LONG LIFE FAMILY STUDY

(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: **[2]Visit 1 Follow Up** **[5]Visit 2 Follow-Up** **[8]Visit 3 Follow Up**

Form Version Date: **_02/11/2021__**

Annual Follow-Up Telephone Contact Questionnaire Visit 3

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:**

☐[1].....First Year Contact
☐[2].....Second Year Contact
☐[3].....Third Year Contact
☐[4].....Fourth Year Contact
☐[5].....Fifth Year Contact
☐[6].....Sixth Year Contact
☐[7].....Seventh Year Contact
☐[8].....Eighth Year Contact
☐[9].....Ninth Year Contact
☐[10].....Tenth Year Contact
☐[11].....Eleventh Year Contact
☐[12].....Twelfth Year Contact
☐[13].....Thirteenth Year Contact
☐[14].....Fourteenth Year Contact
☐[15].....Fifteenth Year Contact
☐[16].....Sixteenth Year Contact
☐[17].....Seventeenth Year Contact
☐[18].....Eighteenth Year Contact

<u>Section B.</u> 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?

☐[1].....Spouse
☐[2].....Child (Daughter/Son)
☐[3].....Sibling (Brother/Sister)
☐[4].....Niece/Nephew
☐[5].....Other (Please Specify): _____
☐[6].....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)

☐[1].....Physical Illness/Serious incapacitating illness
☐[1].....Hearing impairment
☐[1].....Nursing home or long-term care
☐[1].....Visual impairment
☐[1].....Self-doubt/Fearfulness about own limitations
☐[1].....Other: _____
☐[1].....Dementia/Cognitive impairment
☐[1].....Too Busy/Unavailable
☐[1].....Unable to be reached or located
☐[1].....Fatigue/Too overwhelmed
☐[1].....Uninterested/Unmotivated

Q1a. Is the participant deceased?

☐[1].....Yes **Go to Q1b**
☐[0].....No **Go to Q2**

Q1b. Date of Death: ____ ____ / ____ ____ / ____ ____ ____ ____ **End Questionnaire**

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**

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?

☐ 1	.....Yes	**Go to Q2c2**
☐ 0	.....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.]*

☐ 1	.....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?

☐ 1	.....Yes	**Go to Q2d2**
☐ 0	.....No	**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?

☐ 1	.....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?

☐ 1	.....Yes	**Go to Q2e2**
☐ 0	.....No	**Go to Q2f**

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?

☐ 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?

☐ 1	.....Yes	**Go to Q2f2**
☐ 0	.....No	**Go to Q3a**

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

Date of Discharge: ___ ___ / ___ ___ / ___ ___ ___ ___

Name of Hospital: _____

City, State: _____

Q3a. Were you hospitalized overnight <u>for any other reasons</u> in the past year?

☐ 1	.....Yes	**Go to Q3b**
☐ 0	.....No	**Go to Q3d**
☐ D	.....Don't Know	**Go to Q3d**
☐ R	.....Refused	**Go to Q3d**

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.

Q3d. ***[First Administration of question]:*** Have you ***ever*** seen a neurologist or other specialist for problems with memory or thinking?

[Subsequent Administration of question]: Since we last spoke with you on ***(insert date)*** has/have the participant/you seen a neurologist or other specialist for problems with memory or thinking?

☐ 1 .....Yes **Go to Q3d1**
☐ 0 .....No **Go to Q3e**

Q3d1. Date of Neurologist/specialist Visit: ___ ___ / ___ ___ / ___ ___ ___ ___ (dd/mm/yyyy)

Type of Visit: _____

Location / Provider: _____

Q3e. ***[First Administration of question]:*** Has/have the participant/you ***ever*** had a brain scan?

[Subsequent Administration of question]: Since we last spoke with you on ***(insert date)*** has/have the participant/you had a brain scan?

☐ 1 .....Yes **Go to Q3e1**
☐ 0 .....No **Go to Q3f**

Q3e1. Date of Scan ___ ___ / ___ ___ / ___ ___ ___ ___ (dd/mm/yyyy)

Type of Scan (CT, MRI, PET, etc): _____

Location of Scan: _____

Q3f. ***[First Administration of question]:*** Has/have the participant/you ***ever*** had hallucinations (seen or heard things that are not present)?

[Subsequent Administration of question]: Since we last spoke with you on ***(insert date)*** has/have the participant/you had hallucinations (seen or heard things that are not present)?

☐ 1 .....Yes
☐ 0 .....No

Q3g. ***[First Administration of question]:*** Has/have the participant/you ***ever*** had delusions (incorrect thoughts, such as thinking someone was stealing from you)?

[Subsequent Administration of question]: Since we last spoke with you on ***(insert date)*** has/have the participant/you had delusions (incorrect thoughts, such as thinking someone was stealing from you)?

☐ 1 .....Yes
☐ 0 .....No

Q3h. ***[First Administration of question]:*** Has/have the participant/you ***ever*** been told that you seem to 'act out your dreams' while asleep (for example, punching, flailing your arms in the air, making running movement, etc. while asleep)?

[Subsequent Administration of question]: Since we last spoke with you on ***(insert date)*** has/have the participant/you been told, that you seem to 'act out your dreams' while asleep (for example, punching, flailing your arms in the air, making running movements, etc. while asleep)?

☐ 1 .....Yes
☐ 0 .....No

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

☐ 1 .....Yes
☐ 0 .....No **Go to Q5a**
☐ D .....Don't Know **Go to Q5a**
☐ R .....Refused **Go to Q5a**

Q4b. 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

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

☐ 1 .....Yes
☐ 0 .....No

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

☐[1] .....Yes
☐[0] .....No **Go to Q6a**
☐[D] .....Don't Know **Go to Q6a**
☐[R] .....Refused **Go to Q6a**

Q5b. 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

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

☐[1] .....Yes
☐[0] .....No

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

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.

☐[1].....Yes **Go to Q9a**
☐[0].....No **Go to Q8b**

Q8b. 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

Q9a. 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**

Q9b. 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

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

☐[1] .....Yes **Go to Q10a**
☐[0] .....No **Go to Q10a**
☐[D] .....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 . . .

☐[1] .....Very easy
☐[2] .....Somewhat easy
☐[3] .....Not that easy
☐[D] .....Don't Know

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

☐[1] .....Yes **Go to Q10c1**
☐[0] .....No **Go to Q10b**

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

☐[1] .....Very easy
☐[2] .....Somewhat easy
☐[3] .....Not that easy
☐[D] .....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 activites 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 (should be the total of above items)	**24**

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

☐ 1 .....Yes
☐ 0 .....No

Q10e. What is your current housing situation?

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

* Denmark to skip questions Q10f-Q10g

Q10f. Do you have some form of health insurance?

☐ 1 .....Yes
☐ 0 .....No **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?

☐ 1 .....Yes
☐ 0 .....No
☐ D .....Don't Know

* 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)***

☐[1]……..Yes **Go to Q12a**
☐[0]……..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)***

☐[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

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

☐[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)***

☐[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

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

☐[1]……..Yes **Go to Q12c**
☐[0]……..No **Go to Q12d0**

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)***

☐[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 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)***

☐[1]……..Yes **Go to Q12d**
☐[0]……..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)***

☐[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)***

☐[1]……..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)***

☐[1]……..Yes **Go to Q12f**
☐[0]……..No **Go to Q12g0**

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)***

☐[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

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

☐[1]……..Yes **Go to Q12g**
☐[0]……..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)***

☐[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

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

☐[1]……..Yes **Go to Q12h**
☐[0]……..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)***

☐[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

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

☐[1]……..Yes **Go to Q12i**
☐[0]……..No **Go to Q13**

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)***

☐[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 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: _____

If the participant is not completing this form him/her/their-self, skip to Q16.

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.* ***This question should not be completed by a proxy.***

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

	Physical Fatigue No Fatigue ← → Extreme Fatigue 0 ← → 5	Mental Fatigue No Fatigue ← → Extreme Fatigue 0 ← → 5	Have you done this activity in the past month?
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

Script: In light of the Coronavirus pandemic, we have a few additional questions to ask you.

Q16. Since we last talked with you on ***(insert DATE)***, has a doctor or other health care professional told you that you had COVID-19 caused by the coronavirus?

☐ 1 .....Yes
☐ 0 .....No
☐ D .....Don't Know
☐ R .....Refused

Q16a. Have you received a COVID-19 vaccine or an additional booster/dose since we last talked with you on ***(insert DATE)***?

☐ 1 .....Yes	**Go to Q16b**
☐ 0 .....No	**Go to Q17**
☐ D .....Don't Know	**Go to Q17**
☐ R .....Refused	**Go to Q17**

Q16b. Dose #	Q16c. Date of Dose (dd/mm/yyyy)	Q16d. Manufacturer*
b1. First Dose	c1. __ __ /__ __ / __ __ __ __	d1.
b2. Second Dose	c2. __ __ /__ __ / __ __ __ __	d2.
b3. Booster	c3. __ __ /__ __ / __ __ __ __	d3.
b4. Additional Dose	c4. __ __ /__ __ / __ __ __ __	d4.

* 1=Astra-Zeneca; 2=Moderna; 3=Pfizer/BioNTech; 4=Other: _____; D=don't know; R=Refused

Q17. Since we last talked with you on ***(insert DATE)***, have you tested positive for SARS-CoV-2 the virus that causes COVID-19?

☐ 1 .....Yes	**Go to Q17a**
☐ 0 .....No, I have not been ill/negative test	**Go to Q20**
☐ 2 .....No, presumed positive based on symptoms	**Go to Q17a**
☐ 3 .....No, ill but no means to obtain a test	**Go to Q18**
☐ R .....Refuse	**Go to Q20**

Q17a. What was the date(s) of your COVID-19 test or when you were told you were presumed positive since our last discussion on ***(insert DATE)***?

Day: _____ _____ Month: _____ _____ Year: _____ _____ _____ _____

Day: _____ _____ Month: _____ _____ Year: _____ _____ _____ _____

Day: _____ _____ Month: _____ _____ Year: _____ _____ _____ _____

Q18. What symptoms did/do you have at the time you were ill or at the time of testing/diagnosis? (select all that apply) ***If subsequent COVID, ask***: What symptoms did you have at the most recent time you were ill or at the time of testing/diagnosis?

	At time of initial testing/diagnosis		**At time of most recent testing/diagnosis**		**Currently have symptom**	
Symptom	**^{1}Y / ^{0}N**		**^{1}Y / ^{0}N**		**^{1}Y / ^{0}N**	
a. Fever	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
b. Persistent Cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
c. Unusual tiredness or exhaustion	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
d. Headache	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
e. Unusual Shortness of breath (difficulty breathing)	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
f. Unusual Persistent pain or pressure in your chest	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
g. Sore throat	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
h. Unusually hoarse voice	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
i. Unusual abdominal pain	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
j. Diarrhea	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
k. Nausea or vomiting	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
l. Loss of smell	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
m. Loss of taste	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
n. Loss of appetite	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
o. Weight loss greater than 10 pounds	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
p. Nasal congestion	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
q. Runny nose	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
r. Muscle or joint aches	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
s. Confusion related to COVID-19	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
t. Falls	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N
u. Other: Specify	^{1}Y	^{0}N	^{1}Y	^{0}N	^{1}Y	^{0}N

Q19. What treatment are you (did you) receiving since we last talked with you on ***(insert DATE)***?

	At time of initial Testing/Diagnosis		At time of most recent testing/diagnosis	
Treatment	**[1]Y / [0]N**		**[1]Y / [0]N**	
a. Managed at home/nursing home/long term care facility	[1]Y	[0]N	[1]Y	[0]N
b. Needed emergency room care	[1]Y	[0]N	[1]Y	[0]N
c. Required hospitalization*	[1]Y	[0]N	[1]Y	[0]N
d. Required ICU at time of hospitalization*	[1]Y	[0]N	[1]Y	[0]N
e. Required a ventilator*	[1]Y	[0]N	[1]Y	[0]N
f. Required supplemental oxygen	[1]Y	[0]N	[1]Y	[0]N
g. Dialysis	[1]Y	[0]N	[1]Y	[0]N
h. Other: _____	[1]Y	[0]N	[1]Y	[0]N

* Note: Check that this is noted in 'other hospitalization part of AFU', **Q3a**; ventilator is a machine that helps you breathe – a tube is place down your throat. This is different than an oxygen mask placed over your nose and mouth to deliver oxygen

Q20. Have you had a flu shot in the last 12 months?

☐ [1].....Yes
☐ [0].....No
☐ [D].....Don't Know
☐ [R].....Refused

Q21. Were you diagnosed with the seasonal flu in the past year?

☐ [1].....Yes
☐ [0].....No
☐ [D].....Don't Know
☐ [R].....Refused

If the participant is NOT completing this form him/her/their-self, END HERE.

As of November 20, 2021, ONLY ASK OF PARTICIPANTS WITH NO PRIOR RESPONSES, otherwise END HERE.

Q22. In a typical week during the COVID-19 pandemic, how often did you…

	[3]Most or all of the time (5-7 days)	[2]Occasionally or a moderate amount of time (3-4 days)	[1]Some or a little of the time (1-2 days)	[0]Rarely or none of the time (less than 1 day)
a. Feel hopeful about the future				
b. Feel nervous, anxious, or on edge				
c. Had trouble sleeping				
d. Feel depressed				
e. Feel lonely				
f. Had a physical reaction when thinking about the COVID-19 pandemic				

Q23. Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?

_____(0-10 number)

Q24. On which step do you think you will stand about 5 years from now?

_____(0-10 number)

Q25. Do you have any additional concerns or personal challenges regarding your experience of the COVID-19 pandemic?

_____

_____

_____

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."*