

Attachment 5b — IDEAL Telephone Screening Interview Part 2

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 2 are new:

3. Were you born in the United States?
- 9a. (If yes to shortness of breath) Do you ever get shortness of breath when walking at your own pace on a level surface?
- 9b. (If yes to shortness of breath) Do you ever get shortness of breath when you are lying down flat?
13. Do you wear a hearing aid?
29. Has a doctor (or other health professional) ever said you had peripheral neuropathy or nerve damage in your lower legs, feet, or hands?
- 30b. (If yes to High Blood Pressure) Do you still have high blood pressure?
- 30c. (If yes to High Blood Pressure) Are you currently following lifestyle recommendations (e.g., exercise, weight loss, low sodium diet) to treat or manage your high blood pressure?
- 31b. (If yes to Diabetes) Do you still have diabetes?
- 31c. (If yes to Diabetes) Are you currently following lifestyle recommendations (e.g., exercise, weight loss, low sodium diet) to treat or manage your diabetes?
35. Has a doctor (or other health professional) ever said you had arthritis or osteoarthritis?
- 35a. In which of the following areas have you been told you have arthritis? (See Attachment 5)
Questionnaire —**BLSA - Screening for eligibility criteria - LEVEL 1 – (Telephone interview) V2 R**
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- 35b. Have you had any joint replacement surgery?
- 35c. Have you had back surgery?
36. Has a doctor (or other health professional) ever said you had osteoporosis or thinning of the bones? (Do not include osteopenia)
46. Do you have pain in any part of your body?
- 46a. Where is the pain? (Open-ended question)
48. Does the pain affect your mobility or function?
- 48a. How? (Open-ended question)
49. Do you have any allergies (food, drug, or environmental)?

IDEAL – Telephone Screening Interview Part 2

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.

BLSA - Screening for eligibility criteria - LEVEL 1 - (Telephone interview)

Screening Protocol ID:

S C R -

Tester ID

Date Completed

 / / 20

First name:

Last name:

1. What is your date of birth?

 / /
Month Day Year

1a. How old are you?

Years

2. What is your current marital status?

Married

Separated

Widowed

Living with a partner

Divorced

Never married

3. Were you born in the United States?

Yes No

4. Is English your first language?

Yes No

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

Yes No

6. What race do you consider yourself to be? White

American Indian or Alaska Native

Black or African American

Native Hawaiian or Other Pacific Islander

Refused Asian

Two or More Races

9. Do you get shortness of breath when you walk uphill, hurry, or climb a single flight of stairs?

Yes No

9a. Do you ever get shortness of breath when walking at your own pace on a level surface?

Yes No

9b. Do you ever get shortness of breath when you are lying down flat?

Yes No

11. How would you rate your current eyesight (with glasses or contacts, if you wear them)?

Excellent Good Fair Poor Very poor Blind

13. Do you wear a hearing aid?

Yes No

14. How would you rate your current hearing ability (with a hearing aid, if used)?

Excellent Good Fair Poor Very poor Deaf

18. Has a doctor (or other health professional) ever said you had chronic bronchitis, emphysema, chronic obstructive pulmonary disease, or COPD?

Yes No

19. Has a doctor (or other health professional) ever said you had asthma?

Yes No

19a. Do you need medications to control your asthma?

Yes No

19b. What medications:

Bronchodilators Leukotriene modifiers

Oral or inhaled steroids

None

Questionnaire #

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Version 2 R (August 24, 2012)

Draft



**BLSA - Screening for eligibility criteria -
LEVEL 1 - (Telephone interview)**

20. Has a doctor (or other health professional) ever said you had cirrhosis or liver disease? Yes No

21. Has a doctor (or other health professional) ever said you had hepatitis? Yes No

22. Has a doctor (or other health professional) ever said you had HIV or AIDS? Yes No

24. Many people complain that they accidentally leak urine.
In the past week, did you leak even a small amount of urine? Yes No

During the past week (7 days), how many times did you leak urine under the following conditions?

24a. With an activity like coughing, lifting, or exercise? times

24b. When you had a sense of urgency and could not get to a toilet fast enough? times

24c. Unrelated to an activity or urge to urinate? times

SKIP #25

25. In the past 12 months, did you leak even a small amount of urine?
(SKIP IF 24 WAS YES) Yes No

25a. In the past 12 months, how often have you leaked urine?

Less than once per month One or more times per week
One or more times per month Every day

25b. When did you usually leak urine?

With an activity like coughing, lifting or exercise

When you have the urge to urinate, but can't get to a toilet fast enough

Both with activity and inability to get to toilet fast enough ← (If both mark)

You leak urine unrelated to an activity or urge

29. Has a doctor (or other health professional) ever said you had peripheral neuropathy or nerve damage in your lower legs, feet or hands? Yes No

30. Has a doctor (or other health professional) ever said you had high blood pressure or hypertension? Yes No

30a. Are you currently taking prescribed medication(s) to treat your high blood pressure? Yes No

30b. Do you still have high blood pressure? Yes No Don't know

30c. Are you currently following lifestyle recommendations (e.g., exercise, weight loss, low sodium diet) to treat or manage your high blood pressure? Yes No

BLSA - Screening for eligibility criteria - LEVEL 1 - (Telephone interview)

31. Has a doctor (or other health professional) ever said you had diabetes, glucose intolerance or high blood sugar? Yes No

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31a. Are you currently using prescribed medication(s) or therapies to treat your diabetes? Yes No

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31b. Do you still have high blood sugar? Yes No Don't know

31c. Are you currently following lifestyle recommendations (e.g., exercise, weight loss, diet) to treat or manage your high blood sugar? Yes No

32. Has a doctor (or other health professional) ever said you had high cholesterol, triglycerides, (dyslipidemia or hypercholesterolemia)? Yes No

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32a. Are you currently using prescribed medication(s) to treat your high cholesterol (lipids)? Yes No

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32b. Do you still have high cholesterol (lipids)? Yes No Don't know

32c. Are you currently following lifestyle recommendations (e.g., exercise, weight loss, diet) to treat or manage your cholesterol (lipid) levels? Yes No

33. Have you ever had any of the following procedures: bypass surgery or (balloon) angioplasty on your coronary (heart), leg , or femoral arteries , carotid endarterectomy (surgery on neck arteries) or aortic aneurysm repair ? Yes No

34. Has a doctor (or other health professional) ever said you had cancer, a malignant growth, or malignant tumor? (Exclude uterine "fibroids") Yes No

34a. What kind of cancer?

<p>Bladder <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Brain <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Breast <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Cervical <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Colon/Rectal <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Endometrial <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Leukemia <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p>	<p>None (default) <input type="radio"/></p> <p>Liver <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Lung <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Lymphoma <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Melanoma <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Ovarian <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Pancreatic <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Prostate <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p>	<p>Skin Basal <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Skin Squam. <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Stomach <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Thyroid <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <p>Other: <input type="radio"/> year <input style="width: 40px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>
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**BLSA - Screening for eligibility criteria -
LEVEL 1 - (Telephone interview)**

35. **Has a doctor (or other health professional) ever said you had arthritis or osteoarthritis?** Yes No
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35a. **In which of the following areas have you been told you have arthritis?**
None (default) Knee(s) Hip(s) Feet Hand(s)
Back Shoulder Neck

35b. **Have you had any joint replacement surgery?**
No Yes (which joint(s) --> Knee(s) Hip(s) Shoulder

35c. **Have you had back surgery?** Yes No

36. **Has a doctor (or other health professional) ever said you had osteoporosis or thinning of the bones? (Do not include osteopenia)** Yes No Don't know

46. **Do you have pain in any part of your body?** Yes No

46a. **Where is the pain?**

47. **Do you take any medication for pain?** Yes No

47a. **What medicine?**

47b. **How often do you take the medicine?**

48. **Does the pain affect your mobility or function?** Yes No

48a. **How?**

49. **Do you have any allergies (food, drug, or environmental)?** Yes No

50. **How did you find out about the BLSA Study?**

52. **Are you aware that your participation in the study is for the rest of your life unless otherwise incapacitated?** Yes No

53. **If you become unable to come into the unit for participation in the study, are you willing to have a home visit?** Yes No