

IDEAL — Screening for Eligibility Level 1 — Telephone Interview

Screening Protocol ID:

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Tester ID:

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Date Completed:

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First name:

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Last name:

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INTRODUCTION: "The following questions cover basic demographic information."

1. ASK OR CONFIRM: are you [male/female]?

Male Female Don't know Refused

2. What is your date of birth?

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Month Day Year

3. How old are you today?

			Years
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4. What is your current marital status?

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

5. Is English your first language?

Yes No Don't know Refused

If 'Yes,' go to question 7.

6. Are you fluent in English?

Yes No Don't know Refused

7. Are you of Spanish, Hispanic, or Latino origin?

Yes, of Hispanic origin No, not of Hispanic origin Don't know Refused

8. What race do you consider yourself to be?

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

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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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IDEAL MEDICATIONS LIST

Interviewer Instructions: As per questionnaire item 41, please record all medications taken by the respondent (other than pain medications) in the following table. Include the name of the medication and length of time used.

Medication Name	Length of time used
Example: Lasix	4 mo



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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?

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

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

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