

Attachment 5a— IDEAL Telephone Screening Interview Part 1

When the responsibility for administering the IDEAL telephone screening interview transitioned from Westat to the NIA, the protocol was also changed. Instead of administering the IDEAL screening interview in one contact, as Westat did, the NIA conducts the screening interview in two parts, using the same recruitment and screening instruments administered to all potential BLSA participants. Part 1 is administered by a BLSA recruiter when a potential IDEAL participant calls in; this contact takes up to 10 minutes and preliminarily establishes the caller's potential eligibility. Anyone not excluded from eligibility at this initial contact is called back by a BLSA nurse practitioner to complete Part 2 of the screening interview. Part 2 revisits the eligibility questions from Part 1, and asks additional questions pertaining to eligibility. This contact likewise takes up to 10 minutes.

Together, the IDEAL Screening Interview instruments administered by the NIA cover the same questions previously administered using the Westat instrument with the exception of several new questions.

The following questions from the NIA Screening Interview Part 1 are new:

10. Do you experience Peripheral Neuropathy or nerve damage in your hands and feet?
15. Do you have any type of birth defect, genetic or inherited?
16. Do you have peptic ulcer disease?

IDEAL – Telephone Screening Interview Part 1

OMB No.: 0925-0631
Expiration Date: xx/xx/20xx

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 not 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 kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being interviewed by telephone to complete this instrument so that we can determine your eligibility for IDEAL.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing 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 this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0631). Do not return the completed form to this address.

NAME:			
ADDRESS:			
PHONE:			
DOB:			
AGE:			
Height:		Weight:	
Weight must be under 300lbs and/or BMI less than 40			

BLSA QUESTIONS

MUST ANSWER NO TO ALL QUESTIONS

1.	Do you have difficulty or develop symptoms walking ¼ of a mile?	Y	N
	Do you use any walking aid like a cane or a walker?	Y	N
2.	Do you have difficulties performing normal activities of daily living, such as walking, getting dressed, eating, rising from a bed, grooming, using the bathroom?	Y	N
3.	Has a doctor ever told you that you had diabetes, kidney disease or chronic diseases of the liver?	Y	N
4.	Has a doctor ever told you that you had cancer (except Basil Cell)?	Y	N
5.	Have you ever had any surgeries in the past? (No cardiac; No organ removal; except tonsils, appendix, gallbladder)	Y	N
6.	Do you have any history of Congestive Heart failure, Pulmonary Obstruction?	Y	N
7.	Has a doctor ever told you that you had myocardial infarction, angina, heart failure or stroke? Heart stents or cardiac pacemaker?	Y	N
8.	Has a doctor ever told you that you have had a TIA or mini-stroke?	Y	N
9.	Do you have any history of Asthma? Do you regularly take medication for it? (rescue inhaler ok)	Y	N
→ 10.	Do you experience Peripheral Neuropathy or nerve damage in your hands or feet?	Y	N
11.	Do you have any kind of Connective Tissue disorder?	Y	N
12.	Do you have any kind of Neuromuscular disorder? Parkinson's or MS	Y	N
13.	Have you ever experienced any type of seizure?	Y	N
14.	Do you have any type of Psychiatric condition? Manic depression? Bipolar? OCD? Schizophrenia?	Y	N
→ 15.	Do you have any type of birth defect, genetic or inherited?	Y	N
→ 16.	Do you have peptic ulcer disease? Do you regularly take medications because of it?	Y Y	N N
17.	Do you regularly take antibiotics, corticosteroids or drugs that affect the immune system?	Y	N
18.	Do you regularly take anti depressive or antianxiety drugs?	Y	N
19.	Do you regularly take medications for pain?	Y	N
20.	Do you regularly take hormones?	Y	N
	Comments/Notes:		
	Best time to call: Morning or Afternoon		