

# IDEAL-Screening for Eligibility

## Level 1-Telephone Interview

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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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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?**

		/			/	1	9		
Month			Day			Year			

**3. How old are you today?**

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 Years

**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?**

White  American Indian or Alaskan Native  
 Black or African American  Don't know  
 Asian or Pacific Islander  Refused



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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

