

 <p>LONG LIFE FAMILY STUDY</p>	<p>(Affix Label Here)</p> <p>Participant ID: _____</p> <p>Participant Name Code: _____</p>	<p>Date Form Initiated (e.g., 10JUN2005):</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p>Date Form Completed (e.g., 10JUN2005):</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p>Interviewer Code: <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><u>Please Circle Field Center Location:</u></p> <p style="text-align: center;">BU CU DK UP</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	m	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	m	m	m	y	y	y	y
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LLFS Family Longevity Selection Score (FLoSS) Instrument – Proband (FLoSS-1 a/k/a TS1)

Interviewer Note: To be kept in a confidential file separate from other data forms.

You will be calling the homes of potential participants who have been identified from Medicare (CMS) enrollment lists. However, the potential participant may not be the person who picks up the telephone. So the first task in the interview is to identify whom you are talking to.

Interviewer: Please answer the following questions before beginning:

How is this interview being documented or recorded?

- ¹Entry Directly Into the Computer
- ²Completion of Paper Form

What level of Telephone Contact is this?

- ¹Screenee-Initiated – Returned Reply Card/Phone Call **Go to Script (a)**
- ²Screenee-Initiated – PR, Media, etc. **Go to Script (a)**
- ³Field Center Follow-up – No Reply Card Returned **Go to Script (b)**

(a) Interviewer Script: I am calling from [insert your institution here] about the Long Life Family Study, a family study of longevity. We hope to discover how some people and their families live long lives. I am calling because you have expressed interest in this study. May I ask who I am speaking with? Are you [insert Screenee’s name]? ***If not Screenee, ask "May I please speak with [insert Screenee's name]?"***

(b) Interviewer Script: I am calling from [insert your institution here] about the Long Life Family Study, a family study of longevity. We hope to discover how some people and their families live long lives. I am calling because we sent you some information about our study and we would like to provide you with some additional background to help you decide if you wish to participate in this study. May I ask who I am speaking with? Are you [insert Screenee’s name]? ***If not Screenee, ask "May I please speak with [insert Screenee's name]?"***

Participant ID: _____

Participant Name Code: _____

Interviewer: Please complete the following questions before beginning:

Are you speaking with Screenee?

¹Yes

⁰No

Go to Verbal Consent Script (below)

If you are not speaking with the Screenee, then ask:

What is your relationship to _____ [name of Screenee]?

¹Spouse

²Sibling

³Offspring

⁴Grandchild

⁵Niece

⁵Nephew

⁶Other (Please Specify) _____

Interviewer: Is it okay to speak with you now and tell you more about this project? This will take approximately 15 minutes.

Verbal Consent Script: We're asking [you/Screenee] to participate in an important international study of long life, particularly within families. [Your/Screenee's] name was chosen at random from a list of older Medicare users. The Centers for Medicare and Medicaid Services is cooperating with the National Institutes of Health on this study. Two other American universities [insert names here] and the University of Southern Denmark are also part of this study. Our goal is to find out what common traits are present in families with long-lived individuals. By sharing information with us, you can help improve the health of future generations, including your own children and grandchildren.

Before inviting people to participate in our study, we would like to ask some questions to see if [your/Screenee's] family is eligible. We are interested in families with long-lived individuals. You do not have to answer any questions that you do not feel comfortable with. All of the information that I receive from you, including your name and any other identifying information, will be kept strictly confidential and secured under lock and key. Please note, none of the study investigators involved, nor their staff members, will attempt to identify or contact specific family members based on the relationship information obtained during this phase of the interview. Your participation is voluntary; you do not have to answer these questions.

1. Do I have permission to ask some questions about [yourself/Screenee] and [your/his or her] family?

¹Yes

⁰No

Script: Thank you very much for speaking with me.

Thank you. First I would like to verify some information about [you/Screenee].

Participant ID: _____

Participant Name Code: _____

2a. What is [your/Screenee's] full name?

First Name	Middle Initial	Last Name

2b. What is [your/Screenee's] home address? _____

City	State	Zip Code

2c. What is [your/Screenee's] home telephone number?

(____) _____ - _____

2d. Is there another number to call that is better during the day?

(____) _____ - _____

Interviewer: *If you are not speaking with the Screenee, please obtain the following contact information for the Reporter.*

3a. What is your full name?

First Name	Middle Initial	Last Name

3b. What is your address:

City	State	Zip Code

3c. What is your home telephone number?

(____) _____ - _____

3d. Is there another number to call that is better during the day?

(____) _____ - _____

Participant ID: _____

Participant Name Code: _____

4. How did [you/Screenee] hear about the study? (X all that apply)

- | | |
|-------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> ¹Brochure with Card | <input type="checkbox"/> ¹Magazine |
| <input type="checkbox"/> ¹Event | <input type="checkbox"/> ¹Newspaper Ad |
| <input type="checkbox"/> ¹Flyer | <input type="checkbox"/> ¹Referral |
| <input type="checkbox"/> ¹Family Member | <input type="checkbox"/> ¹Radio Ad |
| <input type="checkbox"/> ¹Letter | <input type="checkbox"/> ¹Television Ad |
| <input type="checkbox"/> ¹Don't Know | <input type="checkbox"/> ¹Refused |
| <input type="checkbox"/> ¹Other (Please Specify) _____ | |

5a. **Interviewer:** *Is the Screenee located within an LLFS field center catchment area?*

- ¹.....Yes
⁰.....No

5b. Do you have any living biological brothers or sisters?

- ¹.....Yes **Go to Q5b**
⁰.....No **End Interview Using Script (a) Below**

5c. Do you have any living biological children or living biological nieces/nephews?

- ¹.....Yes **Continue Interview Using Script (b) Below**
⁰.....No **End Interview Using Script (a) Below**

(a) ***If Interview is terminated, say the following:*** "We greatly appreciate the time and interest you have shown in our study. The information you provided is very important and will help us discover how some people and their families live to a very old age."

(b) ***If Interview is continuing, say the following:*** "Now we would like to ask you a few questions that may help us to learn more about how some people and their families live long lives."

6a. What is [your/Screenee's] age? ____ ____ ____ Years

6b. What is [your/Screenee's] date of birth?

Day: ____ ____ Month: ____ ____ Year: ____ ____ ____
(Example: ddMMMyyyy – e.g., 10JUN2005)

7. What is [your/Screenee's] gender?

- ¹.....Male
².....Female

8. *[Are you / Is Screenee]* Spanish, Hispanic or Latino?

- 1 Yes, Mexican, Mexican/Chicano
- 2 Yes, Puerto Rican
- 3 Yes, Cuban
- 4 Yes, Other Spanish/Hispanic/Latino
- 0 No, not Spanish/Hispanic/Latino
- R Refused

9. What is *[your/Screenee's]* race? (X all that apply)

- 1 White
- 1 Black or African American
- 1 American Indian or Alaska Native
- 1 Asian
- 1 Native Hawaiian or other Pacific Islander)
- 1 Other (Please Specify _____)
- 1 Refused

Interviewer: [Skip Q10 if Screenee is not the Proband.] *Does a hearing, language barrier or other problem make the Screenee unable to communicate with you?*

10. 1 Yes **End Interview (Use Script Below)**
 0 No

End Interview Script: "We greatly appreciate the time and interest you have shown in our study. The information you provided is very important and will help us discover how some people and their families live to a very old age. This is all the information that we need from you. Thank you so much."

Interviewer Script: Now I would like to ask you some questions about *[your/Screenee's]* general health and any serious medical conditions that you may have.

11. In general, how would you say *[your/Screenee's]* health is? Would you say it is...

- 5 Excellent
- 4 Very Good
- 3 Good
- 2 Fair
- 1 Poor
- D Don't Know
- R Refused

Participant ID: _____

Participant Name Code: _____

Interviewer: *If speaking with the Screenee then complete questions 12, 13a and 13b; otherwise, skip to question 14a.*

12. Do you have advanced cancer or a serious medical condition such as one requiring oxygen or dialysis that would keep you from being able to participate in a home interview or a physical examination?

- ¹Yes, definitely physically unable
- ⁰No, definitely physically able
- ^DMaybe

Interviewer Script: *Before we continue, I want to ask you: "What is your understanding of the purpose of the LONG LIFE Family Study?"*

13a. Key elements (concepts), "family, long lived, research study" _____

Interviewer: *Does the Screenee appear to have a clear understanding of the purpose of the study?*

- 13b. ¹Yes **Go to Q15a**
- ⁰No **End Interview (Use Script Below)**

If Speaking With a Reporter, ask:

14a. Will a hearing or other serious health problem such as one requiring oxygen or dialysis make it difficult for [*Screenee*] to participate in a home interview or physical examination?

- ¹Yes, definitely physically unable
- ⁰No, definitely physically able
- ^DMaybe

14b. Do you think [*he/she*] would understand the purpose of this study in order to provide informed consent?

- ¹Yes **End Interview (Use Script Below)**
- ⁰No

End Interview Script: *"We greatly appreciate the time and interest you have shown in our study. The information you provided is very important and will help us discover how some people and their families live to a very old age. This is all the information that we need from you. Thank you so much."*

Participant ID: _____

Participant Name Code: _____

Interviewer Script: Now I would like to ask you some questions about long life in [your/Screenee's] family. Please feel free to tell me if you don't know the answer to a question, but please try to give your best guess. I am going to ask about [your/Screenee's] biological children, and [your/Screenee's] biological brothers and sisters. We are using the word "biological" to describe individuals that are related to [you/Screenee] by birth, meaning that they share a blood relationship with [you/Screenee]. Please note that none of the study investigators will attempt to identify, or contact specific family members based on the relationship information you provide unless you give us consent to do so at a later point in time.

15a. How many living biological sons do [you/he or she] have? Remember to answer for blood relationships only. _____ Sons

15b. How many of these sons currently live within 2-3 hours of _____ Field Center [put in your city/state]. _____ Sons

16a. How many living biological daughters do [you/he or she] have? Remember to answer for blood relationships only. _____ Daughters

16b. How many of these daughters currently live within 2-3 hours of _____ Field Center [put in your city/state]. _____ Daughters

17a. How many full-brothers and sisters do [you/he or she] have? Include those that are living and those that are deceased. Remember, please answer for blood relationships only.

_____ Full-Brothers

_____ Full-Sisters

17b. How many half-brothers and sisters do [you/he or she] have? Include those that are living and those that are deceased. Remember, please answer for blood relationships only.

_____ Half-Brothers

_____ Half-Sisters

Interviewer Script: Now I'm going to ask you some questions about each of [your/Screenee's] biological brothers and sisters. I'm going to ask you the questions in order of oldest to youngest. Let's begin.

Interviewer Note: If needed to guide the interview, list the first name of each sibling in birth order on a separate piece of paper. Please destroy this page upon final determination of eligibility.

Proceed to Page 8.

Participant ID: _____

Participant Name Code: _____

18a. Is [your/his or her] oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

18b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

18c. Is this [brother/sister] still living?

¹Yes
⁰No
^DDon't Know

Go to Q18j
Go to Q18o

18d. What is [his/her] current age in years? _____ years

If Don't Know, enter D

18d1. **Interviewer: Check this box if 18d is an estimate**

18e. Where does [he/she] live?

City: _____ State: _____

Country: _____

18f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

18g. How is [his/her] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

18h. How many living biological children does this [brother/sister] have? _____ children

18i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q19a]

Interviewer: If brother or sister is deceased:

18j. What was *[his/her]* age at time of death? ____ ____ ____ years **If Don't Know, enter D**
18j1. **Interviewer: Check this box if 18j is an estimate**

18k. What was *[his/her]* year of birth? ____ ____ ____ ____
18k1. **Interviewer: Check this box if 18k is an estimate**

18l. Did *[he/she]* die as a result of an accident, injury or war? **Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

18m. How many living biological children does this *[brother/sister]* have? ____ ____ children

18n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q19a]**

Interviewer: If vital status of brother or sister is unknown:

18o. What was *[his/her]* age the last time you spoke with *[him/her]*? ____ ____ ____ years **If Don't Know, enter D**

18o1. **Interviewer: Check this box if 18o is an estimate**

18p. What was *[his/her]* year of birth? ____ ____ ____ ____

18p1. **Interviewer: Check this box if 18p is an estimate**

18q. How many living biological children does this *[brother/sister]* have? ____ ____ children

18r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q19a]**

Participant ID: _____

Participant Name Code: _____

19a. Is [*your/his or her*] second oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

19b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

19c. Is this [*brother/sister*] still living?

¹Yes
⁰No
^DDon't Know

Go to Q19j
Go to Q19o

19d. What is [*his/her*] current age in years? _____ years

If Don't Know, enter D

19d1. **Interviewer: Check this box if 19d is an estimate**

19e. Where does [*he/she*] live?

City: _____ State: _____

Country: _____

19f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

19g. How is [*his/her*] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

19h. How many living biological children does this [*brother/sister*] have? _____ children

19i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q20a]

Interviewer: If brother or sister is deceased:

19j. What was *[his/her]* age at time of death? ____ ____ ____ years **If Don't Know, enter D**
19j1. **Interviewer: Check this box if 19j is an estimate**

19k. What was *[his/her]* year of birth? ____ ____ ____ ____
19k1. **Interviewer: Check this box if 19k is an estimate**

19l. Did *[he/she]* die as a result of an accident, injury or war? **Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

19m. How many living biological children does this *[brother/sister]* have? ____ ____ children

19n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q20a]**

Interviewer: If vital status of brother or sister is unknown:

19o. What was *[his/her]* age the last time you spoke with *[him/her]*? ____ ____ ____ years **If Don't Know, enter D**

19o1. **Interviewer: Check this box if 19o is an estimate**

19p. What was *[his/her]* year of birth? ____ ____ ____ ____

19p1. **Interviewer: Check this box if 19p is an estimate**

19q. How many living biological children does this *[brother/sister]* have? ____ ____ children

19r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q20a]**

Participant ID: _____

Participant Name Code: _____

20a. Is [*your/his or her*] third oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

20b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

20c. Is this [*brother/sister*] still living?

¹Yes
⁰No
^DDon't Know

Go to Q20j
Go to Q20o

20d. What is [*his/her*] current age in years? _____ years

If Don't Know, enter D

20d1. **Interviewer: Check this box if 20d is an estimate**

20e. Where does [*he/she*] live?

City: _____ State: _____

Country: _____

20f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

20g. How is [*his/her*] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

20h. How many living biological children does this [*brother/sister*] have? _____ children

20i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q21a]

Interviewer: If brother or sister is deceased:

20j. What was *[his/her]* age at time of death? _____ years **If Don't Know, enter D**
20j1. **Interviewer: Check this box if 20j is an estimate**

20k. What was *[his/her]* year of birth? _____
20k1. **Interviewer: Check this box if 20k is an estimate**

20l. Did *[he/she]* die as a result of an accident, injury or war? **Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

20m. How many living biological children does this *[brother/sister]* have? _____ children

20n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children **[Go to Q21a]**

Interviewer: If vital status of brother or sister is unknown:

20o. What was *[his/her]* age the last time you spoke with *[him/her]*? _____ years **If Don't Know, enter D**

20o1. **Interviewer: Check this box if 20o is an estimate**

20p. What was *[his/her]* year of birth? _____

20p1. **Interviewer: Check this box if 20p is an estimate**

20q. How many living biological children does this *[brother/sister]* have? _____ children

20r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children **[Go to Q21a]**

Participant ID: _____

Participant Name Code: _____

21a. Is [*your/his or her*] fourth oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

21b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

21c. Is this [*brother/sister*] still living?

¹Yes
⁰No
^DDon't Know

Go to Q21j
Go to Q21o

21d. What is [*his/her*] current age in years? _____ years

If Don't Know, enter D

21d1. **Interviewer: Check this box if 21d is an estimate**

21e. Where does [*he/she*] live?

City: _____ State: _____

Country: _____

21f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

21g. How is [*his/her*] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

21h. How many living biological children does this [*brother/sister*] have? _____ children

21i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q22a]

Interviewer: If brother or sister is deceased:

21j. What was *[his/her]* age at time of death? ____ ____ ____ years **If Don't Know, enter D**

21j1. **Interviewer: Check this box if 21j is an estimate**

21k. What was *[his/her]* year of birth? ____ ____ ____ ____

21k1. **Interviewer: Check this box if 21k is an estimate**

21l. Did *[he/she]* die as a result of an accident, injury or war? **Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

21m. How many living biological children does this *[brother/sister]* have? ____ ____ children

21n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q22a]**

Interviewer: If vital status of brother or sister is unknown:

21o. What was *[his/her]* age the last time you spoke with *[him/her]*? ____ ____ ____ years **If Don't Know, enter D**

21o1. **Interviewer: Check this box if 21o is an estimate**

21p. What was *[his/her]* year of birth? ____ ____ ____ ____

21p1. **Interviewer: Check this box if 21p is an estimate**

21q. How many living biological children does this *[brother/sister]* have? ____ ____ children

21r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q22a]**

Participant ID: _____

Participant Name Code: _____

22a. Is [*your/his or her*] fifth oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

22b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

22c. Is this [*brother/sister*] still living?

¹Yes
⁰No
^DDon't Know

Go to Q22j
Go to Q22o

22d. What is [*his/her*] current age in years? _____ years

If Don't Know, enter D

22d1. **Interviewer: Check this box if 22d is an estimate**

22e. Where does [*he/she*] live?

City: _____ State: _____

Country: _____

22f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

22g. How is [*his/her*] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

22h. How many living biological children does this [*brother/sister*] have? _____ children

22i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q23a]

Interviewer: If brother or sister is deceased:

22j. What was [his/her] age at time of death? ____ ____ ____ years **If Don't Know, enter D**
22j1. **Interviewer: Check this box if 22j is an estimate**

22k. What was [his/her] year of birth? ____ ____ ____ ____
22k1. **Interviewer: Check this box if 22k is an estimate**

22l. Did [he/she] die as a result of an accident, injury or war? [**Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**]

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

22m. How many living biological children does this [brother/sister] have? ____ ____ children

22n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q23a]**

Interviewer: If vital status of brother or sister is unknown:

22o. What was [his/her] age the last time you spoke with [him/her]? ____ ____ ____ years **If Don't Know, enter D**

22o1. **Interviewer: Check this box if 22o is an estimate**

22p. What was [his/her] year of birth? ____ ____ ____ ____

22p1. **Interviewer: Check this box if 22p is an estimate**

22q. How many living biological children does this [brother/sister] have? ____ ____ children

22r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q23a]**

Participant ID: _____

Participant Name Code: _____

23a. Is [*your/his or her*] sixth oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

23b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

23c. Is this [*brother/sister*] still living?

¹Yes
⁰No
^DDon't Know

Go to Q23j
Go to Q23o

23d. What is [*his/her*] current age in years? _____ years

If Don't Know, enter D

23d1. **Interviewer: Check this box if 23d is an estimate**

23e. Where does [*he/she*] live?

City: _____ State: _____

Country: _____

23f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

23g. How is [*his/her*] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

23h. How many living biological children does this [*brother/sister*] have? _____ children

23i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q24a]

Interviewer: If brother or sister is deceased:

23j. What was *[his/her]* age at time of death? _____ years **If Don't Know, enter D**
23j1. **Interviewer: Check this box if 23j is an estimate**

23k. What was *[his/her]* year of birth? _____
23k1. **Interviewer: Check this box if 23k is an estimate**

23l. Did *[he/she]* die as a result of an accident, injury or war? **Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

23m. How many living biological children does this *[brother/sister]* have? _____ children

23n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children **[Go to Q24a]**

Interviewer: If vital status of brother or sister is unknown:

23o. What was *[his/her]* age the last time you spoke with *[him/her]*? _____ years **If Don't Know, enter D**
23o1. **Interviewer: Check this box if 23o is an estimate**

23p. What was *[his/her]* year of birth? _____
23p1. **Interviewer: Check this box if 23p is an estimate**

23q. How many living biological children does this *[brother/sister]* have? _____ children

23r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children **[Go to Q24a]**

Participant ID: _____

Participant Name Code: _____

24a. Is [*your/his or her*] seventh oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

24b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

24c. Is this [*brother/sister*] still living?

¹Yes
⁰No
^DDon't Know

Go to Q24j
Go to Q24o

24d. What is [*his/her*] current age in years? _____ years

If Don't Know, enter D

24d1. **Interviewer: Check this box if 24d is an estimate**

24e. Where does [*he/she*] live?

City: _____ State: _____

Country: _____

24f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

24g. How is [*his/her*] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

24h. How many living biological children does this [*brother/sister*] have? _____ children

24i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q25a]

Interviewer: If brother or sister is deceased:

24j. What was *[his/her]* age at time of death? _____ years **If Don't Know, enter D**

24j1. **Interviewer: Check this box if 24j is an estimate**

24k. What was *[his/her]* year of birth? _____

24k1. **Interviewer: Check this box if 24k is an estimate**

24l. Did *[he/she]* die as a result of an accident, injury or war? **Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

24m. How many living biological children does this *[brother/sister]* have? _____ children

24n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children **[Go to Q25a]**

Interviewer: If vital status of brother or sister is unknown:

24o. What was *[his/her]* age the last time you spoke with *[him/her]*? _____ years **If Don't Know, enter D**

24o1. **Interviewer: Check this box if 24o is an estimate**

24p. What was *[his/her]* year of birth? _____

24p1. **Interviewer: Check this box if 24p is an estimate**

24q. How many living biological children does this *[brother/sister]* have? _____ children

24r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children **[Go to Q25a]**

Participant ID: _____

Participant Name Code: _____

25a. Is [your/his or her] eighth oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

25b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

25c. Is this [brother/sister] still living?

¹Yes
⁰No
^DDon't Know

Go to Q25j
Go to Q25o

25d. What is [his/her] current age in years? _____ years

If Don't Know, enter D

25d1. **Interviewer: Check this box if 25d is an estimate**

25e. Where does [he/she] live?

City: _____ State: _____

Country: _____

25f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

25g. How is [his/her] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

25h. How many living biological children does this [brother/sister] have? _____ children

25i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q26a]

Interviewer: If brother or sister is deceased:

25j. What was *[his/her]* age at time of death? ____ ____ ____ years **If Don't Know, enter D**
25j1. **Interviewer: Check this box if 25j is an estimate**

25k. What was *[his/her]* year of birth? ____ ____ ____ ____
25k1. **Interviewer: Check this box if 25k is an estimate**

25l. Did *[he/she]* die as a result of an accident, injury or war? **Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

25m. How many living biological children does this *[brother/sister]* have? ____ ____ children

25n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q26a]**

Interviewer: If vital status of brother or sister is unknown:

25o. What was *[his/her]* age the last time you spoke with *[him/her]*? ____ ____ ____ years **If Don't Know, enter D**

25o1. **Interviewer: Check this box if 25o is an estimate**

25p. What was *[his/her]* year of birth? ____ ____ ____ ____

25p1. **Interviewer: Check this box if 25p is an estimate**

25q. How many living biological children does this *[brother/sister]* have? ____ ____ children

25r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q26a]**

Participant ID: _____

Participant Name Code: _____

26a. Is [*your/his or her*] ninth oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

26b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

26c. Is this [*brother/sister*] still living?

¹Yes
⁰No
^DDon't Know

Go to Q26j
Go to Q26o

26d. What is [*his/her*] current age in years? ____ ____ ____ years

If Don't Know, enter D

26d1. **Interviewer: Check this box if 26d is an estimate**

26e. Where does [*he/she*] live?

City: _____ State: _____

Country: _____

26f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

26g. How is [*his/her*] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

26h. How many living biological children does this [*brother/sister*] have? ____ ____ children

26i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children

[Go to Q27a]

Interviewer: If brother or sister is deceased:

26j. What was *[his/her]* age at time of death? ____ ____ ____ years **If Don't Know, enter D**
26j1. **Interviewer: Check this box if 26j is an estimate**

26k. What was *[his/her]* year of birth? ____ ____ ____ ____
26k1. **Interviewer: Check this box if 26k is an estimate**

26l. Did *[he/she]* die as a result of an accident, injury or war? **[Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".]**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

26m. How many living biological children does this *[brother/sister]* have? ____ ____ children

26n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q27a]**

Interviewer: If vital status of brother or sister is unknown:

26o. What was *[his/her]* age the last time you spoke with *[him/her]*? ____ ____ ____ years **If Don't Know, enter D**

26o1. **Interviewer: Check this box if 26o is an estimate**

26p. What was *[his/her]* year of birth? ____ ____ ____ ____

26p1. **Interviewer: Check this box if 26p is an estimate**

26q. How many living biological children does this *[brother/sister]* have? ____ ____ children

26r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? ____ ____ children **[Go to Q27a]**

Participant ID: _____

Participant Name Code: _____

27a. Is [*your/his or her*] tenth oldest sibling a full- or half-brother or sister?

¹Full-Brother
²Full-Sister

³Half-Brother
⁴Half-Sister

27b. Is this sibling older or younger than you?

¹Older
²Younger
³Twin/Same Age

27c. Is this [*brother/sister*] still living?

¹Yes
⁰No
^DDon't Know

Go to Q27j
Go to Q27o

27d. What is [*his/her*] current age in years? _____ years

If Don't Know, enter D

27d1. **Interviewer: Check this box if 27d is an estimate**

27e. Where does [*he/she*] live?

City: _____ State: _____

Country: _____

27f. **Interviewer:** Does this person live within 2-3 hours of the New York City, Boston, MA, or Pittsburgh, PA field centers?

¹Yes
⁰No

27g. How is [*his/her*] health?

⁵Excellent
⁴Very Good
³Good
²Fair
¹Poor
^DDon't Know
^RRefused

27h. How many living biological children does this [*brother/sister*] have? _____ children

27i. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children

[Go to Q28]

Interviewer: If brother or sister is deceased:

27j. What was *[his/her]* age at time of death? _____ years **If Don't Know, enter D**

27j1. **Interviewer: Check this box if 27j is an estimate**

27k. What was *[his/her]* year of birth? _____

27k1. **Interviewer: Check this box if 27k is an estimate**

27l. Did *[he/she]* die as a result of an accident, injury or war? **Interviewer: If death is result of murder or suicide, answer "Yes"; if death occurred during childbirth, answer "No".**

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

27m. How many living biological children does this *[brother/sister]* have? _____ children

27n. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children **[Go to Q28]**

Interviewer: If vital status of brother or sister is unknown:

27o. What was *[his/her]* age the last time you spoke with *[him/her]*? _____ years **If Don't Know, enter D**

27o1. **Interviewer: Check this box if 27o is an estimate**

27p. What was *[his/her]* year of birth? _____

27p1. **Interviewer: Check this box if 27p is an estimate**

27q. How many living biological children does this *[brother/sister]* have? _____ children

27r. How many of these living biological children live within 2-3 hours of the New York City, NY, Boston, MA, or Pittsburgh, PA field centers? _____ children **[Go to Q28]**

Interviewer: If the Screenee has more than 10 biological siblings, please use additional forms to record the information for these brothers and sisters.

Interviewer: Calculate Family Longevity Selection Score (FLoSS): _____

For Interviewer Use – DO NOT ASKScreenee Eligibility

28. Is the calculated Family Longevity Selection Score (FLoSS) \geq _____?

- ¹ Yes
⁰ No

29. Is the Screenee likely to be able to give informed consent?

- ¹ Yes
⁰ No

30. Is the Screenee likely to be able to participate in the phenotype exam (no serious health condition/severe hearing loss)?

- ¹ Yes
⁰ No
^D Maybe

Family Eligibility

31. Are there at least two (2) recruitable siblings in this family (i.e. proband/sib, sib/sib)?

- ¹ Yes
⁰ No

32. Does at least one (1) member of the core family (i.e. proband, sib or offspring) live within three (3) hours of one of the study field centers in New York City, NY, Boston, MA or Pittsburgh, PA?

- ¹ Yes
⁰ No

Script 1: If yes for Questions 28-32, then continue with: [Your/Screenee's] family is unusually long-lived compared to others we have screened. We are interested in finding out more about [you/Screenee] and [your/his or her] family so that we can discover how some people and their families live to a very old age. In this next part of the study, we would like to ask [you/him or her] and several members of [your/his or her] family to participate so that we can get a more complete picture of [your/his or her] family's structure, health and functioning. The study will collect information about [your/his or her] family's medical history and about [your/his or her] family members' physical activity and mental functions, such as memory. We will also ask [you and your / Screenee and his/her] family members for a blood sample so that we can look for factors in the blood that may increase chances for a long life and successful aging.

Participant ID: _____

Participant Name Code: _____

(a) Do you think that [you/Screenee] and other members of [your/Screenee's] family would be interested in participating in this next phase of the study, including providing a blood sample?

¹ Yes

Go to (b)

⁰ No

Go to (j)

^D Don't Know (Pending) Specify: _____ **End Interview/Call Back**

(b) Do [you/Screenee] have a living spouse?

¹ Yes

Go to (c)

⁰ No

Go to (h)

(c) Is [he/she] the biological [father/mother] of any of [your/Screenee's] children?

¹ Yes

Go to (d)

⁰ No

Go to (h)

(d) What is [his/her] age? _____ Years

(e) Does [he/she] live with [you/Screenee]?

¹ Yes

⁰ No

(f) Does [your/Screenee's] spouse have any living siblings age 85 and older?

¹ Yes

⁰ No

Interviewer Note: This question is to identify whether it is worthwhile to screen the spouse as a potential Proband.

(g) Would you be willing to ask [him/her] if we can contact them to discuss participation in this Study?

¹ Yes

Go to TS2; Record Contact Information; Go to (h)

⁰ No

Go to (h)

(h) Before we move forward, would [you/he or she] also be willing to contact at least two family members (one sibling and one offspring) and ask them if we can contact them to discuss the study and answer any questions that they may have?

¹ Yes

Go to (i)

⁰ No

Go to (j)

Participant ID: _____

Participant Name Code: _____

(i) *May I ask you who you plan to contact; first names only? [Interviewer: Please write down the first names of these individuals, in order of age, in the appropriate section on the Family Contact Information Form (TS2).] We will call you back in one week to confirm with you that these family members are interested in speaking with us. Thank you.*

When is the best time to call you back? _____ AM/PM _____ Day

If you or your family member would like to contact us, we can be reached toll-free at XXX-XXX-XXXX.

(j) *Could you please indicate your reason(s)? (Please X all that apply; then End Interview using Script #3 on following page).*

- ¹Not Interested
- ¹Not Enough Time
- ¹Unwilling to Provide Blood Sample
- ¹Not Well
- ¹Concern about Ability to Complete Examination
- ¹Privacy Issue/Concern
- ¹Unwilling to Contact Family Members
- ¹Lack of "Family" Interest
- ¹Other, Please Specify: _____

Script 2: *If NO to Family Longevity Selection Score (FLoSS) _____, but to all other questions YES, or meets all eligibility criteria except siblings and/or offspring are out of area, then say: Thank you for your time. The information you provided is very important to us. It will help us discover how some people and their families live to a very old age. At this point in our study, we have all the information that we need for now. However, it is possible that as the study continues, we may need to speak with you again. Therefore, we would like to keep [your/Screenee's] contact information on file so that we may contact [you/Screenee], if necessary.*

Interviewer: *Please indicate . . .*

- ¹Okay to Contact
- ⁰Objects to Future Contact

We greatly appreciate the time and interest you have shown in our study.

Script 3 -- End Interview Script: *Regardless of Family Longevity Score, if answer was NO to either Screenee Eligibility Questions 29 or 30 (on Pages 20-21), or NO to Family Eligibility Questions 31 or 32, or NO to Q(a) or (b) above, then say: Thank you for your time. The information you provided is very important to us. It will help us discover how some people and their families live to a very old age. We greatly appreciate the time and interest you have shown in our study.*