Follow-Up Telephone Contact Questionnaire (Phase II Follow-Up)

**For Internal Use Only – Please Mark the Appropriate Box Below:**

- <sup>1</sup> ..... This Form was Administered via a DFR/Proxy
- <sup>2</sup> ..... This Form was Administered via Telephone by Study Personnel
- <sup>3</sup> ..... This Form was Mailed and Self-Administered by Participant

**Interviewer: Please indicate which Follow-Up Contact this is:**

- |   |   |
|---|---|
| <input type="checkbox"/> <sup>1</sup> ..... First Year Contact  | <input type="checkbox"/> <sup>4</sup> ..... Fourth Year Contact |
| <input type="checkbox"/> <sup>2</sup> ..... Second Year Contact | <input type="checkbox"/> <sup>5</sup> ..... Fifth Year Contact  |
| <input type="checkbox"/> <sup>3</sup> ..... Third Year Contact  | <input type="checkbox"/> <sup>6</sup> ..... Sixth Year Contact  |

1a. Is the participant deceased?

- <sup>1</sup> ..... Yes      **Go to Q1b**
- <sup>0</sup> ..... No      **Go to Q2**

1b. Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**End Questionnaire**

2. In general, how would you say your health is?

- <sup>5</sup> ..... Excellent
- <sup>4</sup> ..... Very Good
- <sup>3</sup> ..... Good
- <sup>2</sup> ..... Fair
- <sup>1</sup> ..... Poor
- <sup>D</sup> ..... Don't Know
- <sup>R</sup> ..... Refused

3a. Have you been hospitalized in the past year?

- <sup>1</sup> ..... Yes      **Go to Q3b**
- <sup>0</sup> ..... No      **Go to Q4a**

3b. How many times have you been hospitalized? \_\_\_\_\_

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3c. For each hospitalization indicated in **Q3b**, please provide the following:

(1) Date of Hospitalization: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Reason for Hospitalization: \_\_\_\_\_

**Study Personnel Only:** Code: \_\_\_\_\_

(2) Date of Hospitalization: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Reason for Hospitalization: \_\_\_\_\_

**Study Personnel Only:** Code: \_\_\_\_\_

(3) Date of Hospitalization: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Reason for Hospitalization: \_\_\_\_\_

**Study Personnel Only:** Code: \_\_\_\_\_

*For more than three (3) hospitalizations, please list on a separate sheet.*

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4a. Do you have any difficulty getting in and out of bed or chairs without help from another person or special equipment?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No **Go to Q5a**
- <sup>D</sup> .....Don't Know **Go to Q5a**
- <sup>R</sup> .....Refused **Go to Q5a**

4b. How much difficulty would you say you have? Would you say . . .

- <sup>1</sup> .....A little difficulty
- <sup>2</sup> .....Some difficulty
- <sup>3</sup> .....A lot of difficulty
- <sup>0</sup> .....I am unable to do it
- <sup>D</sup> .....Don't Know

4c. Do you usually receive help from another person getting in and out of bed or chairs?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

5a. Do you have any difficulty bathing or showering without help from another person or special equipment?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No **Go to Q6a**
- <sup>D</sup> .....Don't Know **Go to Q6a**
- <sup>R</sup> .....Refused **Go to Q6a**

5b. How much difficulty would you say you have? Would you say . . .

- <sup>1</sup> .....A little difficulty
- <sup>2</sup> .....Some difficulty
- <sup>3</sup> .....A lot of difficulty
- <sup>0</sup> .....I am unable to do it
- <sup>D</sup> .....Don't Know

5c. Do you usually receive help from another person bathing or showering?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

6a. Do you have any difficulty walking across a small room without help from another person or special equipment?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No **Go to Q7a**
- <sup>D</sup> .....Don't Know **Go to Q7a**
- <sup>R</sup> .....Refused **Go to Q7a**

6b. How much difficulty would you say you have? Would you say . . .

- <sup>1</sup> .....A little difficulty
- <sup>2</sup> .....Some difficulty
- <sup>3</sup> .....A lot of difficulty
- <sup>0</sup> .....I am unable to do it
- <sup>D</sup> .....Don't Know

6c. Do you usually receive help from another person walking across a small room?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

7a. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile (2-3 blocks)?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No **Go to Q7d**

7b. How much difficulty would you say you have? Would you say . . .

- 1 .....A little difficulty
- 2 .....Some difficulty
- 3 .....A lot of difficulty
- 0 .....I am unable to do it on my own
- D .....Don't Know

7c. Do you usually receive help from another person to walk a quarter of a mile (2-3 blocks)?

- 1 .....Yes **Go to Q8a**
- 0 .....No **Go to Q8a**
- D .....Doesn't Do **Go to Q9a**

7d. How easy is it for you to walk for a quarter of a mile (2-3 blocks)? Would you say . . .

- 1 .....Very easy
- 2 .....Somewhat easy
- 3 .....Not that easy
- D .....Don't Know

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

- 1 .....Yes **Go to Q9a**
- 0 .....No **Go to Q8b**

8b. How easy is it for you to walk one mile (about 8 to 12 blocks)? Would you say . . .

- 1 .....Very easy
- 2 .....Somewhat easy
- 3 .....Not that easy
- D .....Don't Know

9a. Because of a health or physical problem, do you have any difficulty walking up one flight of stairs (about 10 steps) without resting?

- 1 .....Yes
- 0 .....No **Go to Q9d**

9b. If yes, how much difficulty would you say you have? Would you say . . .

- 1 .....A little difficulty
- 2 .....Some difficulty
- 3 .....A lot of difficulty
- 0 .....I am unable to do it on my own
- D .....Don't Know

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9c. Do you usually receive help from another person to walk up one flight of stairs (about 10 steps)?

- <sup>1</sup> .....Yes                      **Go to Q10a**  
<sup>0</sup> .....No                         **Go to Q10a**  
<sup>D</sup> .....Doesn't Do               **Go to Q11a**

9d. How easy is it for you to walk up one flight of stairs (about 10 steps)? Would you say . . .

- <sup>1</sup> .....Very easy  
<sup>2</sup> .....Somewhat easy  
<sup>3</sup> .....Not that easy  
<sup>D</sup> .....Don't Know

10a. Because of a health or physical problem, do you have any difficulty walking up two flights of stairs (about 20 steps) without resting?

- <sup>1</sup> .....Yes                         **Go to Q11a**  
<sup>0</sup> .....No                          **Go to Q10b**

10b. How easy is it for you to walk up two flights of stairs (about 20 steps)? Would you say . . .

- <sup>1</sup> .....Very easy  
<sup>2</sup> .....Somewhat easy  
<sup>3</sup> .....Not that easy  
<sup>D</sup> .....Don't Know

11. Please verify your current address, phone number and E-Mail address. (***Interviewer: Please update Participant Contact Information form if changes are necessary.***)

- <sup>1</sup> .....Confirmed, this information is accurate  
<sup>2</sup> .....Changed, this information is no longer accurate  
<sup>3</sup> .....This information is accurate, but I am planning to move

***Interviewer Script:*** *If you are planning to move, please call us at [Field Center Toll-Free Number] to update when you have this information.*

12. Please verify the "Contact Person" information you provided to us at the time of enrollment. (***Interviewer: Please update Participant Contact Information form if changes are necessary.***)

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

**Interviewer Note: The comments are not entered into the DES.**

13. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14a. Who is completing this form?

- <sup>1</sup> .....Study Participant
- <sup>2</sup> .....Contact Person; Name: \_\_\_\_\_
- <sup>3</sup> .....Other; Name: \_\_\_\_\_

**Go to Q15**  
**Go to Q14b**  
**Go to Q14b**

14b. What is your relationship to the Study Participant?

- <sup>1</sup> .....Spouse
- <sup>2</sup> .....Child (Daughter/Son)
- <sup>3</sup> .....Sibling (Brother/Sister)
- <sup>4</sup> .....Niece/Nephew
- <sup>5</sup> .....Other: \_\_\_\_\_

14c. Please provide the reason that you are completing this form on behalf of or instead of the Study Participant? ***(Please X Only One)***

- <sup>1</sup> .....Physically Ill
- <sup>2</sup> .....Dementia
- <sup>3</sup> .....Hearing Impairment
- <sup>4</sup> .....Too Busy / Unavailable
- <sup>5</sup> .....Nursing Home or Long-Term Care
- <sup>6</sup> .....Unable to be Reached or Located
- <sup>7</sup> .....Other: \_\_\_\_\_