Scr S	eening Protocol ID:    Tester ID:    Date Completed:      C R -    /    /    /					
Firs	First name:					
Las	t name:					
IN	<b>TRODUCTION:</b> "The following questions cover basic demographic information."					
1.	ASK OR CONFIRM: are you [male/female]?					
2.	What is your date of birth?					
3.	How old are you today?					
4.	What is your current writal status?MarriedSeparatedWidowedDon't knowLiving with a partnerDivorcedNever marriedRefused					
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.	<b>Are you of Spanish, Hispanic, or Latino origin?</b>					
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? Years of school <u>Examiner Note</u> : 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 <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

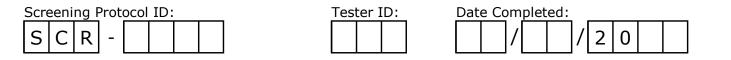
16. Because of a health or physical problem, do you have any difficulty dressing?

□ Yes □ No □ Don't know □ Refused



	IDEAL — Screening for Eligibility Level 1 — Telephone Interview				
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17.		ling ge	health or phys tting to the toil Don't know		
	<b>TROD</b> d heari		<b>DN:</b> "Now I wo	uld like to ask you some questions about your eyesight	
18.			well enough to ou wear them)	read an ordinary print newspaper (with glasses or ?	
	□ Yes	□ No	□ Don't know	□ Refused	
19.				o 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 as diagnoses and treatments received."	
21.			or other healtl nfarction?	h professional ever said you had a <u>heart attack or</u>	
	□ Yes	□ No	Don't know	□ Refused	
22.		doctor failure		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 r 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	





25. Has a doctor or other health professional ever said you had <u>high blood pressure or</u> <u>hypertension</u>?

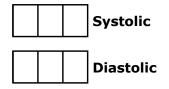
□ Yes □ No

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 ▼
33a.	Was it a cancer of the skin?
	□ Yes
	D 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



**IDEAL** — Screening for Eligibility Level 1 — Telephone Interview Screening Protocol ID: Tester ID: Date Completed: S 2 R 0 С 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 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 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?  $\Box$  Yes  $\Box$  No  $\Box$  Don't know  $\Box$  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.



IDEAL —	Screening for Eligibility
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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



	IDEAL — Screening for Eligibility Level 1 — Telephone Interview					
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			ADD	DITIONAL INFORMATION		
IN	TROD	UCTIO	N: "Now I wo	ould like to ask you some general questions."		
42.	How o	lid you	find out about	: the IDEAL Study?		
43.	Please	e tell m	e why you bec	ame interested in joining the study?		
44.	-			articipation in the BLSA Study as an IDEAL participa otherwise incapacitated?	nt is for	
	🗆 Yes	□ No	Don't know	□ Refused		
45.			ne unable to co ve a home visit	ome into the unit for participation in the study, are $y$	/ou	
	□ Yes	□ No	Don't know	□ Refused		
46.	If you □ Yes	i <b>are no</b> □ No	ot eligible for th □ Don't know	his study, are you willing to learn about additional s □Refused	tudies?	

