

# **IDEAL-Screening for Eligibility**

## **Level 1-Telephone Interview**

### **STATEMENT OF CONFIDENTIALITY**

Collection of this information is authorized by Public Law 93-296. Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be held in professional confidence. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and reported as statistical summaries.

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# IDEAL — Screening for Eligibility Level 1 — Telephone Interview

Screening Protocol ID:

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Tester ID:

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9. What is the highest grade in school that you completed? 

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 Years of school

***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 and 88 for unknown).***

**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."

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

Yes  No

11. Do you need to use a cane, a walker, or a wheelchair?

Yes  No  Don't know  Refused

12. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?

Yes  No

13. 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?

Yes  No

14. 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  Refused

15. Because of a health or physical problem, do you have any difficulty bathing or showering?

Yes  No  Don't know  Refused

16. Because of a health or physical problem, do you have any difficulty dressing?

Yes  No  Don't know  Refused



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17. **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    Refused

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

18. **Can you see well enough to read an ordinary print newspaper (with glasses or contacts, if you wear them)?**

Yes    No    Don't know    Refused

19. **Can you hear well enough to maintain a conversation in a crowded place such as a restaurant or train station (wearing a hearing aid, if used)?**

Yes    No    Don't know    Refused

20. **What is your weight?**

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lbs.    Don't Know    Refused

**INTRODUCTION:** "The following questions concern your past medical and health-related history as well as diagnoses and treatments received."

21. **Has a doctor or other health professional ever said you had a heart attack or myocardial infarction?**

Yes    No    Don't know    Refused

22. **Has a doctor or other health professional ever said you had heart failure or congestive heart failure?**

Yes    No    Don't know    Refused

23. **Has a doctor or other health professional ever said you had angina (pectoris), chest pain due to heart disease or coronary artery disease?**

Yes    No    Don't know    Refused

24. **Has a doctor or other health professional ever said you had a stroke?**

Yes    No    Don't know    Refused



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**25. Has a doctor or other health professional ever said you had high blood pressure or hypertension?**

Yes  No

If 'No,' go to question 26.

**25a. Do you know your average blood pressure?**

Yes  No  Don't know  Refused

**25b. What is your average blood pressure?**

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**Systolic**

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**Diastolic**

**26. Do you have diabetes?**

Yes  No  Don't know  Refused

**27. In the last two years, have you had symptoms of or have you been treated for asthma, chronic bronchitis or emphysema?**

Yes  No  Don't know  Refused

**28. Has a doctor or other health professional ever said you had cirrhosis or liver disease?**

Yes  No  Don't know  Refused

**29. Has a doctor or other health professional ever said you had HIV or AIDS?**

Yes  No  Don't know  Refused

**30. Have you leaked urine (even a small amount) more than three times in the last month?**

Yes  No  Don't know  Refused



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**31. During the last 3 months, did you leak urine:  
(Check all that apply)**

- When you were performing some physical activity, such as coughing, sneezing, lifting, or exercising?
- When you had the urge or the feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
- Without physical activity and without sense of urgency

**32. Have you ever had any of the following procedures: bypass surgery or (balloon) angioplasty on your coronary (heart), arteries, or aortic aneurysm repair?**

- Yes    No    Don't know    Refused

**33. Has a doctor or other health professional ever said you had cancer, a malignant growth, or malignant tumor? (Examiner note: Exclude uterine "fibroids")**

Yes

No



**33a. Was it a cancer of the skin?**

- Yes  
 No

If 'No,' go to question 33c.

**33b. Was it a melanoma?**

- Yes  
 No

If 'No,' go to question 34.

**33c. Has there been any activity or recurrence  
(of any cancers) in the last 10 years?**

- Yes  
 No



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**34. Have you had any joint replacement surgery?**

Yes  No  Don't know  Refused

**35. Has a doctor (or other health professional) ever said you had a connective tissue disease, such as rheumatoid arthritis, gout, lupus, ulcerative colitis, Crohn's disease, or scleroderma?**

Yes  No  Don't know  Refused

**36. Has a doctor (or other health professional) ever said you had Parkinson's disease, multiple sclerosis, or ALS (Lou Gehrig's disease)?"**

Yes  No  Don't know  Refused

**37. Have you had a seizure in the last 10 years or are you currently receiving chronic treatment for seizures?"**

Yes  No  Don't know  Refused

**38. Has a doctor or other health professional ever said you have any psychological or psychiatric conditions like manic depressive disorder or bipolar disorder, obsessive compulsive disorder, or schizophrenia?**

Yes  No  Don't know  Refused

**39. Do you regularly take any medication for pain?**

Yes  No

If 'No,' go to question 41.

**40. Have you been taking this medication regularly for at least a month?**

Yes  No  Don't know  Refused

**41. Do you regularly take any other medications?**

Yes  No

If 'Yes,' complete Medication List.







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## ADDITIONAL INFORMATION

**INTRODUCTION:** "Now I would like to ask you some general questions."

**42. How did you find out about the IDEAL Study?**

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**43. Please tell me why you became interested in joining the study?**

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**44. Are you aware that your participation in the BLSA Study as an IDEAL participant is for the rest of your life unless otherwise incapacitated?**

Yes    No    Don't know    Refused

**45. If you become unable to come into the unit for participation in the study, are you willing to have a home visit?**

Yes    No    Don't know    Refused

**46. If you are not eligible for this study, are you willing to learn about additional studies?**

Yes    No    Don't know    Refused

