IDEAL-Screening for Eligibility Level 1-Telephone Interview

STATEMENT OF CONFIDENTIALITY

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NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching exiting data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974 ATTN:PRA (0925-xxxx). Do not return the completed form to this address.

IDEAL — Screening for Eligibility Level 1 — Telephone Interview						
Screening Protocol ID: Tester ID: Date Completed: SCR -						
First name:						
Last name:						
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?						
3. How old are you today?						
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						
 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?						

Image: WhiteImage: American Indian or Alaskan NativeImage: Black or African AmericanImage: Don't knowImage: Asian or Pacific IslanderImage: Refused

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9. What is the highest grade in school <u>Examiner Note</u> : use 00 for no		

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 <u>a quarter</u> <u>of a mile</u>, 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 <u>up 10</u> <u>steps</u>, that is about 1 flight, without resting?

□Yes □No

13. Because of a health or physical problem, do you have any difficulty <u>lifting or carrying</u> 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 <u>getting in and out</u> <u>of bed or chairs</u>?

□ Yes □ No □ Don't know □ Refused

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

□ Yes □ No □ Don't know □ Refused

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

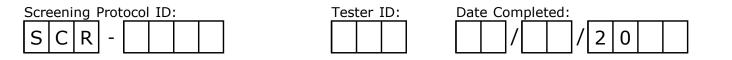
□ Yes □ No □ Don't know □ Refused

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Scre	eening CR	Protocol	ID:	Tester ID: Date Completed: //20			
17.			health or phys tting to the toi	sical problem, do you have any difficulty <u>using the toilet,</u> <u>let</u> ?			
	🗆 Yes	□ No	□ Don't know	□ Refused			
	TROD I heari		N: "Now I wo	ould like to ask you some questions about your eyesight			
18.	-		well enough to ou wear them)	o read an ordinary print newspaper (with glasses or)?			
	🗆 Yes	🗆 No	□ Don't know	□ Refused			
19.				to maintain a conversation in a crowded place such as a (wearing a hearing aid, if used)?			
	□ Yes	🗆 No	Don't know	□ Refused			
20.	What	is your	weight?	Ibs. 🗆 Don't Know 🗆 Refused			
				wing questions concern your past medical and I as diagnoses and treatments received."			
21.			or other healt nfarction?	h professional ever said you had a <u>heart attack or</u>			
	🗆 Yes	□ No	Don't know	□ Refused			
22.		doctor <u>failure</u>		h professional ever said you had <u>heart failure or congestive</u>			
	□ Yes	□ No	□ Don't know	□ Refused			
23.				h professional ever said you had <u>angina</u> (pectoris), chest or coronary artery disease?			
	🗆 Yes	🗆 No	□ Don't know	□ Refused			
24.	Has a	doctor	or other healt	h 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 <u>high blood pressure or</u> <u>hypertension</u>?

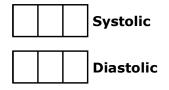
□ Yes □ No

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?



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 <u>HIV or AIDS</u>?

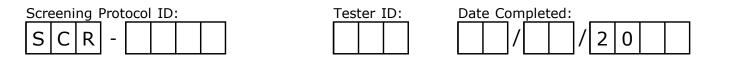
□ Yes □ No □ Don't know □ Refused

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: <u>bypass surgery or (balloon)</u> <u>angioplasty on your coronary (heart), arteries, or aortic aneurysm repair</u>?

□ Yes □ No □ Don't know □ Refused

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

🗆 No

□ Yes
Was it a cancer of the skin?
□ Yes
□ No
If 'No,' go to question 33c.
Was it a melanoma?
□ Yes
□ No
If 'No,' go to question 34.
Has there been any activity or recurrence (of any cancers) in the last 10 years?
□ Yes
□ No



- □ Yes □ No □ Don't know □ Refused
- 36. Has a doctor (or other health professional) ever said you had Parkinson's disease, multiple sclerosis, or ASL (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
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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

scleroderma?

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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Level 1 —	Telephone	Interview

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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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			ADD	DITION	IAL INFO	RMA	ΓΙΟΝ		
IN	TROD	UCTIC	N: "Now I wo	ould like	to ask you	some	general que	estions."	
42.	How o	lid you	find out about	the IDE	AL Study?				
									_
43.	Please	e tell m	e why you bec	ame inte	rested in joi	ning th	e study?		
									-
									-
									-
44.			re that your pa our life unless				y as an IDE	AL partici	pant is for
	□ Yes	🗆 No	Don't know	🗆 Refus	ed				
45.	-		ne unable to co ve a home visit		the unit for p	particip	ation in the	study, ar	e you
	□ Yes	□ No	□ Don't know	🗆 Refus	ed				
46.	If you	are no	ot eligible for th	nis study	, are you will	ling to	learn about	additiona	al studies?
	□ Yes	□ No	□ Don't know	🗆 Refus	ed				

