

Protocol ID: \_\_\_\_\_  
Study Name: \_\_\_\_\_  
Site: \_\_\_\_\_  
Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_  
Interviewer Name: \_\_\_\_\_  
Interview Date: \_\_\_\_\_

## BLSA General Interview - Ver. 2.0

### Section Title: General Information

Date Completed

☐ Blank

Tester ID

**(0)** Interview was conducted with: ☐ Participant only      Proxy Only questions with **(bracket)**  
☐ Participant and proxy  
☐ Proxy only  
☐ Telephone interview  
☐ Interview not done

INTRODUCTION: "The following questions cover basic demographic information. Although you may have answered similar questions in the past, we want to be sure everything is correct and current in our records."

1. What is your date of birth?

**(2)** How old are you today? (years)

**(3)** What is your current marital status?

- ☐ Married
- ☐ Living with a partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married
- ☐ Don't know
- ☐ Refused

**(4)** In addition to yourself, how many other people currently live in your household?

- ☐ Lives alone
- ☐ 1 other
- ☐ 2 others
- ☐ 3 or more
- ☐ Don't know
- ☐ Refused

**(5)** In what type of housing do you live?

- ☐ Single family home
- ☐ Co-op condominium apartment
- ☐ Continuing care community
- ☐ Assisted Living
- ☐ Long term care facility
- ☐ Don't know
- ☐ Refused

**(6)** Were you born in the United States?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**(7)** Is English your first language?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**(8)** Are you of Spanish, Hispanic or Latino origin?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**(9)** What race do you consider yourself to be?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Two or more races
- ☐ Don't know
- ☐ Refused

**(10)** What is the highest grade in school that you completed?

**Examiner Note:** use **00** for no formal schooling, **12** for high school (or GED equivalent), **14** for two year college/Associate's degree, **16** for four year college, **18** for Master's degree, **19** for Law degree, **20** for MD or PhD, **21** for multiple graduate degrees, **77** for refused, **88** for unknown.

INTRODUCTION: "The next few questions concern health care and prescription drug coverage."

**(11)** Do you have Medicare:

- ☐ Yes
- ☐ No under 65
- ☐ No age 65+
- ☐ Don't know
- ☐ Refused

11a What type of Medicare coverage do you have?

- ☐ Part A and B only
- ☐ Medicare + Choice
- ☐ Part A only
- ☐ Don't know
- ☐ Refused

Part A and Part B only **or**

Medicare + Choice answer Question 11b→

11b Do you have a Medigap plan  
(purchased through Medicare)?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**(12)** Do you have private (supplemental) health insurance or any health care coverage through an (former) employer, union, spouse, military service, Medicaid, etc?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**(13)** Do any of (does) your health care plan(s) include prescription drug coverage

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

INTRODUCTION: "Now I have just a few general questions about your income and finances."

**(14)** In the most recent calendar year, taking into account all sources, was your personal family income more or less than \$10,000?

- ☐ More than \$10000
- ☐ Less than \$10000
- ☐ Don't know
- ☐ Refused

14a. Was it more than \$25,000?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

14b. Was it more than \$50,000?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**(15)** How well does your personal family income take care of your (you and your family's) needs? Would you say....?

- ☐ Poorly
- ☐ Fairly well
- ☐ Very well
- ☐ Don't know
- ☐ Refused

**(16)** In the past 12 months, have you delayed getting medical care because of money problems?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**(17)** In the past 12 months, have you gone without medications you needed because of money problems?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

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**Section Title: Physical Function**

INTRODUCTION: "The next several questions concern how well you function in your usual environment, without the use of special equipment or help from another person."

*Examiner Note: If the participant responds "don't know" or "don't do", probe to determine whether this is due to a health problem. If so, code "yes" for difficulty, then probe to determine level of difficulty (e.g.; a lot or unable to do).*

**(1)** Because of health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks, without stopping?

If No, Don't know/Don't do or  
Refused Go to 1b-d

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

1a. How much difficulty do you  
have walking a quarter of a mile?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (2)**

1b. How easy is it for you to walk a  
quarter of a mile?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

1c. Because of a health or physical  
problem, do you have any difficulty  
walking a distance of one mile?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

**If Yes, Go to Question (2)**

1d. How easy is it for you to walk  
one mile?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(2)** Because of health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?

If No, Don't know/Don't do or  
Refused Go to 2b-d

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

2a. How much difficulty do you  
have walking up 10 steps?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (3)**

2b. How easy is it for you to walk up 10 steps?

☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

2c. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flight, without resting?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

**If Yes, Go to Question (3)**

2d. How easy is it for you to walk up 20 steps?

☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(3)** Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?

If No, Don't know/Don't do or Refused Go to 3b-d

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

3a. How much difficulty do you have lifting or carrying 10 pounds?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (4)**

3b. How easy is it for you to lift or carry something weighing 10 lbs?

☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

3c. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 20 pounds, for example a large, full bag of groceries?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

**If Yes, Go to Question (4)**

3d. How easy is it for you to lift or carry something weighing 20 lbs?

☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(4)** Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?

If No, Don't know/Don't do or Refused Go to 4b

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

4a. How much difficulty do you have rising without suing your arms?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (5)**

- 4b. How easy is it for you to stand up from a chair without using your arms?
- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(5)** Because of a health or physical problem, do you have any difficulty stooping, crouching or kneeling?

If No, Don't know/Don't do or  
Refused Go to 5b

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

5a. How much difficulty do you  
have stooping, crouching or  
kneeling?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (6)**

5b. How easy is it for you to stoop,  
crouch or kneel?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(6)** Because of a health or physical problem, do you have any difficulty raising your arms up over your head?

If No, Don't know/Don't do or  
Refused Go to 6b

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

6a. How much difficulty do you  
have raising your arms up over  
your head?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (7)**

6b. How easy is it for you to raise  
your arms up over your head?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(7)** Because of a health or physical problem, do you have any difficulty using your fingers to grasp or handle?

If No, Don't know/Don't do or  
Refused Go to 7b

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

How much difficulty do you have  
using your fingers to grasp or  
handle

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (8)**

7b. How easy is it for you to use  
your fingers to grasp or handle?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(8)** Because of a health or physical  
problem, do you have any difficulty  
getting in and out of bed or chairs?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

8a. How much difficulty do you  
have getting in and out of bed or  
chairs?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

8b. Do you need special equipment  
or help from another person in  
getting in and out of bed or chairs?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(9)** Because of a health or physical  
problem, do you have any difficulty  
bathing or showering?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

9a. How much difficulty do you  
have bathing or showering?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

9b. Do you need special equipment  
or help from another person in  
bathing or showering?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(10)** Because of a health or  
physical problem, do you have any  
difficulty dressing?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused



10a. How much difficulty do you have dressing?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

10b. Do you need special equipment or help from another person in dressing?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(11)** Because of a health or physical problem, do you have any difficulty eating, for example holding a fork, cutting your food or drinking from a glass?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

11a. How much difficulty do you have eating?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

11b. Do you need special equipment or help from another person in eating?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(12)** Because of a health or physical problem, do you have any difficulty using the toilet, including getting to the toilet?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

12a. How much difficulty do you have using the toilet?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

12b. Do you need special equipment or help from another person in using or getting to the toilet?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(13)** Because of a health or physical problem, do you have any difficulty walking across a small room?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

13a. How much difficulty do you have walking across a small room?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

13b. Do you need special equipment or help from another person walking across a small room?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(14)** Because of a health or physical problem, do you have any difficulty doing light housework such as doing dishes, straightening up or light cleaning by yourself?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

14a. How much difficulty do you have doing light housework?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

14b. If don't know/don't do, is that for health-related reasons?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(15)** Because of a health or physical problem, do you have any difficulty doing heavy housework such as vacuuming and washing windows, walls or floors?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

15a. How much difficulty do you have doing heavy housework?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

15b. If don't know/don't do, is that for health-related reasons?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(16)** Because of a health or physical problem, do you have any difficulty preparing your own meals by yourself?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

16a. How much difficulty do you have preparing your own meals?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

16b. If don't know/don't do, is that for health-related reasons?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(17)** Because of a health or physical problem, do you have any difficulty shopping for personal items such as toilet items or medicine, by yourself?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

17a. How much difficulty do you have shopping for personal items?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

17b. If don't know/don't do, is that for health-related reasons?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(18)** Because of a health or physical problem, do you have any difficulty using the telephone by yourself?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

18a. How much difficulty do you have using the telephone?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

18b. If don't know/don't do, is that for health-related reasons?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(19)** Because of a health or physical problem, do you have any difficulty taking medications by yourself?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

19a. How much difficulty do you have taking medications?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

19b. If don't know/don't do, is that for health-related reasons?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(20)** Because of a health or physical problem, do you have any difficulty managing your money for example, paying bills or keeping a bank account, by yourself without help from another person?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

20a. How much difficulty do you have managing your money for example, paying bills or keeping a bank account, by yourself without help from another person?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

20b. If don't know/don't do, is that for health-related reasons?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(21)** Because of a health or physical problem, do you have any difficulty driving?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

21a. How much difficulty do you have driving?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

21b. What is the primary reason you do not drive?

- ☐ Health  
☐ Never drove  
☐ Vision  
☐ Lost license  
☐ No car  
☐ Don't know  
☐ Refused

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Interviewer Name: \_\_\_\_\_  
Interview Date: \_\_\_\_\_

## Section Title: General Health and Symptoms

### Instructions:

INTRODUCTION: "I'm goin to ask you several questions about your current health and how you have been feeling over the past year."

(1) During the past 12 mo, have you been a patient in a hospital for one or more nights?  
☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

1a. How many different times during the past 12 mo were you a patient in a hospital for one or more nights? **Note: NOT asking the number of days in a hospital!** (Times overnight)

(2) During the past 12 mo, did you stay in bed all or most of the day because of an illness or injury? **Note: including days that you were a patient in a hospital**  
☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

2a. How many days did you stay in bed all or most of the day because of an illness or injury (**including days you were a patient in a hospital**)? (days in bed)

(3) During the past 12 mo, did you cut down on the things you usually do, such as going to work or working around the house, because of illness or injury?  
☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

3a. How many days did you cut down on the things you usually do because of an illness or injury? (days cut down)

INTRODUCTION: "The next few questions refer to how you have been feeling over the past month."

4. In the past month, on average, how often have you felt unusually tired during the day?  
☐ All ☐ Most ☐ Some ☐ None ☐ Don't know ☐ Refused Click to deselect entry

5. During the past month, how weak did you feel, using a scale from 0 to 10, where 0 is not weak at all and 10 is very weak?  
☐ 0 Not weak at all ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very weak ☐ Don't know ☐ Refused Click to deselect entry

6. During the past mo, what category best describes your usual energy level, using a scale from 0 to 10, where 0 is no energy at all and 10 is most energy you have ever had?  
☐ 0 No energy at all ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Most energy ☐ Don't know ☐ Refused Click to deselect entry

INTRODUCTION: "These questions ask about your sleep habits."

**In the past month, how often did you:**

7. have trouble falling asleep (w/in 30 min)? ☐ 0 Never ☐ 1/week ☐ 1-2/week ☐ 3-4/week ☐ 5+/week ☐ Don't know [Click to deselect entry](#)

8. wake up several times at night? ☐ 0 Never ☐ 1/week ☐ 1-2/week ☐ 3-4/week ☐ 5+/week ☐ Don't know [Click to deselect entry](#)

9. wake up earlier than you planned to? ☐ 0 Never ☐ 1/week ☐ 1-2/week ☐ 3-4/week ☐ 5+/week ☐ Don't know [Click to deselect entry](#)

**Examiner Note: If response is "Never" for Q 9, do NOT ask Q 10, but code "Never".**

10. have trouble getting back to sleep after you work up too early? ☐ 0 Never ☐ 1/week ☐ 1-2/week ☐ 3-4/week ☐ 5+/week ☐ Don't know [Click to deselect entry](#)

11. take sleeping pills or other medications to help you sleep? ☐ 0 Never ☐ 1/week ☐ 1-2/week ☐ 3-4/week ☐ 5+/week ☐ Don't know [Click to deselect entry](#)

12. have loud snoring at night? ☐ 0 Never ☐ 1/week ☐ 1-2/week ☐ 3-4/week ☐ 5+/week ☐ Don't know [Click to deselect entry](#)

13. have choking or gasping while sleeping? ☐ 0 Never ☐ 1/week ☐ 1-2/week ☐ 3-4/week ☐ 5+/week ☐ Don't know [Click to deselect entry](#)

14. have excessive daytime sleepiness? ☐ 0 Never ☐ 1/week ☐ 1-2/week ☐ 3-4/week ☐ 5+/week ☐ Don't know [Click to deselect entry](#)

15. Overall, in the past month, was your typical night's sleep...?

- ☐ Very sound or restful
- ☐ Sound or restful
- ☐ Average quality
- ☐ Restless
- ☐ Very Restless
- ☐ Don't know
- ☐ Refused

16. On average, in the past month, how many hours of sleep did you get each night?

- ☐ More than 7
- ☐ More than 6 up to 7
- ☐ More than 5 up to 6
- ☐ 5 or fewer
- ☐ Don't know
- ☐ Refused

**INTRODUCTION: "The next questions concern your appetite and weight."**

17. In general, would you say your appetite or desire to eat has been...? ☐ Very good ☐ Good ☐ Moderate ☐ Poor ☐ Very poor ☐ Don't know ☐ Refused [Click to deselect entry](#)

18. How much do you currently weigh? If you are unsure, please make your best guess. (pounds) *Examiner Note: Enter 888 if unknown and 777 if refused. If participant gives home and clinic weight, code clinic value.*

19. Since this time last year, has your weight changed by 5 or more pounds?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

19a. Did you gain or lose weight?

☐ Gain  
☐ Lose  
☐ Don't know  
☐ Refused

19.b Were you trying to gain (or lose) weight?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

19c. How many pounds did you gain (or lose)? (pounds) *Examiner Note: Enter 88 if unknown and 77 if refused.*

20. At the present time, are you trying to **lose** weight?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**INTRODUCTION: "The next set of questions concern your oral health, mouth, teeth and gums."**

21. How would you rate your overall oral? health (teeth, gums, inside of mouth)?

☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor  
☐ Don't know  
☐ Refused

22. Have you ever been told by a dentist, dental hygienist, or peridontist that you have gum (periodontal)disease?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

22a. When were you last treated for gum disease?

☐ Never  
☐ Within 12 months  
☐ Over 12 months  
☐ Don't know  
☐ Refused

22b. Have you lost any teeth because of gum (periodontal) disease?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

22c. How old were you when you lost your first tooth because of gum disease? (should be 20 years or older)

23. During the past 3 months, how much pain have you had in your gums or teeth?

- ☐ A great deal  
☐ Some  
☐ A little  
☐ None at all  
☐ Don't know  
☐ Refused

24. Does your mouth feel dry when eating?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

24a. Do you have problems chewing or swallowing that limit your ability to eat?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**INTRODUCTION: "Now I would like to ask you some questions about your eyesight and hearing."**

(25) Do you have glasses or contact lenses?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

25a. Do you wear them...?

- ☐ Most of the time  
☐ Sometimes  
☐ For reading or driving  
☐ Never  
☐ Don't know  
☐ Refused

(26) How would you rate your current eyesight (with glasses or contacts, if you wear them)?

- ☐ Excellent  
☐ Good  
☐ Fair  
☐ Poor  
☐ Very poor  
☐ Blind  
☐ Don't know  
☐ Refused

**[27-30. Wearing glasses or contact lenses, if you use them...]**

27. How much difficulty do you have reading ordinary print in newspapers? Would you say you have...?

- ☐ No difficulty  
☐ A little difficulty  
☐ Moderate difficulty  
☐ Extreme difficulty  
☐ Stopped due to eyesight  
☐ Don't do other reasons  
☐ Don't know  
☐ Refused

28. Because of your eyesight, how much difficulty do you have recognizing people you know from across a room? Would you say you have...?

- ☐ No difficulty  
☐ A little difficulty  
☐ Moderate difficulty  
☐ Extreme difficulty  
☐ Don't know  
☐ Refused



29. Because of your eyesight, how much difficulty do you have going down steps, stairs or curbs in dim light or at night? Would you say you have...?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Extreme difficulty
- ☐ Stopped due to eyesight
- ☐ Don't do other reasons
- ☐ Don't know
- ☐ Refused

(31) Do you wear a hearing aid?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

30. Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking alone? Would you say you have...?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Extreme difficulty
- ☐ Stopped due to eyesight
- ☐ Don't do other reasons
- ☐ Don't know
- ☐ Refused

(32) How would you rate your current hearing ability (with a hearing aid, if used)??

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Deaf
- ☐ Don't know
- ☐ Refused

**INTRODUCTION: "The next several questions concern your balance, dizziness, fainting episodes and falls."**

33. Do you have any problem with keeping your balance when you are walking on a level surface?

- ☐ Always
- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Never
- ☐ Don't know
- ☐ Refused

35. Do you ever feel dizzy or light-headed after standing up?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

36. In the past 12 months, have you fainted, blacked-out or lost consciousness?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

34. Do you have any problem with keeping your balance when you are standing with your eyes closed, such as standing in the shower? Would you say...?

- ☐ Always
- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Never
- ☐ Don't know
- ☐ Refused

36a. How many times has this happened in the past 12 months?

- ☐ One
- ☐ Two or three
- ☐ Four or more
- ☐ Don't know
- ☐ Refused

**(37)** In the past 12 months, have you fallen and landed on the ground or floor?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

37a. How many times did you fall to the ground in the past 12 months?

☐ One  
☐ Two or three  
☐ Four or five  
☐ Six or more  
☐ Don't know  
☐ Refused

37c. Did you hit or injure your head on any fall in the past 12 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

37e. Did you have a bruise or bleeding on any fall in the past 12 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

38. In the past 12 months, did you limit your activities, for example, what you did or where you went because you were afraid of falling?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

37b. Did you break or fracture a bone on any fall in the past 12 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

37d. Did you have a sprain or strain on any fall in the past 12 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

37f. What type of activity were you doing at the time of your (worst/most injurious) fall?

☐ Normal/Usual  
☐ Usual/Risky  
☐ Intoxicated  
☐ Don't know  
☐ Refused

38a. How often did you limit your activities because you were afraid of falling?

☐ Rarely  
☐ Some of the time  
☐ Most of the time  
☐ All of the time  
☐ Don't know  
☐ Refused

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: Aches and Pains****Instructions:****INTRODUCTION: "Now I'm going to ask you questions about recent and current aches and pains."**

(1) In the past year, have you had ☐ Yes  
any low back pain?

- ☐ No  
☐ Don't know  
☐ Refused

**0 indicates NO PAIN and 10 indicates EXTREMELY INTENSE PAIN.**

1a. Please rate your usual back pain over the past year using a scale from 0 to 10. ☐ 0 No pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Extremely intense pain ☐ DK ☐ Refused [Click to deselect entry](#)

1b. Have you needed to limit your typical daily activities as a result of your low back pain during the past year? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

If Yes, Go to 1c.  
If No, DK, Refused Go to Question 1d

1c. Please estimate how many (days) days you have needed to limit your activities in the past year due to low back pain.

1d. In the past year, what is the longest consecutive time period (in weeks) that you have had low back pain? (weeks) *(If less than 1 week, code as 1)*

1e. Do you currently have low back pain? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

If Yes, Go to Question 1f. If No, DK, Refused Go to Question 2

**0 indicates NO PAIN and 10 indicates EXTREMELY INTENSE PAIN.**

1f. Please rate your pain over the past week, using the a scale from 0 to 10. ☐ 0 No pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Extremely intense pain ☐ DK ☐ Refused [Click to deselect entry](#)

**(2)** Have you ever had pain or aching on most days for at least one month in or around either knee? This includes pain in the front, back and sides of the knee.

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

*Examiner Note: Pain lasting at least a month includes intermittent and/or continuous pain for at least 15 of 30 days.*

**(2a)** In the past 12 months, have you had knee pain lasting at least one month?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

If NO, Don't know, Refused Go to Question 2g.

**2b.** In the past 12 months, have you had this pain in the left knee, right knee or both knees?

- ☐ Right only  
☐ Left only  
☐ Both  
☐ Don't know  
☐ Refused

If Right only, Go to Question 2e.

### LEFT KNEE

**2c.** In the past 12 months, how often did you have pain in your **left** knee?

- ☐ Rarely ☐ Monthly ☐ Daily ☐ Always ☐ Don't know [Click to deselect entry](#)

### **2d. In the past 30 days, how much pain have you had in your left knee during each of the following situations?**

- |                                 |  |   |
|---------------------------------|--|---|
| 1) Walking on a flat surface    | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |
| 2) Going up or down stairs      | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |
| 3) While sitting or lying down  | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |
| 4) Standing                     | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |
| 5) Getting in or out of a chair | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |

### **If left knee only, go to Question 2g**

### RIGHT KNEE

**2e.** In the past 12 months, how often did you have pain in your **right** knee?

- ☐ Rarely ☐ Monthly ☐ Daily ☐ Always ☐ Don't know [Click to deselect entry](#)

### **2f. In the past 30 days, how much pain have you had in your right knee during each of the following situations?**

- |                                |  |   |
|--------------------------------|--|---|
| 1) Walking on a flat surface   | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |
| 2) Going up or down stairs     | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |
| 3) While sitting or lying down | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |
| 4) Standing                    | <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Don't know | <a href="#">Click to deselect entry</a> |

5) Getting in or out of a chair ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

2g. On most days, in the past 12 months, did you have stiffness in either of your knees?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

2h. Is this stiffness in the left knee, right knee or both knees?

☐ Right only  
☐ Left only  
☐ Both  
☐ Don't know  
☐ Refused

2i. How severe is this stiffness after you first wake up or after sitting or lying down?

☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme  
☐ Don't know  
☐ Refused

**(3)** Have you ever had pain on most days for at least one month in or around either hip? This includes pain in the groin and either side of the upper thigh.

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

Do not include pain that was only in your lower back or buttocks.

**(3a)** In the past 12 months, have you had hip pain lasting at least one month?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

If NO, Don't know, Refused Go to Question 4.

3b. In the past 12 months, have you had this pain in the left hip, right hip or both hips?

☐ Right only  
☐ Left only  
☐ Both  
☐ Don't know  
☐ Refused

If Right only, Go to Question 3e.

### LEFT HIP

3c. In the past 12 months, how severe was the pain in your **left** hip usually?

☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

### 3d. In the past 30 days, how much pain have you had in your **left** hip during each of the following situations?

1) Walking on a flat surface ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

2) Going up or down stairs ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

3) While sitting or lying down ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

4) Standing upright ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

5) Getting in or out of a chair ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

**If left hip only, go to Question 4****RIGHT HIP**

3e. In the past 12 months, how severe was pain in your **right** hip? ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

**3f. In the past 30 days, how much pain have you had in your right hip during each of the following situations?**

1) Walking on a flat surface ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

2) Going up or down stairs ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

3) While sitting or lying down ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

4) Standing upright ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

5) Getting in or out of a chair ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

**(4)** In the past 12 months have you had pain lasting at least one month in either shoulder? ☐ Yes ☐ No ☐ Don't know ☐ Refused

4a. In the past 12 months, have you had this pain in the left, right or both shoulders? ☐ Right only ☐ Left only ☐ Both ☐ Don't know ☐ Refused

4b. How severe was the pain in your (most painful) shoulder usually? ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

**(5)** In the past 12 months have you had pain lasting at least one month in your neck? ☐ Yes ☐ No ☐ Don't know ☐ Refused

5a. How severe was the pain in your neck usually? ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

6. In the past 12 months have you ever had numbness, an "asleep feeling", a prickly feeling or tingling, a sudden stabbing or burning or deep aching in your legs or feet? ☐ Yes ☐ No ☐ Don't know ☐ Refused

7. In the past 12 months have you had a headache lasting more than 4 hours? ☐ Yes ☐ No ☐ Don't know ☐ Refused

7a. About how often did you have headaches lasting more than 4 hours in the past 12 months? ☐ < 1/month  
☐ 1-3 /month  
☐ 1-2 /week  
☐ >2 /week  
☐ Don't know  
☐ Refused

7b. Is the pain usually mostly on one side of your head? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

7c. Does your headache usually throb, pulsate or pound? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

7d. Is your headache usually accompanied by nausea and/or vomiting? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

7e. During your headache, do lights usually bother you or make the headache worse? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

7f. During your headache, do sounds bother you or make the headache worse? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

7g. Did you ever notice spots, jagged lines or heat waves in one or both eyes before you got the headache? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

8. Do you have, or have you ever had recurrent uncomfortable feelings or sensations in your legs while you are sitting or lying down? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

9. Do you have, or have you had, a feeling of a recurrent need or urge to move your legs while you are sitting or lying down? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

***If response to Question 8 or 9 is YES, ask Questions 9a-d, below; otherwise go to Question 10.***

9a. Are you more likely to have these feelings when you are resting (sitting or lying down) or when you are physically active? ☐ Resting  
☐ Active  
☐ Don't know  
☐ Refused

9b. When you have these feelings, do they get better while you are actually moving around? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

9c. Are these feelings worse at night or in the evening than at other times of the day?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

9d. In the past 12 months, how often did you experience these feelings in your legs?

- ☐ Daily  
☐ 4-6 /week  
☐ 2-3 /week  
☐ 1 /week  
☐ 2 /month  
☐ <=1 /month  
☐ Don't know

(10) In the past 12 months have you had pain lasting at least one month in your feet, toes or ankles?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**10a. Please show me on this diagram which toes or parts of your foot have been painful for at least one month in the past 12 months? Examiner note:**

**Mark "Yes" for pain areas only, as "no" is the default value; use 18 for arch pain**

**Top of foot**

Left Foot Pain 1

- ☐ No  
☐ Yes

Right Foot Pain 1

- ☐ No  
☐ Yes

Left Foot Pain 2

- ☐ No  
☐ Yes

Right Foot Pain 2

- ☐ No  
☐ Yes

Left Foot Pain 3

- ☐ No  
☐ Yes

Right Foot Pain 3

- ☐ No  
☐ Yes

Left Foot Pain 4

- ☐ No  
☐ Yes

Right Foot Pain 4

- ☐ No  
☐ Yes

Left Foot Pain 5

- ☐ No  
☐ Yes

Right Foot Pain 5

- ☐ No  
☐ Yes

Left Foot Pain 6

- ☐ No  
☐ Yes

Right Foot Pain 6

- ☐ No  
☐ Yes

Left Foot Pain 7

- ☐ No  
☐ Yes

Right Foot Pain 7

- ☐ No  
☐ Yes

Left Foot Pain 8

- ☐ No  
☐ Yes

Right Foot Pain 8

- ☐ No  
☐ Yes



Left Foot Pain 9  
☐ No  
☐ Yes

Right Foot Pain 9  
☐ No  
☐ Yes

**Bottom of foot**

Left Foot Pain 10  
☐ No  
☐ Yes

Right Foot Pain 10  
☐ No  
☐ Yes

Left Foot Pain 11  
☐ No  
☐ Yes

Right Foot Pain 11  
☐ No  
☐ Yes

Left Foot Pain 12  
☐ No  
☐ Yes

Right Foot Pain 12  
☐ No  
☐ Yes

Left Foot Pain 13  
☐ No  
☐ Yes

Right Foot Pain 13  
☐ No  
☐ Yes

Left Foot Pain 14  
☐ No  
☐ Yes

Right Foot Pain 14  
☐ No  
☐ Yes

Left Foot Pain 15  
☐ No  
☐ Yes

Right Foot Pain 15  
☐ No  
☐ Yes

Left Foot Pain 16  
☐ No  
☐ Yes

Right Foot Pain 16  
☐ No  
☐ Yes

Left Foot Pain 17  
☐ No  
☐ Yes

Right Foot Pain 17  
☐ No  
☐ Yes

Left Foot Pain 18  
☐ No  
☐ Yes

Right Foot Pain 18  
☐ No  
☐ Yes

Left Foot Pain 19  
☐ No  
☐ Yes

Right Foot Pain 19  
☐ No  
☐ Yes

**10b. In the past 30 days, how much pain have you had in your feet, ankles or toes during each of the following situations**

1) Walking on a flat surface ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

2) Going up or down stairs ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

3) Standing upright ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐ Don't know [Click to deselect entry](#)

**(11)** In the past 12 months have you had pain lasting at least one month in the joints of your hands or wrists?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**11a. Please show me on this diagram which joints of your hand or wrist have been painful for at least one month in the past 12 months?**

**Examiner note: Mark "Yes" for pain areas only, as "no" is the default value.**

Right Hand Pain 1

- ☐ No  
☐ Yes

Left Hand Pain 1

- ☐ No  
☐ Yes

Right Hand Pain 2

- ☐ No  
☐ Yes

Left Hand Pain 2

- ☐ No  
☐ Yes

Right Hand Pain 3

- ☐ No  
☐ Yes

Left Hand Pain 3

- ☐ No  
☐ Yes

Right Hand Pain 4

- ☐ No  
☐ Yes

Left Hand Pain 4

- ☐ No  
☐ Yes

Right Hand Pain 5

- ☐ No  
☐ Yes

Left Hand Pain 5

- ☐ No  
☐ Yes

Right Hand Pain 6

- ☐ No  
☐ Yes

Left Hand Pain 6

- ☐ No  
☐ Yes

Right Hand Pain 7

- ☐ No  
☐ Yes

Left Hand Pain 7

- ☐ No  
☐ Yes

Right Hand Pain 8

- ☐ No  
☐ Yes

Left Hand Pain 8

- ☐ No  
☐ Yes

Right Hand Pain 9

- ☐ No  
☐ Yes

Left Hand Pain 9

- ☐ No  
☐ Yes

Right Hand Pain 10

- ☐ No  
☐ Yes

Left Hand Pain 10

- ☐ No  
☐ Yes

Right Hand Pain 11

- ☐ No  
☐ Yes

Left Hand Pain 11

- ☐ No  
☐ Yes

Right Hand Pain12

☐ No

☐ Yes

Left Hand Pain 12

☐ No

☐ Yes

Right Hand Pain13

☐ No

☐ Yes

Left Hand Pain 13

☐ No

☐ Yes

Right Hand Pain14

☐ No

☐ Yes

Left Hand Pain 14

☐ No

☐ Yes

Right Hand Pain15

☐ No

☐ Yes

Left Hand Pain 15

☐ No

☐ Yes

Right Hand Pain16

☐ No

☐ Yes

Left Hand Pain 16

☐ No

☐ Yes

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: Physical Activity**

**INTRODUCTION: "The following questions will help us learn about the amount and types of physical activity you normally do, such as walking, climbing stairs, doing things in and around the home, participating in recreational activities, exercise and sports.**

- (1) In the past 2 weeks, did you walk up any flights of stairs, a flight is about 10 steps?
- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

1a. About how many flights did you walk up in the past 2 weeks? (flights) *Examiner note: If participant climbs stairs daily, have them estimate flights per day and multiply by 14.*

1b. About how many of these flights did you walk up carrying something weighing at least 10 pounds, like laundry, groceries, small parcels or an infant? (flights) *Examiner note: Value in 1b. Must be the same or less than the value in 1a.*

- (2) In the past 2 weeks, did you walk down any flights of stairs, a flight is about 10 steps?
- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

2a. About how many flights did you walk down in the past 2 weeks? (flights) *Examiner note: If participant descends stairs daily, have them estimate flights per day and multiply by 14.*

2b. About how many of these flights did you walk down carrying something weighing at least 10 pounds, like laundry, groceries, small parcels or an infant? (flights) *Examiner note: Value in 2b. Must be the same or less than the value in 2a.*

- (3) In the past 2 weeks, did you do any outdoor work, such as washing/waxing a car, or yardwork like mowing or raking the lawn, weeding, gardening, cleaning gutters or shoveling snow?
- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

3a. About how many hours did you spend doing outdoor work in the past 2 weeks (not including rest periods)? (hours)

**(4)** In the past 2 weeks, did you do any household updating, maintenance or repair activities such as painting, scrapping, sanding, caulking, hanging wall paper, laying tile, building walls or shelves?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(5)** In the past 2 weeks, did you do any heavy or major chores like scrubbing windows, walls or floors, sweeping or vacuuming?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(6)** In the past 2 weeks, did you do any light housework like washing dishes, making beds, straightening-up, dusting or light cleaning, or cooking and baking?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

6a. About how many hours did you spend doing light housework in the past 2 weeks (not including rest periods)? (hours) *Examiner note: If participant does light housework daily, have them estimate hours/minutes per day and multiply by 14.*

**(7)** In the past 2 weeks, did you do any shopping for groceries?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

7a. About how many bags of groceries did you buy in the past 2 weeks? (bags)

**(8)** In the past 2 weeks, did you do any laundry?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

8a. About how many loads of laundry did you do in the past 2 weeks? (loads)

**(9)** In the past 2 weeks, did you do any brisk walking (walking at a fast pace where it may be difficult for you to speak normally, sometimes called power walking)?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

If **Yes**, answer Question 9 c - e **only**.

9c. About how many times did you go for a brisk walk in the past 2 weeks? (Times)

9d. About how many minutes did you walk each time, on average? (minutes)

9e. About how far did you walk each time, on average (in blocks or miles)? *Examiner Note: Enter 88.8 if unknown* (blocks)

*Examiner Note: Enter 88.8 if unknown* (miles)

**If No or Don't Know to Question 9, Go to Question 9a and 9 b.**

9a. Did you do any brisk walking in the past 12 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

9b. What is the main reason you have not done any brisk walking in the past 2 weeks?

☐ bad weather  
☐ too busy/no time  
☐ injury  
☐ health/illness  
☐ lost interest/partner  
☐ felt unsafe  
☐ other  
☐ don't know  
☐ refused

**(10)** In the past 2 weeks, did you do any casual walking, such as walking around the neighborhood, to the store or to church or walking the dog?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

If **Yes**, answer Question 10 c - f **only**.

10c. About how many times did you go for a casual walk in the past 2 weeks?

(Times)

10d. About how many minutes did you walk each time, on average?

(minutes)

10e. About how far did you walk each time, on average (in blocks or miles)? *Examiner Note: Enter 88.8 if unknown*

(blocks)

*Examiner Note: Enter 88.8 if unknown*

(miles)

10f. When you walk casually, do you usually walk at a brisk pace, a moderate pace, or a leisurely stroll?

☐ brisk  
☐ moderate  
☐ stroll  
☐ don't know

**If No or Don't Know to Question 10, Go to Question 10a and 10 b.**

10a. Did you do any casual walking in the past 12 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

10b. What is the main reason you have not done any casual walking in the past 2 weeks?

☐ bad weather  
☐ too busy/no time  
☐ injury  
☐ health/illness  
☐ lost interest/partner  
☐ felt unsafe  
☐ other  
☐ don't know  
☐ refused

(11) In the past 2 weeks, did you do any weight or circuit training activities?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

If **Yes**, answer Question 11 c and 11d **only**.

11c. About how many times did you do weight training in the past 2 weeks? (Times)

11d. About how many minutes did you weight-train each time, on average? (minutes)

**If No or Don't Know to Question 11, Go to Question 11a and 11 b.**

11a. Did you do any weight or circuit training in the past 12 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

11b. What is the main reason you have not done any weight or circuit training in the past 2 weeks?

☐ bad weather  
☐ too busy/no time  
☐ injury  
☐ health/illness  
☐ lost interest/partner  
☐ felt unsafe  
☐ other  
☐ don't know  
☐ refused

(12) In the past 2 weeks, did you do any yoga, Pilates or other flexibility training?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

If **Yes**, answer Question 12 c and 12d **only**.

12c. About how many times did you do yoga or flexibility training in the past 2 weeks? (Times)

12d. About how many minutes did you do flexibility training each time, on average? (minutes)

**If No or Don't Know to Question 12, Go to Question 12a and 12 b.**

12a. Did you do yoga, Pilates or flexibility training in the past 12 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

12b. What is the main reason you have not done yoga, Pilates or flexibility training in the past 2 weeks?

☐ bad weather  
☐ too busy/no time  
☐ injury  
☐ health/illness  
☐ lost interest/partner  
☐ felt unsafe  
☐ other  
☐ don't know  
☐ refused

(13) In the past 2 weeks, did you  
do any vigorous exercise activities,  
like bicycling, swimming, running,  
aerobics, basketball, soccer,  
rowing, racquet sports, stair-  
stepping, elliptical, or cross-  
country ski machine or exercycle?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**13c. What exercise activities did you do in the past 2 weeks? - 13d. In the past 2 weeks, how many hours (to the nearest quarter) did you do activity? - 13c. Did you do activity at a vigorous, moderate or leisurely level?**

***Note: If participant runs on a treadmill use code 3. If participant walks briskly go to question 9. Please avoid using codes 12 or 13 (other) whenever possible.***

13c. First Activity

- ☐ Cycling etc  
☐ swimming  
☐ running  
☐ soccer  
☐ basketball  
☐ volleyball  
☐ aerobics etc  
☐ racquet sports  
☐ stair-steppers etc  
☐ rowing  
☐ xc skiing  
☐ other 1  
☐ other 2  
☐ Don't know  
☐ refused

13d. First Activity hours

13e. First Activity Level

- ☐ Vigorous  
☐ Moderate  
☐ Leisurely  
☐ Don't know  
☐ Refused

13c. Second Activity

- ☐ Cycling etc  
☐ swimming  
☐ running  
☐ soccer  
☐ basketball  
☐ volleyball  
☐ aerobics etc  
☐ racquet sports  
☐ stair-steppers etc  
☐ rowing  
☐ xc skiing  
☐ other 1  
☐ other 2  
☐ Don't know  
☐ refused

13d. Second Activity hours

13e. Second Activity Level

- ☐ Vigorous  
☐ Moderate  
☐ Leisurely  
☐ Don't know  
☐ Refused



13c. Third Activity

- ☐ Cycling etc
- ☐ swimming
- ☐ running
- ☐ soccer
- ☐ basketball
- ☐ volleyball
- ☐ aerobics etc
- ☐ racquet sports
- ☐ stair-steppers etc
- ☐ rowing
- ☐ xc skiing
- ☐ other 1
- ☐ other 2
- ☐ Don't know
- ☐ refused

13d. Third Activity hours

13e. Third Activity Level

- ☐ Vigorous
- ☐ Moderate
- ☐ Leisurely
- ☐ Don't know
- ☐ Refused

13c. Fourth Activity

- ☐ Cycling etc
- ☐ swimming
- ☐ running
- ☐ soccer
- ☐ basketball
- ☐ volleyball
- ☐ aerobics etc
- ☐ racquet sports
- ☐ stair-steppers etc
- ☐ rowing
- ☐ xc skiing
- ☐ other 1
- ☐ other 2
- ☐ Don't know
- ☐ refused

13d. Fourth Activity hours

13e. Fourth Activity Level

- ☐ Vigorous
- ☐ Moderate
- ☐ Leisurely
- ☐ Don't know
- ☐ Refused

Other exercise describe:

**If No or Don't Know to Question 13, Go to Question 13a and 13 b.**13a. Did you do any exercise  
activities in the past 12 months?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

13b. What is the main reason you have not done any exercise activities in the past 2 weeks?

- ☐ bad weather
- ☐ too busy/no time
- ☐ injury
- ☐ health/illness
- ☐ lost interest/partner
- ☐ felt unsafe
- ☐ other
- ☐ don't know
- ☐ refused

**(14)** In the past 2 weeks, did you do any recreational activities, like golf, bowling, social dancing, skating, boccie, table tennis, hunting, sailing, horseback riding or fishing?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**14c. What recreational activities did you do in the past 2 weeks? - 14d. In the past 2 weeks, how many hours (to the nearest quarter) did you do activity?**

14c. First Activity

- ☐ golf
- ☐ bowl/boccie
- ☐ dancing
- ☐ skating etc
- ☐ table tennis
- ☐ billiards
- ☐ horseback riding
- ☐ hunting
- ☐ sailing/boating
- ☐ fishing
- ☐ skiing
- ☐ other 1
- ☐ other 2
- ☐ don't know
- ☐ refused

14d. First Activity hours

14d. Second Activity hours

14c. Second Activity

- ☐ golf
- ☐ bowl/boccie
- ☐ dancing
- ☐ skating etc
- ☐ table tennis
- ☐ billiards
- ☐ horseback riding
- ☐ hunting
- ☐ sailing/boating
- ☐ fishing
- ☐ skiing
- ☐ other 1
- ☐ other 2
- ☐ don't know
- ☐ refused

14c. Third Activity

- ☐ golf
- ☐ bowl/boccie
- ☐ dancing
- ☐ skating etc
- ☐ table tennis
- ☐ billiards
- ☐ horseback riding
- ☐ hunting
- ☐ sailing/boating
- ☐ fishing
- ☐ skiing
- ☐ other 1
- ☐ other 2
- ☐ don't know
- ☐ refused

14d. Third Activity hours

14d. Fourth Activity hours

14c. Fourth Activity

- ☐ golf
- ☐ bowl/boccie
- ☐ dancing
- ☐ skating etc
- ☐ table tennis
- ☐ billiards
- ☐ horseback riding
- ☐ hunting
- ☐ sailing/boating
- ☐ fishing
- ☐ skiing
- ☐ other 1
- ☐ other 2
- ☐ don't know
- ☐ refused

Other recreational activities  
describe:

**If No or Don't Know to Question 14, Go to Question 14a and 14b.**

14a. Did you do any recreational activities in the past 12 months?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

14b. What is the main reason you  
have not done any recreational  
activities in the past 2 weeks?

- ☐ bad weather
- ☐ too busy/no time
- ☐ injury
- ☐ health/illness
- ☐ lost interest/partner
- ☐ felt unsafe
- ☐ other
- ☐ don't know
- ☐ refused

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: Other Activity****Instructions:****INTRODUCTION: "The following questions concern any paid work, volunteer, or caregiving activities that you do and how often you see your friends and family."**

**(1)** Do you currently work for pay, either at a regular job, consulting, or doing odd jobs? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

1a. On average, how many hours do you work per week (all jobs combined)? (hours)

1b. How many months of the year do you work? (months)

1c. Which of the following categories best describes the type of activity you do at work? ☐ mainly sitting  
☐ some standing and walking  
☐ mostly standing and walking  
☐ walking and heavy manual work  
☐ don't know  
☐ refused

**(2)** Do you currently do any volunteer work? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

2a. On average, how many hours do you volunteer per week? (hours)

2b. How many months of the year do you volunteer? (months)

2c. Which of the following categories best describes the type of activity you do? ☐ mainly sitting  
☐ some standing and walking  
☐ mostly standing and walking  
☐ walking and heavy manual work  
☐ don't know  
☐ refused

**(3)** Do you currently provide any regular care or assistance (like dressing or bathing) to a child or a disabled or sick adult? ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

3a. About how many hours per week do you provide care to another person? (hours)

(4) About how often do you get together with friends or neighbors?

☐ At least once a day  
☐ 4 to 6 times per week  
☐ 2 to 3 times per week  
☐ 1 time per week  
☐ Less than once per week  
☐ Don't know  
☐ Refused

(5) About how often do you get together with your children or other relatives?

☐ At least once a day  
☐ 4 to 6 times per week  
☐ 2 to 3 times per week  
☐ 1 time per week  
☐ Less than once per week  
☐ Don't know  
☐ Refused

**INTRODUCTION: "For each of the following activities, please tell me how often you did them in the past 12 months: NOT AT ALL, LESS THAN ONCE A MONTH, LESS THAN ONCE A WEEK, AT LEAST EVERY WEEK, or ALMOST DAILY"**

**(6) In the past 12 months, how often did you....?**

(6a) do a cross word or other word puzzle ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6b) work on a jigsaw puzzle ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6c) read a newspaper or magazine article ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6d) read (from) a book ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6e) play board games, bingo, bridge or other card games ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6f) use a computer ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6g) play a musical instrument ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6h) do recreational games like darts, horseshoes, pool ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6i) write a letter, article, poem or story ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

(6j) travel 100 miles or more from your home ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

**(6k)** do handcrafts, needlework, sewing, carpentry, wood working, model building ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

**(6l)** do art projects, photography, sketch, draw, paint, sculpt ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

**(6m)** go out to a movie, the theater, a concert or show ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

**(6n)** visit a museum, aquarium, zoo or science center ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

**(6o)** attend a sports event (e.g. baseball or football game) ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

**(6p)** attend a course, class, lecture, discussion, public meeting ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

**(6q)** participate in church, club or other community activities apart from any mentioned above ☐ Not at all ☐ Less than once a month ☐ Less than once a week ☐ At least every week ☐ Almost daily ☐ Don't know ☐ Refused [Click to deselect entry](#)

7. About how many hours per week on average, do you watch television?

☐ Zero

☐ More than 0 up to 7 hrs

☐ More than 7 up to 14 hrs

☐ More than 14 up to 21 hrs

☐ More than 21 up to 28 hrs

☐ More than 28 up to 35 hrs

☐ More than 35 hrs

☐ Don't know

☐ Refused

8. About how many hours per week on average, do you spend reading, including books, newspapers and magazines (to the nearest quarter hour)?

**Examiner note:** If "don't know" after probing, enter 88.88 and 77.77 for refusal

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Study Name: \_\_\_\_\_

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Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: Smoking History****Cigarettes**

**(1)** Have you smoked at least 100 cigarettes (5 packs) over your entire life?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(1a)** Have you ever smoked on a regular basis; that is, daily for at least 6 months?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

1b How old were you when you first started smoking cigarettes regularly? (years)

1c. On average over the entire time you have smoked how many cigarettes have you usually smoked per day? (cigarettes)

**(1d)** Do you smoke cigarettes now?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

1e. On average, how many cigarettes a day do you smoke now? (cigarettes)

1f. How many times have you seriously tried to quit smoking? (times)

1g. How old were you when you stopped smoking? (years)

**Note: If "Yes" is pre-filled and participant says "No", please remind him/her that in a previous visit he/she answered "Yes" and confirm information from 2a to 2e.**

**Cigars**

**(2)** Have you smoked at least 50 cigars over your entire life?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused



2a. How old were you when you first started smoking cigars? (years)

2b. On average over the entire time you have smoked cigars, how many cigars have you usually smoked per week? (cigars per week)

2c. Do you smoke cigars now?

☐ Yes

☐ No

☐ Don't know

☐ Refused

2d. On average, how many cigars a week do you smoke now? (Cigars per week)

2e. How old were you when you stop smoking cigars? (years)

### Pipe Tobacco

(3) Have you smoked at least 3 packages of pipe tobacco over your entire life?

☐ Yes

☐ No

☐ Don't know

☐ Refused

3a. How old were you when you first started smoking a pipe? (years)

3b. On average over the entire time you have smoked a pipe, how many pipefuls have you usually smoked per week? (pipefuls per week)

3c. Do you smoke a pipe now?

☐ Yes

☐ No

☐ Don't know

☐ Refused

3d. On average, how many pipefuls a week do you smoke now? (pipefuls)

3e. How old were you when you stop smoking a pipe? (years)

Protocol ID: \_\_\_\_\_  
Study Name: \_\_\_\_\_  
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Study Subject ID: \_\_\_\_\_  
Interviewer Name: \_\_\_\_\_  
Interview Date: \_\_\_\_\_

### Section Title: Alcohol Use

**INTRODUCTION: "The next questions concern your consumption of alcoholic beverages, including beer, ale, wine, wine coolers, liquor (e.g., whisky, gin, rum, vodka), cocktails and mixed drinks containing alcohol (e.g., martinis, margaritas). For the following questions consider one drink or serving of alcohol to be equal to one 12 oz beer, one 5 oz glass of wine (the amount a restaurant would serve), a drink containing a "shot", "jigger" or "one finger of liquor" (about 1.25 ounces).**

(1) In the past 12 months, did you ☐ Yes  
drink any alcoholic beverages?

- ☐ No  
☐ Don't know  
☐ Refused

1a. In a typical week, over the  
past 12 months, how many  
alcoholic beverages did you have?

- ☐ less than one  
☐ 1-3 drinks  
☐ 4-7 drinks  
☐ 8-14 drinks  
☐ 15-21 drinks  
☐ 22-28 drinks  
☐ more than 28  
☐ don't know  
☐ refused

1b. In a typical week, over the  
past 12 months, how many of  
these drinks were red wine?

- ☐ less than one  
☐ 1-3 drinks  
☐ 4-7 drinks  
☐ 8-14 drinks  
☐ 15-21 drinks  
☐ 22-28 drinks  
☐ more than 28  
☐ don't know  
☐ refused

1c. What is the primary reason you ☐ dislike alcohol  
did not drink any alcoholic  
beverages in the past 12 months?

- ☐ religious/moral reasons  
☐ health reasons  
☐ former alcoholic  
☐ alcohol abuse in family  
☐ no occasion  
☐ dietary issues  
☐ other  
☐ don't know  
☐ refused

**(2)** Did you ever drink more alcoholic beverages than you do now?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(3)** Was there ever a time in your life when you had 5 or more drinks of any alcoholic beverage almost every day?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: Psychological Health****Instructions:****Psychological Health**

1. Now, using a scale from 0 to 10, ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 88 ☐ 77 Click to deselect entry  
with 0 indicating **extremely unhappy** and 10 being **very happy**, please tell me how happy you are.  
88 = Don't know  
77 = Refused

2. Please tell me whether you agree or disagree with this statement. "I can do just about anything I really set my mind to." Would you say agree or disagree?

☐ Agree  
☐ Disagree  
☐ Don't know  
☐ Refused

2a. Do you agree strongly or agree somewhat?

☐ Strongly  
☐ Somewhat  
☐ Don't know

2b. Do you disagree strongly or disagree somewhat?

☐ Strongly  
☐ Somewhat  
☐ Don't know

3. Please tell me whether you agree or disagree with this statement. "I often feel helpless in dealing with the problems of life." Would you say agree or disagree?

☐ Agree  
☐ Disagree  
☐ Don't know  
☐ Refused

3a. Do you agree strongly or agree somewhat?

☐ Strongly  
☐ Somewhat  
☐ Don't know

3b. Do you disagree strongly or disagree somewhat?

☐ Strongly  
☐ Somewhat  
☐ Don't know

4. In the past year, could you have used more emotional support than you received?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

4a. Would you say you needed a lot more, some more or a little more?

☐ A lot more  
☐ Some more  
☐ A little more  
☐ Don't know  
☐ Refused

**Perceived Stress Scale: INTRODUCTION: "For each of the following questions, please tell me how often you felt or thought that way in the past month: NEVER, ALMOST NEVER, SOMETIMES, FAIRLY OFTEN, or VERY OFTEN."**

***In the last month, how often have you...***

1. felt that you were unable to control the important things in your life? ☐ Never ☐ Almost never ☐ Sometimes ☐ Fairly often ☐ Very often ☐ Don't know ☐ Refused [Click to deselect entry](#)
2. felt nervous and "stressed"? ☐ Never ☐ Almost never ☐ Sometimes ☐ Fairly often ☐ Very often ☐ Don't know ☐ Refused [Click to deselect entry](#)
3. felt that things were going your way? ☐ Never ☐ Almost never ☐ Sometimes ☐ Fairly often ☐ Very often ☐ Don't know ☐ Refused [Click to deselect entry](#)
4. felt confident about your ability to handle your personal problems? ☐ Never ☐ Almost never ☐ Sometimes ☐ Fairly often ☐ Very often ☐ Don't know ☐ Refused [Click to deselect entry](#)
5. been angered because of things that happened that were outside of your control? ☐ Never ☐ Almost never ☐ Sometimes ☐ Fairly often ☐ Very often ☐ Don't know ☐ Refused [Click to deselect entry](#)
6. felt difficulties were piling up so high that you could not overcome them? ☐ Never ☐ Almost never ☐ Sometimes ☐ Fairly often ☐ Very often ☐ Don't know ☐ Refused [Click to deselect entry](#)

**Community Mobility Questionnaire INTRODUCTION: "The following questions concern your activities when you are away from your home and out and about doing errands in and around town".**

- (1)** In a typical week, within the past month, how many times did you leave your home for any reason (e.g., work, grocery shopping, barber/hair dresser ,doctor's appointment, to have lunch, go to a movie)?
- ☐ At least once a day  
☐ 4 to 6 times per week  
☐ 2 to 3 times per week  
☐ 1 time per week  
☐ Less than once per week  
☐ Don't know  
☐ Refused

**If the answer to Question (1) is Less than once a month, Don't know or Refused, Go to next interview section**

2. When you leave your home how often do you go alone? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know ☐ Refused [Click to deselect entry](#)
3. When you are away from your home, how often do you purposely limit the amount you have to walk? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know ☐ Refused [Click to deselect entry](#)
4. How often do you purposely avoid leaving your home when it is dark or raining? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know ☐ Refused [Click to deselect entry](#)
5. How often do you purposely avoid a situation in which you would have to walk on an uneven surface? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know ☐ Refused [Click to deselect entry](#)

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: SF12****INTRODUCTION: "This brief survey asks how you feel and how well you are able to do your usual activities."****1. In general, would you say your health is:**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know
- ☐ Refused

**2. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?**

- ☐ Yes limited a lot
- ☐ Yes limited a little
- ☐ No not limited at all
- ☐ Don't know
- ☐ Refused

**3. Does your health now limit you in climbing several flights of stairs?**

- ☐ Yes limited a lot
- ☐ Yes limited a little
- ☐ No not limited at all
- ☐ Don't know
- ☐ Refused

**4. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of your physical health?**

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**5. During the past 4 weeks, were you limited in the kind of work or other activities as a result of your physical health?**

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**6. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems?**

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**7. During the past 4 weeks have you not done work or other activities as carefully as usual as a result of any emotional problems?**

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

**8. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)?**

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely
- ☐ Don't know
- ☐ Refused

**9. How much of the time during the past 4 weeks, have you felt calm and peaceful?**

- ☐ All
- ☐ Most
- ☐ A good bit
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know
- ☐ Refused

**10. How much of the time during the past 4 weeks, did you have a lot of energy?**

- ☐ All
- ☐ Most
- ☐ A good bit
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know
- ☐ Refused

**11. How much of the time during the past 4 weeks, have you felt downhearted and blue?**

- ☐ All
- ☐ Most
- ☐ A good bit
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know
- ☐ Refused

**12. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?**

- ☐ All
- ☐ Most
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know
- ☐ Refused



Protocol ID: \_\_\_\_\_

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Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

<b>Section Title: General Information</b>
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