



(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: <sup>2</sup>Visit 1 Follow Up <sup>5</sup>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:**

- 1 .....This Form was Administered via a DFR/Proxy **(Go to Section B)**
- 3 .....This Form was Administered via Telephone by Study Personnel
- 4 .....This Form was Mailed and Self-Administered by Participant

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

- |                                                     |                                                        |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> 1 .....First Year Contact  | <input type="checkbox"/> 7 .....Seventh Year Contact   |
| <input type="checkbox"/> 2 .....Second Year Contact | <input type="checkbox"/> 8 .....Eighth Year Contact    |
| <input type="checkbox"/> 3 .....Third Year Contact  | <input type="checkbox"/> 9 .....Ninth Year Contact     |
| <input type="checkbox"/> 4 .....Fourth Year Contact | <input type="checkbox"/> 10 .....Tenth Year Contact    |
| <input type="checkbox"/> 5 .....Fifth Year Contact  | <input type="checkbox"/> 11 .....Eleventh Year Contact |
| <input type="checkbox"/> 6 .....Sixth Year Contact  | <input type="checkbox"/> 12 .....Twelfth 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?

- <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 (Please Specify): \_\_\_\_\_
- <sup>6</sup>.....Caregiver

**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)

- |                                                                                            |                                                                            |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> <sup>1</sup> .....Physical Illness/Serious incapacitating illness | <input type="checkbox"/> <sup>1</sup> .....Dementia/Cognitive impairment   |
| <input type="checkbox"/> <sup>1</sup> .....Hearing impairment                              | <input type="checkbox"/> <sup>1</sup> .....Too Busy/Unavailable            |
| <input type="checkbox"/> <sup>1</sup> .....Nursing home or long-term care                  | <input type="checkbox"/> <sup>1</sup> .....Unable to be reached or located |
| <input type="checkbox"/> <sup>1</sup> .....Visual impairment                               | <input type="checkbox"/> <sup>1</sup> .....Fatigue/Too overwhelmed         |
| <input type="checkbox"/> <sup>1</sup> .....Self-doubt/Fearfulness about own limitations    | <input type="checkbox"/> <sup>1</sup> .....Uninterested/Unmotivated        |
| <input type="checkbox"/> <sup>1</sup> .....Other: _____                                    |                                                                            |

**\* Denmark skip question 1 and start at Question 2**

Q1a. Is the participant deceased?

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

Q1b. Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Questionnaire

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

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

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

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

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?

- 1 .....Yes **Go to Q2a1**
- 0 .....No **Go to Q2b**
- D .....Don't Know **Go to Q2b**
- R .....Refused **Go to Q2b**

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

- 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?

- 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?

- 1 .....Yes **Go to Q2b2**
- 0 .....No **Go to Q2c**

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?

- <sup>1</sup> .....Yes **Go to Q2c1**
- <sup>0</sup> .....No **Go to Q2d**
- <sup>D</sup> .....Don't Know **Go to Q2d**
- <sup>R</sup> .....Refused **Go to Q2d**

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

- <sup>1</sup> .....Yes **Go to Q2c2**
- <sup>0</sup> .....No **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.]

- <sup>1</sup> .....Yes **Go to Q2d1**
- <sup>0</sup> .....No **Go to Q2e**
- <sup>D</sup> .....Don't Know **Go to Q2e**
- <sup>R</sup> .....Refused **Go to Q2e**

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

- <sup>1</sup> .....Yes **Go to Q2d2**
- <sup>0</sup> .....No **Go to Q2e**

Q2d2. Date of Admission: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Date of Discharge: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Name of Hospital: \_\_\_\_\_

City, State: \_\_\_\_\_

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

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

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

- |                            |                 |                   |
|----------------------------|-----------------|-------------------|
| <input type="checkbox"/> 1 | .....Yes        | <b>Go to Q2e1</b> |
| <input type="checkbox"/> 0 | .....No         | <b>Go to Q2f</b>  |
| <input type="checkbox"/> D | .....Don't Know | <b>Go to Q2f</b>  |
| <input type="checkbox"/> R | .....Refused    | <b>Go to Q2f</b>  |

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

- |                            |          |                   |
|----------------------------|----------|-------------------|
| <input type="checkbox"/> 1 | .....Yes | <b>Go to Q2e2</b> |
| <input type="checkbox"/> 0 | .....No  | <b>Go to Q2f</b>  |

Q2e2. Date of Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Hospital: \_\_\_\_\_

City, State: \_\_\_\_\_

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

- |                            |                 |                   |
|----------------------------|-----------------|-------------------|
| <input type="checkbox"/> 1 | .....Yes        | <b>Go to Q2f1</b> |
| <input type="checkbox"/> 0 | .....No         | <b>Go to Q3a</b>  |
| <input type="checkbox"/> D | .....Don't Know | <b>Go to Q3a</b>  |
| <input type="checkbox"/> R | .....Refused    | <b>Go to Q3a</b>  |

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

- |                            |          |                   |
|----------------------------|----------|-------------------|
| <input type="checkbox"/> 1 | .....Yes | <b>Go to Q2f2</b> |
| <input type="checkbox"/> 0 | .....No  | <b>Go to Q3a</b>  |

Q2f2. Date of Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Hospital: \_\_\_\_\_

City, State: \_\_\_\_\_

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

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

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: \_\_\_\_\_  
 Name of Hospital: \_\_\_\_\_  
 City, State: \_\_\_\_\_

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

**Q4a.** 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**

**Q4b.** 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

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

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

**Q5a.** 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**

**Q5b.** 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

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

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

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 . . .

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

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

- 1 .....Yes
- 0 .....No

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

- 1 .....Yes
- 0 .....No **Go to Q7d**

Q7b. 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

Q7c. 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**

Q7d. 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



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

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

**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.

- <sup>1</sup> .....Yes **Go to Q9a**
- <sup>0</sup> .....No **Go to Q8b**

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

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

- <sup>1</sup> .....Yes **Go to Q9d**
- <sup>0</sup> .....No

**Q9b.** If yes, 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 on my own
- <sup>D</sup> .....Don't Know

**Q9c.** 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 Q10c1**

**Q9d.** 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

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?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....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 . . .

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

“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 past year**

(A typical day = most days of the week)  
(Activities must equal 24 hours)

Number  
of hours

Q10c1. **Sleep** – Number of hours that you typically sleep? \_\_\_\_\_

Q10c2. **Sedentary** – Number of hours typically sitting? Such as reading, watching TV, Using the computer, doing handcrafts \_\_\_\_\_

Q10c3. **Slight Activity** – Number of hours with activities such as standing, walking? \_\_\_\_\_

Q10c4. **Moderate Activity** – Number of hours with activities such as housework (vacuum, dust, yard chores, climbing stairs; light sports such as bowling, golf)? \_\_\_\_\_

Q10c5. **Heavy Activity** – Number of hours with activities such as heavy household work, heavy yard work such as stacking or chopping wood, exercise such as intensive sports—jogging, swimming, etc.? \_\_\_\_\_

**TOTAL number of hours** **24**  
(should be the total of above items)

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

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

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

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

Q10e. What is your current housing situation?

- <sup>1</sup> .....House, including Townhouse or Farm
- <sup>2</sup> .....Apartment/Co-op/Condominium
- <sup>3</sup> .....Assisted Living/Other Special Housing for Older Adults
- <sup>4</sup> .....Nursing Home
- <sup>5</sup> .....Other (Please Specify)\_\_\_\_\_

**\* Denmark to skip questions Q10f-Q10g**

Q10f. Do you have some form of health insurance?

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

**Go to Q10g**

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

<b>Insurance Type</b>	<b>(1)Yes</b>	<b>(0)No</b>	<b>(D)Don't Know</b>
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?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>D</sup> .....Don't Know

**\* Denmark to skip questions Q11-12i**

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

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

Q11. Please verify your current address, phone number and E-Mail address. (***Interviewer: Please update Participant Contact Information, Panel 14, 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.*

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

- <sup>1</sup> .....Yes                      **Go to Q12a**
- <sup>0</sup> .....No                        **Go to Q12b0**

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***)

- <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

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

- <sup>1</sup> .....Yes                      **Go to Q12b**
- <sup>0</sup> .....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***)

- <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

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

- <sup>1</sup> .....Yes                      **Go to Q12c**
- <sup>0</sup> .....No                        **Go to Q12d0**

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

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

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***)

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

***Interviewer Note: 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***)

- <sup>1</sup> .....Yes                      **Go to Q12d**
- <sup>0</sup> .....No                        **Go to Q12e0**

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***)

- <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

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

- <sup>1</sup> .....Yes                      **Go to Q12e**
- <sup>0</sup> .....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***)

- <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

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

- <sup>1</sup> .....Yes                      **Go to Q12f**
- <sup>0</sup> .....No                        **Go to Q12g0**

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

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

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***)

- <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

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

- <sup>1</sup> .....Yes                   **Go to Q12g**
- <sup>0</sup> .....No                   **Go to Q12h0**

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***)

- <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

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

- <sup>1</sup> .....Yes                   **Go to Q12h**
- <sup>0</sup> .....No                   **Go to Q12i0**

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***)

- <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

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

- <sup>1</sup> .....Yes                   **Go to Q12i**
- <sup>0</sup> .....No                   **Go to Q13**

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

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

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***)

- <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 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?

- <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**

Q14b. 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: \_\_\_\_\_

Q14c. 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: \_\_\_\_\_

**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.

	Physical Fatigue					Mental Fatigue					Have you done this activity <u>in the past month</u> ?			
	No Fatigue 0				Extreme Fatigue 5	No Fatigue 0				Extreme Fatigue 5	Yes	No		
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."