

## CHS Semi-Annual Surveillance Call

Public reporting burden for the collection of information is estimated to average 30 minutes including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. Attention: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

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**Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.**

*Hello, may I please speak with (participant)?*

*Hello, this is (interviewer name) from the Cardiovascular Health Study. Do you have a few minutes to speak on the phone now?*

<sub>1</sub> Yes

<sub>0</sub> No

*Now I'd like to ask you our questions about your health.*

*Is there a better time I can call to ask you about your health?*

If interview is not completed (e.g. participant refuses), do not complete this form; record result on Contact Log.

Interview completed by:

<sub>1</sub> Participant       <sub>2</sub> Proxy

If by proxy, reason:

- <sub>1</sub> Hearing
- <sub>2</sub> Cognitive
- <sub>3</sub> Hospitalized
- <sub>4</sub> Other Illness
- <sub>5</sub> Other (specify)

\_\_\_\_\_  
\_\_\_\_\_

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**1** What is your marital status? Are you...?

- <sub>1</sub> Married
- <sub>2</sub> Widowed
- <sub>3</sub> Divorced
- <sub>4</sub> Separated
- <sub>5</sub> Never Married
- <sub>6</sub> Other
- <sub>8</sub> Don't Know
- <sub>9</sub> Refused

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*I would like to ask you some questions that we also asked you 6 months ago. The reason for asking them again is to find out how you've been over the last six months.*

**2** Would you say, in general, your health is:

- <sub>1</sub> Excellent
- <sub>2</sub> Very Good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor
- <sub>8</sub> Don't Know
- <sub>9</sub> Refused

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**3** During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? (Do not include days in a hospital or nursing home. If you do not remember the exact number of days, please estimate as closely as possible.)

Days       <sub>8</sub> Don't Know       <sub>9</sub> Refused

*Answer "0" if you haven't spent any days in bed in the last two weeks.*



City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**8** Has a doctor told you that you had a new incident of angina pectoris or chest pain due to heart disease since we spoke with you last time?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't know



If NO or DON'T KNOW, skip to Question 9.

A. Date of event or diagnosis: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

B. Were you in the hospital at least one night for this condition **since we last spoke to you?**

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't Know



If NO or DON'T KNOW, Skip to Question 9.

C. What was the admission date of each hospitalization and the name and location of the hospital?

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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- 10** Has a doctor told you that you had a new incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't know

If NO or DON'T KNOW, skip to Question 11.

A. Date of event or diagnosis:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
Month Day Year

B. Were you in the hospital at least one night for this condition **since we last spoke to you?**

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't Know

If NO or DON'T KNOW, Skip to Question 11.

C. What was the admission date of each hospitalization and the name and location of the hospital?

Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
Month Day Year

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_







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- 13** Have you stayed overnight as a patient in a hospital for any other reasons not reported in Questions 7 through 12 since we spoke with you last time?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't Know

If **NO** or **DON'T KNOW**, Skip to Question 14.

Now, I would like to ask you for more information about each of your overnight stays at a hospital.

1) Reason for admission \_\_\_\_\_

Hospital Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Date of hospitalization: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Length of stay \_\_\_\_ days  
Month Day Year

2) Reason for admission \_\_\_\_\_

Hospital Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Date of hospitalization: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Length of stay: \_\_\_\_ days  
Month Day Year

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*As explained at your original clinic visit, records of these hospitalizations will be reviewed for medical information that may apply to the CHS study.*

*So that we may better understand any changes that may occur in your health, please remember to call us if you are admitted to a hospital for any reason.*

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- 14** Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke with you last time?

<sub>1</sub> Yes      <sub>0</sub> No      <sub>8</sub> Don't Know

↓                      ↓                      ↓

If NO or DON'T KNOW, Skip to Question 15.

*Now, I would like to ask you for more information about each of your overnight stays at a nursing home or rehabilitation center.*

1) Reason for admission \_\_\_\_\_

Nursing home name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_      Length of stay: \_\_\_\_ days  
                                    Month      Day      Year

2) Are you currently staying in a nursing home or rehabilitation center?

<sub>1</sub> Yes      <sub>0</sub> No      <sub>8</sub> Don't Know

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*So that we may better understand any changes that may occur in your health, please remember to call us if you are admitted to a nursing home or rehabilitation center for any reason.*

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## CHS Semi-Annual Surveillance Call

**15** Do you plan to be out of the area 6 months from now?

<sub>1</sub> Yes      <sub>2</sub> No      <sub>8</sub> Don't Know      <sub>9</sub> Refused

If NO, DON'T KNOW or REFUSED, Skip to Question 16.

A. Are you moving out of the area permanently or will you only be gone temporarily?

i. <sub>1</sub> Permanently

a. Do you know what your new address and telephone number will be?

<sub>1</sub> Yes      <sub>2</sub> No

Do you know which general area you will be moving to?

Area: \_\_\_\_\_

Please call us to let us know your new address and phone number. You are welcome to call collect if you wish.

\_\_\_\_\_

Street

\_\_\_\_\_

City                      State                      Zip Code

( \_\_\_\_ - \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Telephone Number

ii. <sub>2</sub> Temporarily Out of the Area (vacation, business, etc)

When will you return?

\_\_\_\_ / \_\_\_\_ Year \_\_\_\_

Month                      Year

When you come back, please call us.

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- 16** You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer for yourself. Please tell me if the information I have is still correct.

Go to the *Participant Tracking Information Sheet, Proxy* for the hard copy.

- 17** You previously provided us with information about friends or relatives who you are likely to keep in touch with, but who do not live with you, and who are not planning to move any time soon. Please tell me if the information I have is still correct.

Go to the *Participant Tracking Information Sheet, Contact 1 and Contact 2*, for the hard copy.

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*Thank you very much for answering these questions. I enjoyed talking to you. Please call us if you move or if you should go to a hospital or nursing home, even if you have moved from the area. You are always welcome to call collect.*

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