



(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: 13/03/2015

Socio-Demographic Information Visit 2

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

- ¹This Form was Administered via a DFR/Proxy (**Go to Section B**)
- ²This Form was Administered In-Person by Study Personnel
- ³This Form was Administered via Telephone by Study Personnel
- ⁴This Form was Mailed and Self-Administered by Participant
- ⁵This Form was Administered by Other: _____

Section B. Proxy Tracking.

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)

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

Participant ID: _____

Participant Name Code: _____

Note: Questions 1 and 2 will be completed by the Interviewer, if needed. Please proceed to Q6a. Please disregard that the question numbering is out of sequence.

***Q1.** Date of Birth

Day: ____ ____ Month: ____ ____ Year: ____ ____ ____ ____

Example: dd/mm/yyyy where dd is 1-31 and mm is 1-12)

***Q2.** Which item was used to provide proof of age?

- 1Birth certificate
- 2Church record
- 3Family bible
- 4Military record
- 5Census record
- 6Passport
- 7Driver’s license
- 8No official source
- 9Other (Please Specify) _____

***Q2a.** Date of birth verified?

- 1Yes
- 0No, reason _____

***Q6a.** What is your current housing situation?

- 1House, including Townhouse or Farm **Go to Q6b**
- 2Apartment/Co-op/Condominium **Go to Q6b**
- 3Assisted Living/Other Special Housing for Older Adults **Go to Q6d**
- 4Nursing Home **Go to Q6e**
- 5Other (Please Specify) _____ **Go to Q6f if group dwelling**

Q6b. How many people are living in your home apart from yourself? _____ people **If 0, Go to Q6f**

Participant ID: _____

Participant Name Code: _____

*Q6c. Do you live together with? (X all that apply)

- ¹Spouse/Partner
- ¹Sisters/Brothers
- ¹Child (children)
- ¹Grandchild (grandchildren)
- ¹Other Relatives
- ¹Close friends/friends
- ¹Other (Please Specify) _____

Go to Q6f

Q6d. When did you move into your assisted living/other special house for older adults?

___ ___ / ___ ___ / ___ ___ ___ ___ (dd/mm/yyyy) **Go to Q6f**

Q6e. When did you move into your nursing home?

___ ___ / ___ ___ / ___ ___ ___ ___ (dd/mm/yyyy) **Go to Q6f**

Q6f. Do you have some form of health insurance?

- ¹Yes
- ⁰No

Go to Q6h

Q6g. 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			

Q6h. Do you have prescription drug coverage?

- ¹Yes
- ⁰No

Participant ID: _____

Participant Name Code: _____

Q12b. In what year or what age were you when your marriage began? If you have been married more than once, please record the year or age you were when your *first* marriage began.

Year: ___ ___ ___ ___ **OR** Age: _____

Q12c. How many times have you been married? _____ Times

Q13a. Now I would like to ask whether you are currently working at a paying job.

⁰No **Go to Q13d**
¹Yes **Go to Q13b**

Q13b. If you are currently working, how many hours per week are you currently working?

¹Full time (>=32 hours per week)
²Part time (<32 hours/week)

Q13c. What is your current primary occupational role? _____

(If more than one MAIN occupation, list all and include them on separate lines or clearly separate them with “;”.)

(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.)

Q13d. Do you currently do unpaid volunteer or community work?

⁰No **Go to the top of Page 6**
¹Yes **Go to Q13e**

Q13e. If you are currently volunteering, how many hours per week do you currently volunteer?

¹Full time (>=32 hours per week)
²Part time (<32 hours/week)

Participant ID: _____

Participant Name Code: _____

Note: If Q15a-d or Q17 are highlighted, please answer. If these are not highlighted, proceed to Q18 on page 8.

The next series of questions deals with your income and your family's economic situation. Income and economic resources are important in analyzing the health information we collect, as they can affect health in many ways that are often important and surprising. Like all other information you have provided, these answers will be kept strictly confidential.

Q15a. What is your best estimate of the **highest annual combined household income** you and anyone in your family attained when you and/or your spouse/partner were working? Include income from all sources such as wages, salaries, self-employment, government sources, help from relatives, rent from property, interest, dividends, and any other sources.

Note: *If you were/are living with someone with whom you did not or don't share income, you should NOT report the other person's income, i.e., not the combined income with your living partner. If the incomes of your spouse/partner were/are pooled, then the combined income should be reported. Please note that, for those who have had a change in marital status, the highest annual income when working may not necessarily be the income you earned when together. If you earned more while living and working on your own, than you did when living with a spouse/partner, the highest income should be reported.*

Note: *Partner refers to a partner with whom you have been in a cohabiting relationship.*

- 0 Less than \$5,000
- 1 \$5,000 to \$9,999
- 2 \$10,000 to \$14,999
- 3 \$15,000 to \$19,999
- 4 \$20,000 to \$34,999
- 5 \$35,000 to \$49,999
- 6 \$50,000 to \$74,999
- 7 \$75,000 to \$99,999
- 8 \$100,000+
- D Don't Know
- R Refused

Q15b. When was this level of annual combined household income earned?

From Year: ___ ___ ___ ___ **to** Year: ___ ___ ___ ___

OR

From Age: ___ ___ ___ **to** Age: ___ ___ ___

Participant ID: _____

Participant Name Code: _____

Q15c. How many people were living in your household, including yourself, who depended on this income during the period you specified above (please provide the maximum number)? ____

Q15d. During most of your life, how hard was it for you (and your family) to pay for the very basics like food, clothing and housing?

- 5Very Easy
- 4Easy
- 3OK
- 2Hard
- 1Very Hard
- DDon't Know
- RRefused

The next question is about the value of any financial assets that you may have. By assets, we are referring to things like bank accounts, retirement accounts, investments such as stocks and bonds, and other financial assets. Financial assets are also important in analyzing the health information we collect. Like all other information you have provided, this answer will be kept strictly confidential.

Q17. What is the value of all financial assets that you own? By assets, we are referring to things like bank accounts, retirement accounts, investments such as stocks and bonds, and other financial assets.

- 1Less than \$100,000
- 2\$100,000 - \$249,999
- 3\$250,000 - \$499,999
- 4Equal to or more than \$500,000
- DDon't Know
- RRefused

LIFE EVENTS

These next set of questions ask you about a number of events that commonly happen in people’s lives and that can affect your health. In some cases, it will ask whether the event has happened to you or a member of your family since we last spoke to you. In other cases, it will ask only whether it happened to you. When the question asks about a spouse, we are referring to both married spouses and unmarried partners who live together. Please respond “yes” if the event happened and “no” if it did not.

Q18. Have you retired or changed or lost your job during the past six months?

- ¹ Yes
- ⁰ No **Go to Q19**
- ^K Unknown **Go to Q19**

Q18a. When did this happen?

- ¹ During the last month
- ⁰ Not during the last month
- ^D Don’t Know

Q18b. Was this job change, loss, or retirement positive or negative?

- ¹ Positive
- ⁰ Negative
- ^D Don’t Know

Q19. Have you had a grandchild born during the past six months?

- ¹ Yes
- ⁰ No
- ^K Unknown

Q20. Has caring for a sick or disabled relative become a significant problem for you during the past six months?

- ¹ Yes
- ⁰ No **Go to Q21**
- ^K Unknown **Go to Q21**

Participant ID: _____

Participant Name Code: _____

Q20a. Has providing care become significantly harder in the last month?

- 1 Yes
- 0 No
- D Don't Know

Q21. Has there been a significant change in your personal finances during the past six months?

- 1 Yes
 - 0 No
 - K Unknown
- Go to Q22**
Go to Q22

Q21a. When did this happen?

- 1 During the last month
- 0 Not during the last month
- D Don't Know

Q21b. Was this change positive or negative?

- 1 Positive
- 0 Negative
- D Don't Know

Q22. Did you or a very close friend or close family member have a serious accident or illness during the past six months?

- 1 Yes
 - 0 No
 - K Unknown
- Go to Q23**
Go to Q23

Q22a. When did this accident or illness occur?

- 1 During the last month
- 0 Not during the last month
- D Don't Know

Participant ID: _____

Participant Name Code: _____

Q23. Have you, your spouse or partner, or a member of your immediate family been assaulted or robbed during the past six months?

- 1 Yes
- 0 No **Go to Q24**
- K Unknown **Go to Q24**

Q23a. When did this assault or robbery occur?

- 1 During the last month
- 0 Not during the last month
- D Don't Know

Q24. Have you had any important relationship, for example with your spouse or a good friend, become significantly worse during the past six months?

- 1 Yes
- 0 No **Go to Q25**
- K Unknown **Go to Q25**

Q24a. When did this relationship worsen?

- 1 During the last month
- 0 Not during the last month
- D Don't Know

Q25. Did someone you were close to die during the past six months?

- 1 Yes
- 0 No **Go to Q26**
- K Unknown **Go to Q26**

Q25a. When did this person die?

- 1 During the last month
- 0 Not during the last month
- D Don't Know

Participant ID: _____

Participant Name Code: _____

Q25b. What was this person's relationship to you?

- 1Spouse
- 2Brother
- 3Sister
- 4Mother
- 5Father
- 6Child
- 7Other Relative
- 8Friend
- 9Pet
- 10Other (Please Specify)_____

Q26. Have any other important things happened to you or your spouse or partner in the last six months that made this period significantly different from a typical year?

- 1Yes
- 0No **End Here**
- KUnknown **End Here**

Q26a. What Happened (continue on a separate page if necessary)?

Q26b. Was it positive or negative?

- 1Positive
- 0Negative
- DDon't Know