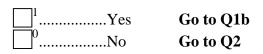
Sir	(Affix Label Here) Participant ID:				
	Participant Name Code:	Interviewer	Code:		
LONG LIFE		Circle Field Center Location:			
FAMILY STUDY		BU	CU	DK	UP
<u>Circle Visit:</u> ² Visit 1 Follow Up ⁵ Visit 2 Follow-Up Form Version Date: _June 07, 2018					
Annual Follow-Up Telephone Contact Questionnaire Visit 2					

Section A – Please Mark the Appropriate Box Below:				
 ¹This Form was Administered via a DFR/Proxy (Go to Section B) ³This Form was Administered via Telephone by Study Personnel ⁴This Form was Mailed and Self-Administered by Participant 				
Interviewer: Please indicate which Follow-Up Contact this is:				
Image:	 ⁷Seventh Year Contact ⁸Eighth Year Contact ⁹Ninth Year Contact ¹⁰Tenth Year Contact ¹¹Eleventh Year Contact ¹²Twelfth Year Contact 			

Section B. Proxy Tracking. Denmark skip to B2.				
B1. US sites:				
Which contact person on the PCI form completed this form as the proxy? (Enter the corresponding number such as 6a, 6e, 6i, 8a, 8e, etc from the PCI form) Go to B3				
B2. Denmark: What is proxy's relationship to the Study Participant?				
 B3. Please provide the reason that you are completing this form on behalf of or instead of the Study 				
Participant (Please X All that Apply)				
Image:				

* Denmark skip question 1 and start at Question 2

Q1a. Is the participant deceased?



Q1b. Date of Death: ___ / ___ / ___ End Questionnaire

Participant ID: _____

Q2. In general, how would you say your health is?



Q2a. Were you told by a doctor that you had a heart attack, angina, or chest pain due to heart disease in the past year?

<u>1</u>	Yes	Go to Q2a1
0	No	Go to Q2b
	Don't Know	Go to Q2b
R	Refused	Go to Q2b

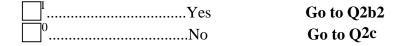
Q2a1. Were you hospitalized overnight for this problem in the past year?

\square^1	Yes	Go to Q2a2
⁰	No	Go to Q2b
Q2a2. Date of Admission:	//_	
Date of Discharge:	//_	
Name of Hospital:		
City, State:		

Q2b. Were you told by a doctor that you had a stroke, mini-stroke or TIA in the past year?

\square^1	Yes	Go to Q2b1
⁰	No	Go to Q2c
D	Don't Know	Go to Q2c
R	Refused	Go to Q2c

Q2b1. Were you hospitalized overnight for this problem in the past year?



Participant ID:	Participant Name Code:
Q2b2. Date of Admission: / /	,
Date of Discharge: / /	·
Name of Hospital:	
City, State:	

Q2c. Were you told by a doctor that you had congestive heart failure in the past year?

¹	Yes	Go to Q2c1
0	No	Go to Q2d
D	Don't Know	Go to Q2d
R	Refused	Go to Q2d

Q2c1. Were you hospitalized overnight for this problem in the past year?

			Go to Q2c2 Go to Q2d
Q2c2. Date of Admission:	/	/	·
Date of Discharge:	/	/	·
Name of Hospital:			
City, State:			

Q2d. Were you told by a doctor that you had cancer in the past year? We are specifically interested in hearing about a cancer that was diagnosed for the first time in the past year [*Interviewer Note:* A cancer recurrence is not considered a new cancer.]

<u>1</u>	Yes	Go to Q2d1
0	No	Go to Q2e
D	Don't Know	Go to Q2e
R	Refused	Go to Q2e

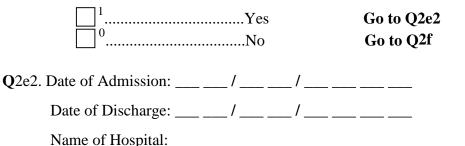
Q2d1.Were you hospitalized overnight for this problem in the past year?

			Go to Q2d2 Go to Q2e
Q2d2. Date of Admission:	/	_/	
Date of Discharge:	/	/	
Name of Hospital:			
City, State:			

Q2e. Were you told by a doctor that you had pneumonia in the past year?

	Yes	Go to Q2e1
0	No	Go to Q2f
D	Don't Know	Go to Q2f
R	Refused	Go to Q2f

Q2e1. Were you hospitalized overnight for this problem in the past year?



City, State: _____

Q2f. Were you told by a doctor that you broke or fractured a bone(s) in the past year?

] ¹ Yes	Go to Q2f1
] ⁰ No	Go to Q3a
^D Don't Know	Go to Q3a
^R Refused	Go to Q3a

Q2f1. Were you hospitalized overnight for this problem in the past year?

<u>1</u>	Yes	Go to Q2f2
0	No	Go to Q3a

Q2f2. Date of Admission: ____ / ___ / ___ / ___ _ ___

Date of Discharge: ____ / ___ / ___ ___

Name of Hospital:	
1	

City, State:

Q3a. Were you hospitalized overnight for any other reasons in the past year?

1 	Yes	Go to Q3b
0	No	Go to Q4a
D	Don't Know	Go to Q4a
R	Refused	Go to Q4a

Q3b. How many times were you hospitalized for any other reason in the past year?

Q3c. For each hospitalization indicated in Q3b, please provide the following:

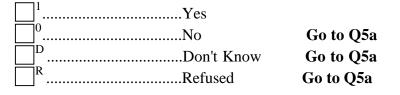
(1)	Date of hospital admission: / / / /
	Date of discharge: / / /
	Diagnosis at Discharge:
	Name of Hospital:
	City, State:
(2)	Date of hospital admission: / / / /
	Date of discharge: / / /
	Diagnosis at Discharge:
	Name of Hospital:
	City, State:
(3)	Date of hospital admission: / / / /
	Date of discharge: / / /
	Diagnosis at Discharge:

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

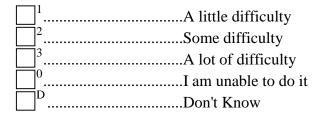
Name of Hospital: _____

City, State: _____

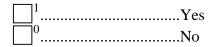
Q4a. Do you have any difficulty getting in and out of bed or chairs without help from another person or special equipment?



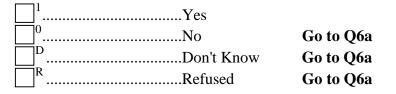
Q4b. How much difficulty would you say you have? Would you say . . .



Q4c. Do you usually receive help from another person getting in and out of bed or chairs?



Q5a. Do you have any difficulty bathing or showering without help from another person or special equipment?



Q5b. How much difficulty would you say you have? Would you say \dots

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

Q5c. Do you usually receive help from another person bathing or showering?



 Participant ID:
 Participant Name Code:

 Q6a. Do you have any difficulty walking across a small room without help from another person or
 special equipment?

¹	Yes	
0	No	Go to Q7a
D	Don't Know	Go to Q7a
R	Refused	Go to Q7a

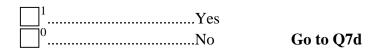
Q6b. How much difficulty would you say you have? Would you say ...

A little difficulty
² Some difficulty
³ A lot of difficulty
⁾ I am unable to do it
DDon't Know

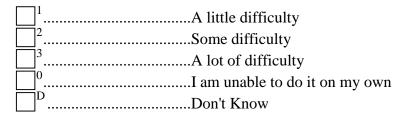
Q6c. Do you usually receive help from another person walking across a small room?



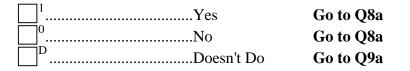
Q7a. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile (2-3 blocks)?



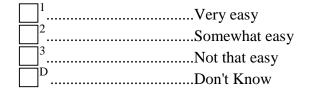
Q7b. How much difficulty would you say you have? Would you say . . .



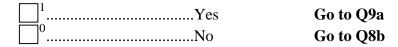
Q7c. Do you usually receive help from another person to walk a quarter of a mile (2-3 blocks)?



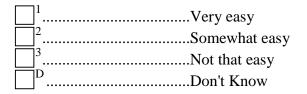
Q7d. How easy is it for you to walk for a quarter of a mile (2-3 blocks)? Would you say ...



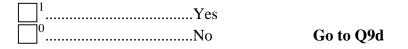
Q8a. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks.



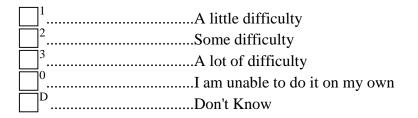
Q8b. How easy is it for you to walk one mile (about 8 to 12 blocks)? Would you say . . .



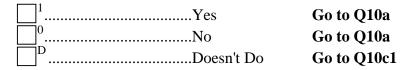
Q9a. Because of a health or physical problem, do you have any difficulty walking up one flight of stairs (about 10 steps) without resting?



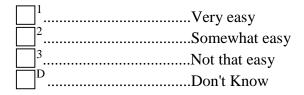
Q9b. If yes, how much difficulty would you say you have? Would you say . . .



Q9c. Do you usually receive help from another person to walk up one flight of stairs (about 10 steps)?



Q9d. How easy is it for you to walk up one flight of stairs (about 10 steps)? Would you say . . .



Participant ID:

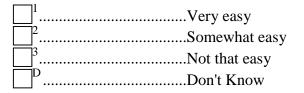
Participant Name Code: ____

Q10a. Because of a health or physical problem, do you have any difficulty walking up two flights of stairs (about 20 steps) without resting?

	Yes
0	No

Go to Q10c1 Go to Q10b

Q10b. How easy is it for you to walk up two flights of stairs (about 20 steps)? Would you say ...



"The following questions ask about your rest and activity for a typical day over the past year. A typical day represents most days of the week." (Interviewer note: activities must equal 24 hours.)

Rest and Activity for a Typical Day over the p	past year
(A typical day = most days of the week)	Number
(Activities must equal 24 hours)	of hours
10c1. Sleep – Number of hours that you typically sleep?	
2 10c2. Sedentary – Number of hours typically sitting? Such as reading, Using the computer, doing handcrafts	watching TV,
10c3. Slight Activity – Number of hours with activities such as standing	g, walking?
10c4. Moderate Activity – Number of hours with activities such as hou dust, yard chores, climbing stairs; light sports such as bowling, golf)?	•
10c5. Heavy Activity – Number of hours with activites such as heavy h heavy yard work such as stacking or chopping wood, exercise such a sports—jogging, swimming, etc.?	
COTAL number of hours (should be the total of above items)	24

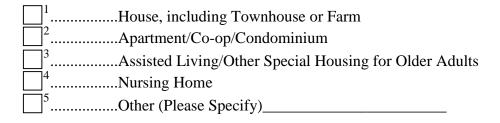
Participant ID:

Participant Name Code: _____

Q10d. Have you been admitted to a nursing home (or skilled facility) in the past year?

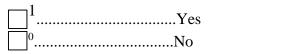


Q10e. What is your current housing situation?



* Denmark to skip questions Q10f-Q10g

Q10f. Do you have some form of health insurance?



Go to Q10g

Q10f1. What form of health insurance do you have currently? (Check all that apply)

Insurance Type	⁽¹⁾ Yes	⁽⁰⁾ No	^(D) Don't Know
HMO or other private insurance (Blue Cross, United Health Care, Aetna, etc)			
Medicare			
Medicaid			
Military or Veteran's Administration sponsored			
Other			

Q10g. Do you have prescription drug coverage?



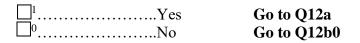
* Denmark to skip questions Q11-12i

Q11. Please verify your current address, phone number and E-Mail address. (Interviewer: Please update Participant Contact Information, Panel 14, if changes are necessary)

¹ Confirmed, this information is accurate
² Changed, this information is no longer accurate
³ 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.

Q12a0. Do you want Contact person #1 to remain your contact person? (Interviewer: Update Participant Contact Information, Panel 14 if necessary)



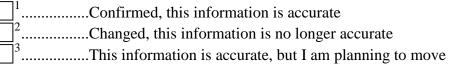
Q12a. Please Verify Contact person #1 information that you provided to us at the time of enrollment in the second in-person interview. (Interviewer: Please update Participant Contact Information, Panel14, *if changes are necessary*)

\square^1	Confirmed, this information is accurate
2^{2}	Changed, this information is no longer accurate
\square^3	This information is accurate, but I am planning to move

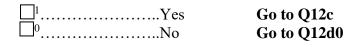
Q12b0. Do you want Contact person #2 to remain your contact person? (Interviewer: Update Participant Contact Information, Panel 14 if necessary)

\square^1	Yes	Go to Q12b
0	No	Go to Q12c0

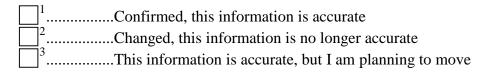
Q12b. Please Verify Contact person #2 information that you provided to us at the time of enrollment in the second in-person interview. (Interviewer: Please update Participant Contact Information, Panel14, *if changes are necessary*)



Q12c0. Do you want Contact person #3 to remain your contact person? (Interviewer: Update Participant Contact Information, Panel 14 if necessary)

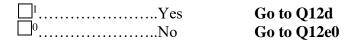


Q12c. Please Verify Contact person #3 information that you provided to us at the time of enrollment in the second in-person interview. (*Interviewer: Please update Participant Contact Information, Panel14, if changes are necessary*)



<u>Interviewer Note</u>: If less than three contact people active, use Panel 14 to add new contact people. <u>Interviewer Note</u>: Once all active contact people have been verified, skip to Q13.

Q12d0. Do you want Contact person #4 to remain your contact person? (*Interviewer: Update Participant Contact Information, Panel 14 if necessary*)



Q12d. Please Verify Contact person #4 information that you provided to us at the time of enrollment in the second in-person interview. (*Interviewer: Please update Participant Contact Information, Panel14, if changes are necessary*)

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

Q12e0. Do you want Contact person #5 to remain your contact person? (*Interviewer: Update Participant Contact Information, Panel 14 if necessary*)

$\square^1 \dots \dots$	Yes	Go to Q12e
0	No	Go to Q12f0

Q12e. Please Verify Contact person #5 information that you provided to us at the time of enrollment in the second in-person interview. (*Interviewer: Please update Participant Contact Information, Panel14, if changes are necessary*)

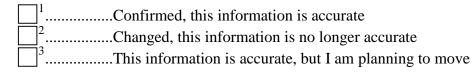
¹.....Confirmed, this information is accurate ².....Changed, this information is no longer accurate ³.....This information is accurate, but I am planning to move

Q12f0. Do you want Contact person #6 to remain your contact person? (*Interviewer: Update Participant Contact Information, Panel 14 if necessary*)

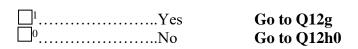
<u></u> 1Yes	Go to Q12f
□ ⁰ No	Go to Q12g0

Participant ID:

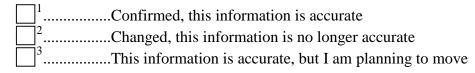
Q12f. Please Verify Contact person #6 information that you provided to us at the time of enrollment in the second in-person interview. (*Interviewer: Please update Participant Contact Information, Panel14, if changes are necessary*)



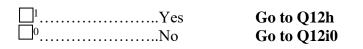
Q12g0. Do you want Contact person #7 to remain your contact person? (*Interviewer: Update Participant Contact Information, Panel 14 if necessary*)



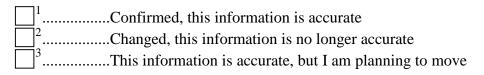
Q12g. Please Verify Contact person #7 information that you provided to us at the time of enrollment in the second in-person interview. (*Interviewer: Please update Participant Contact Information, Panel14, if changes are necessary*)



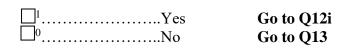
Q12h0. Do you want Contact person #8 to remain your contact person? (*Interviewer: Update Participant Contact Information, Panel 14 if necessary*)



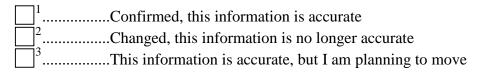
Q12h. Please Verify Contact person #8 information that you provided to us at the time of enrollment in the second in-person interview. (*Interviewer: Please update Participant Contact Information, Panel14, if changes are necessary*)



Q12i0. Do you want Contact person #9 to remain your contact person? (*Interviewer: Update Participant Contact Information, Panel 14 if necessary*)



Q12i. Please Verify Contact person #9 information that you provided to us at the time of enrollment in the second in-person interview. (*Interviewer: Please update Participant Contact Information, Panel14, if changes are necessary*)



Interviewer Note: If less than three contact people active, use Panel 14 to add new contact people.

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

Q13. Comments:

Q14a. Who is completing this form?

¹ Study Participant	Go to Q15
² Contact Person; Name:	Go to Q14b
³ Other; Name:	Go to Q14b

Q14b. What is your relationship to the Study Participant?

¹ Spouse	
² Child (Daughter/Son)	
³ Sibling (Brother/Sister)	
⁴ Niece/Nephew	
⁵ Other:	

Q14c. Please provide the reason that you are completing this form on behalf of or instead of the Study Participant? (*Please X Only One*)

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

Q. 15 a-j Pittsburgh Fatigability Scale

Interview Script: For the following questions I am going to ask you to indicate the level of **physical** and **mental** fatigue (i.e. tiredness, exhaustion) you expect or imagine you would feel immediately after completing each of the ten listed activities You will rate your fatigue between 0 and 5, where "0" equals no fatigue at all and "5" equals extreme fatigue. After you report your expected physical and mental fatigue for each activity, I will ask you if you have done the activity in the past month. If you have not done the activity in the past month, make your best guess. Also pay careful attention to the duration (e.g., 30 minutes) and intensity (e.g., moderate, brisk) of each activity

Note to Interviewer: Please circle response and answer ALL questions regardless if the participant does the activity or not.

		P	hys	sica	l Fa	atig	ue		Me	nta	l Fa	atig	ue	Have	-
		No Fa 0	tigue	9		Extre Fati			o itigu ←			Fa	reme itigue → 5	done activity <u>past m</u>	<u>in the</u>
a.	Leisurely walk for 30 minutes	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
b.	Brisk or fast walk for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
C.	Light household activity for 1 hour (cleaning, cooking, dusting, straightening up, baking, making beds, dishwashing, watering plants)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
d.	Heavy gardening or outdoor work for 1 hour (mowing (push), raking, weeding, planting, shoveling snow)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
e.	Watching TV for 2 hours	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
f.	Sitting quietly for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
g.	Moderate- to high-intensity strength training for 30 minutes (hand-held weights or machines greater than 5 lbs., push-ups)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
h.	Participating in a social activity for 1 hour (party, dinner, senior center, gathering with family/friends, playing cards, bridge)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
i.	Hosting a social event for 1 hour (not including preparation time)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
j.	High-intensity activity for 30 minutes (jogging, hiking, biking, swimming, racquet sports, aerobic machines, dancing, Zumba)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No

End Interview Script: "Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you move or if your mailing address changes. I look forward to speaking with you again at approximately the same time next year. Again, thank you for your ongoing interest in our study."