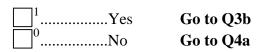
|              | (Affix Label Here)     | Date Form Filled Out:                       |
|--------------|------------------------|---|
|              | Participant ID:        | <b>d d M M y y y y</b><br>(e.g., 10JUN2005) |
|              | Participant Name Code: | Interviewer Code:                           |
| LONG LIFE    |                        | Circle Field Center Location:               |
| FAMILY STUDY |                        | BU CU DK UP                                 |

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

| <b>For Internal Use Only</b> –  | Please Mark the Appropria                             | te Box Below:  |  |
|---------------------------------|---|--|--|
| <ul> <li><sup>1</sup></li></ul> |   |  |  |
| Interviewer: Please indic       | cate which Follow-Up Conta                            |  |  |
| $\square^{1}$ Firs              | ond Year Contact                                      | <sup>4</sup> Fourth Year Contact<br><sup>5</sup> Fifth Year Contact<br><sup>6</sup> Sixth Year Contact |  |
| 1a. Is the participant dec      | eased?  |  |  |
|                                 | Yes     Go to Q1b       No     Go to Q2       / / / / | End Questionnaire  |  |
| 2. In general, how woul         | d you say your health is?                             |  |  |
| 3<br>2<br>1<br><br>D            | Very Good<br>Good<br>Fair                             |  |  |
| 3a. Have you been hospi         | talized in the past year?                             |  |  |



3b. How many times have you been hospitalized?

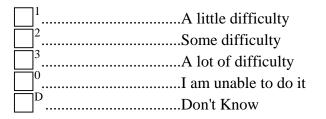
| Part | Participant ID: Participant Name Code:  |   |  |  |  |
|------|---|---|--|--|--|
| 3c.  | e. For each hospitalization indicated in <b>Q3b</b> , please provide the following: |   |  |  |  |
|      | (1)   | Date of Hospitalization:    / /      Reason for Hospitalization:       Study Personnel Only:    Code:   |  |  |  |
|      | (2)   | Date of Hospitalization:    / / /      Reason for Hospitalization:       Study Personnel Only:    Code: |  |  |  |
|      | (3)   | Date of Hospitalization: / / / /  |  |  |  |

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

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        |           |
|--------------|------------|-----------|
| <u>0</u>     | No         | Go to Q5a |
| D            | Don't Know | Go to Q5a |
| R            | Refused    | Go to Q5a |

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



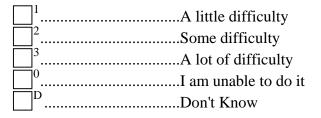
4c. Do you usually receive help from another person getting in and out of bed or chairs?



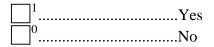
5a. Do you have any difficulty bathing or showering without help from another person or special equipment?

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

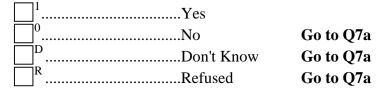
5b. How much difficulty would you say you have? Would you say ...



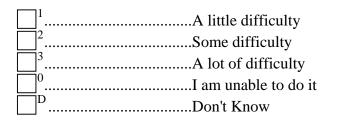
5c. Do you usually receive help from another person bathing or showering?



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



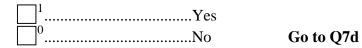
6b. How much difficulty would you say you have? Would you say . . .



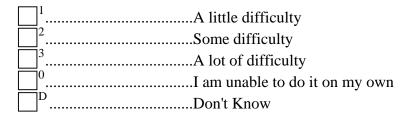
6c. Do you usually receive help from another person walking across a small room?



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



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



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

| <sup>1</sup> Yes        | Go to Q8a |
|-------------------------|-----------|
| <sup>0</sup> No         | Go to Q8a |
| <sup>D</sup> 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 . . .

| $\square^1$           | Very easy     |
|-----------------------|---------------|
| $\boxed{}^2$          | Somewhat easy |
| $[]^{3}$              | Not that easy |
| $\Box^{\mathrm{D}}$ . | Don't Know    |

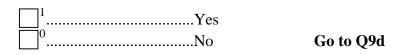
8a. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks.

|   | Yes | Go to Q9a |
|---|-----|-----------|
| 0 | No  | Go to Q8b |

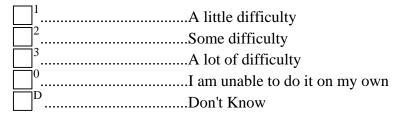
8b. How easy is it for you to walk one mile (about 8 to 12 blocks)? Would you say . . .

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

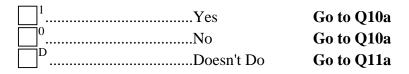
9a. Because of a health or physical problem, do you have any difficulty walking up one flight of stairs (about 10 steps) without resting?



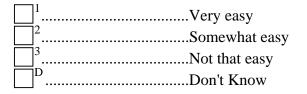
9b. If yes, how much difficulty would you say you have? Would you say . . .



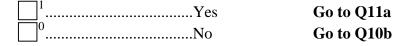
9c. Do you usually receive help from another person to walk up one flight of stairs (about 10 steps)?



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



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



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     |
|--------------|---------------|
| $\boxed{}^2$ | Somewhat easy |
| 3            | Not that easy |
| D            | 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 [<u>Field Center Toll-Free Number</u>] 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*).

| Pa | rtic | ipa | ant | ID: |
|----|------|-----|-----|-----|
|    |      |     |     |     |

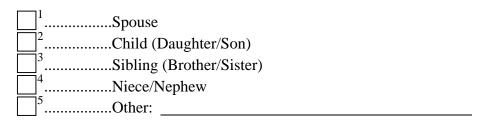
Interviewer Note: The comments are not entered into the DES.

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

14a. Who is completing this form?

| <sup>1</sup> Study Participant     | Go to Q15  |
|------------------------------------|------------|
| <sup>2</sup> Contact Person; Name: | Go to Q14b |
| <sup>3</sup> Other; Name:          | Go to Q14b |

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



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 |
| $\Box^6$ Unable to be Reached or Locat | ed   |
| <sup>7</sup> Other:                    |      |