

Participant ID: _____

Participant Name Code: _____

3a. Social Security Number?

- 1Yes
- 0No

3b. Medicare Beneficiary Number?

- 1Yes
- 0No

3c. Blood/saliva and data for future sharing?

- 1Yes
- 0No

3d. Blood/saliva and data for future genetic/genomic research and assays?

- 1Yes
- 0No

3e. Blood/saliva for DNA bank?

- 1Yes
- 0No

3f. Audio recording?

- 1Yes
- 0No

3g. Audio recording for future research?

- 1Yes
- 0No

3h. Want medically actionable genetic results?

- 1Yes
- 0No

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Interview Feasibility

Is the Respondent able to . . .	Yes, Without <u>Any</u> Difficulty	Yes, with <u>Little</u> Difficulty	Yes, with <u>Great</u> Difficulty	No	N/A (Mark for Phone Visits)
4a. See?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	<input type="checkbox"/> ^N
4b. Hear?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	
4c. Understand?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	
4d. Speak?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	

Interviewer: After completing this section, please use your best judgment to determine whether any visual, auditory or cognitive impairments will make it impossible for the participant to participate in this study. If you reach this conclusion, please check the appropriate box below and write down which impairment(s) are severe enough to warrant a discontinuation of this study visit.

4e. Is the examination feasible?

¹Yes

⁰No

Reason: _____

5. Is the participant confined to *[his/her]* bed? (Only out of bed when going to the toilet and taking a bath)

¹Yes

⁰No

^NNot Applicable (Participating in Phone Visit)