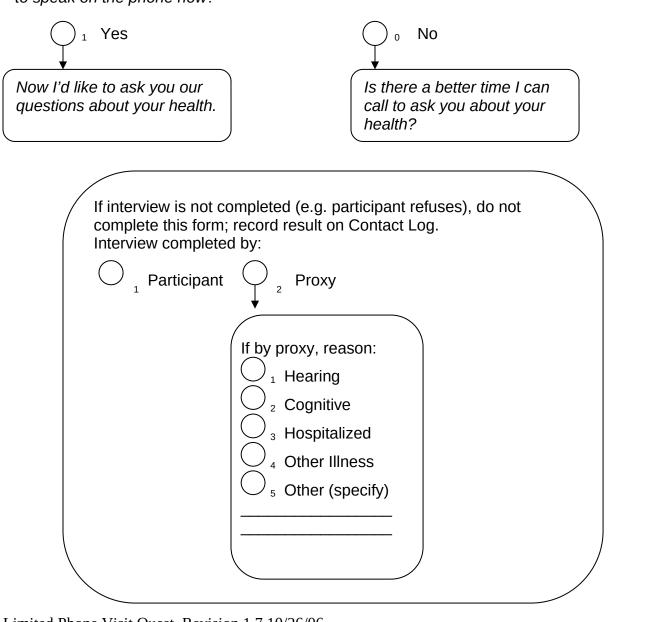
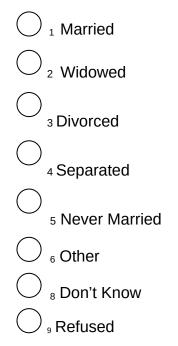
Public reporting burden for the collection of information is estimated to average 30 minutes including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Reports Clearance Officer, 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.

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?



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



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:



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.)



(

_) ₃ Refused

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

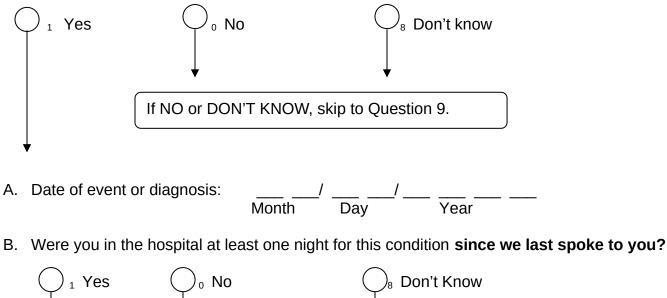
8 Don't Know

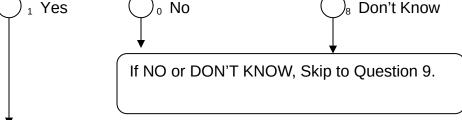
4	Did you have a procedure in or out of the hospital to open up the arteries in your heart such as angioplasty, PTCA, coronary artery bypass graft or CABG, since we spoke with you last time?			
	Image: Yes Image: Object to the second s			
5	Have you had cardiac catheterization or coronary angiography since we spoke with you last time?			
	O 1 Yes O 0 No O 8 Don't Know O 9 Refused			
6	Did you have a procedure in or out of the hospital to open up the arteries in either of your legs since we spoke with you last time?			
	∫ ₁ Yes			
7	Has a doctor told you that you had a <u>new</u> myocardial infarction or heart attack since we spoke with you last time?			
	<pre>O₁ Yes O₀ No O₀ Don't know</pre>			
	If NO or DON'T KNOW, skip to Question 8.			
	 A. Date of event or diagnosis:/// / Year B. Were you in the hospital at least one night for this condition since we last spoke to you? 			
	↓ Yes ↓ 0 No ↓ B Don't know ↓ 0 No h 0			
	If NO or DON'T KNOW, Skip to Question 8.			
	C. What was the admission date of each hospitalization and the name and location of the hospital.			
	Date// / Month Day Year			
	Name:			
	Address:			

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City	State:	Zip:

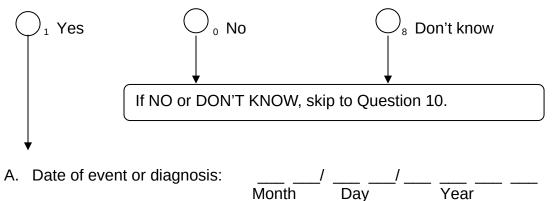
8 Has a doctor told you that you had a <u>new</u> incident of angina pectoris or chest pain due to heart disease since we spoke with you last time?



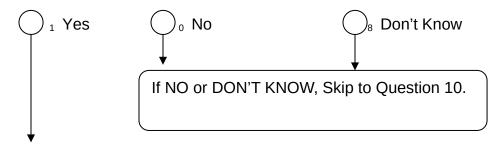


	Date	/	/ //		
		Month	Day	Year	
Name:					
Address:					
City:			State:	Zip:	

9 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time?

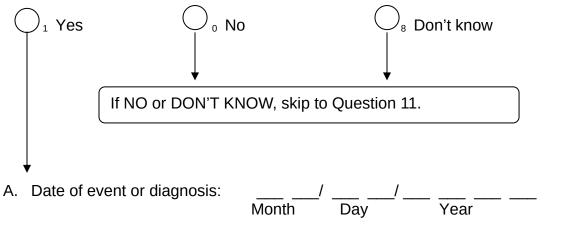


B. Were you in the hospital at least one night for this condition since we last spoke to you?

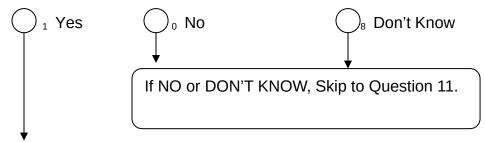


	Date	/// Month	/ Day	Year	
Name:					
Address:					
City:				State:	Zip:

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

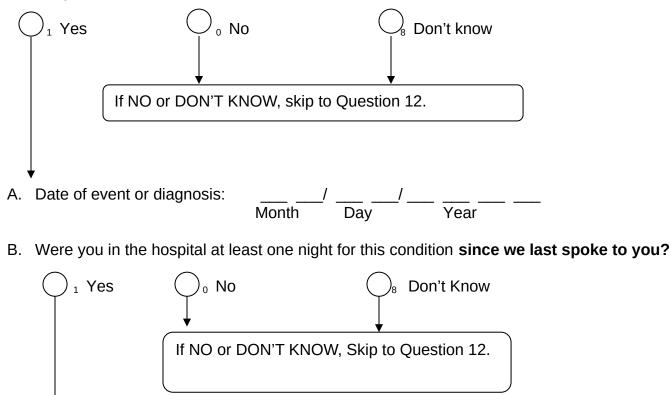


B. Were you in the hospital at least one night for this condition since we last spoke to you?



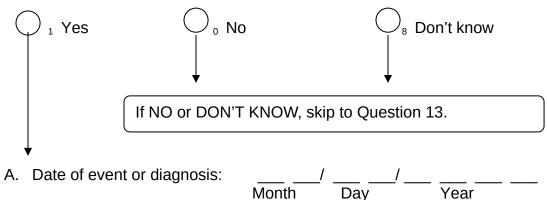
	Date	/////	/ Day	Year	
Name:					
Address:					
City:			State:		Zip:

11 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time?

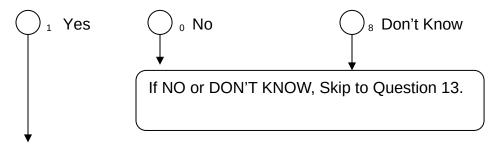


	Date	///	/ Day	Year	
Name:					
Address:					
City:				State:	Zip:

12 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time?

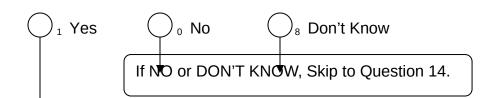


B. Were you in the hospital at least one night for this condition since we last spoke to you?



Date	/ / Day	Year	
Name:			
Address:			
City:		State:	Zip:

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



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:// Month Day	Length of staydays Year
2)	Reason for admission	
	Hospital Name	
	Address	City/State
	Date of hospitalization:// Month Day	Length of stay:days Year

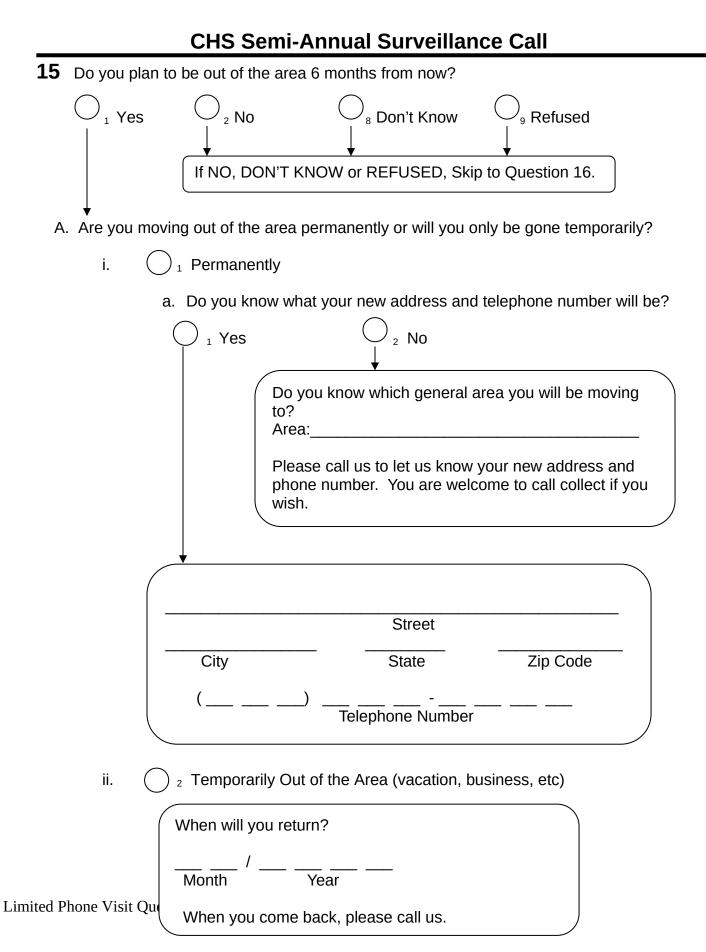
As explained at your original clinic visit, records of these hospitalizations will be reviewed for medical information that may apply to the CHS study.

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.

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

Image: Provide state stat
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? $\int_{1} Yes \int_{0} No \int_{8} Don't Know$
that we may better understand any changes that may occur in your health, please remember

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



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.

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.