



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Initiated (e.g., 10JUN2005):

 d d m m m y y y y

Date Form Completed (e.g., 10JUN2005):

 d d m m m y y y y

Interviewer Code:

Please Circle Field Center Location:
 BU CU DK UP

LLFS Telephone Screener Family Member (TS1a)

Interviewer Note: To be kept in a confidential file separate from other data forms. Recommended Resources: TS2 and TS3-PIF Form

This interview entails calling a family member that has been identified and consented by the Proband or another previously screened family member. Before you begin, please take note as to whether the minimum family size has been met for scheduling (refer to the Relative Contact Information Worksheet (TS2)). You will need this information to deliver the correct eligibility script at the end of this interview. Refer to the notes at the End of Interview which will help guide you.

Has the Minimum Family Size been met?

⁰No **If Screenee is eligible at the end of interview, go to Script (C)**

¹Yes **If Screenee is eligible at the end of interview, go to Script (D)**

Interviewer Script: Hi, my name is [insert your name here] and I am calling from [insert your institution here] about the LONG LIFE Family Study. We are attempting to learn why some families have more relatives living to a very old age than some other families. [Insert family member's name] told us that they spoke with you and that you are interested in learning more about participating in this family study. [Insert Proband's name] has lived a long life. That is why we are asking you to participate with [him/her] in an important international study of longevity. In addition to our university, this study is being conducted at two other American universities [insert names here], as well as at the University of Southern Denmark. Our goal is to find out what families with histories of long-lived individuals have in common. By participating in this study with your family members, you may have an opportunity to help improve the health of future generations.

We have already spoken with [insert Proband's name] about your family, but if it is okay with you, we have some questions we would like to ask you. Based on the telephone interview, some family members will be invited to participate in a more detailed part of this study. This would involve seeing you in person. You do not have to answer any questions that you do not want to. All information that I receive from you, including your name and any other identifying information, will be strictly confidential and kept in secure files. Your participation is voluntary; you do not have to answer these questions. This will take approximately 5 minutes. Is it okay to speak with you now?

¹Yes

⁰No

Participant ID: _____

Participant Name Code: _____

Interviewer: *If no, then ask: When would be a good day and time for me to call you back and discuss this family study?*

Day/Date: _____ Time: _____ AM/PM

1. Do I have permission to ask you some questions about yourself?

- ¹Yes
- ⁰No

Script: *Thank you very much for speaking with me.*

Interviewer: *Now I would like to verify your contact information: (Pre-fill from TS2 when possible)*

2a. Name: _____

First Name	Middle Initial	Last Name
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2b. Home Address: _____

_____	_____	_____
City	State	Zip Code

2c. What is your home telephone number?

(_____) _____ - _____

2d. Is there another number to call that is better during the day? [If no, check here .]

(_____) _____ - _____

3. What is your age? _____ Years

4. What is your date of birth?

Day: _____ Month: _____ Year: _____

(Example: June 6, 1904 should appear as 06 / Jun / 1904)

5. What is your gender?

- ¹Male
- ²Female

Participant ID: _____

Participant Name Code: _____

Interviewer: Be sure to determine the precise biological relationship; use the "other" category, as needed, for "half" relationships.

6. What is your relationship to _____ [name of Proband]?

- 1Spouse
- 2Sibling
- 3Offspring
- 4Grandchild
- 5Niece
If Niece, daughter of which Index Person? _____
- 6Nephew
If Nephew, son of which Index Person? _____
- 7Other (Please Specify) _____

Interviewer Script: Now I would like to ask you some questions about your general health and any serious medical conditions that you may have.

7. In general, how would you say your health is? Would you say it is...

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

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

- 1Yes, definitely physically unable **End Interview (Script A below)**
- 0No, definitely physically able **Continue with Interview**
- DMaybe, Call back **Date/Time:** _____

Script A – End Interview: "Thank you so much for this information. 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." **END OF INTERVIEW**

Participant ID: _____

Participant Name Code: _____

Interviewer Script – for those continuing: Before we continue, I want to ask you what is your understanding of the purpose of the LONG LIFE Family Study?

9a. Key elements (concepts), "family, long lived, research study" _____

9b. ***Interviewer:*** Does the individual have a clear understanding of the purpose of the study?

¹Yes
⁰No

Go to Q9c
End Interview (Use Script B Below)

9c. ***Interviewer:*** Does a hearing, language barrier or other problem make the Screenee unable to communicate with you?

¹Yes
⁰No

End Interview (Use Script B Below)

Script B – End Interview: "Thank you so much for this information. 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." **END OF INTERVIEW**

Note to Interviewer: If eligible, refer to page 1 of form and determine if the minimum family size has been met.

- If "No", proceed to ***Script C***
- If "Yes", proceed to ***Script D***

Script C – Minimum Family Size has NOT been met: Thank you for answering our questions. We still need to gather just a bit more information from your family members to determine whether we can schedule you and your family for the next phase of this study. In that phase, we are interested in studying families over two generations – with at least 2 family members in the oldest generation and one from the offspring generation). If enough people in your family agree to participate, you and your family members will be invited to take part in an in-person visit. This interview can be scheduled at your convenience either in your home or at our clinic. During the visit, a trained clinical staff member will obtain medical and personal information about you. You will be asked to answer questions related to your current and past medical history, medication use, daily living activities, physical activity as well as your health habits. You will also be asked questions such as how many years of education you have had and where you were born and your occupation. Other questionnaires will include paper and pencil tests of your ability to process and recall information and a mood/personality assessment. With your permission, we will obtain measurements of your weight, height, waist circumference, heart rate, blood pressure and lung function. You will also be asked to perform some simple physical tasks such as standing up from of a chair, gripping an object to measure hand strength and walking a short distance to assess your physical function. Additionally, you will be asked to perform a series of movements to test your balance. You will be asked if we can collect a small blood sample. This examination can be completed in approximately 3 hours. We will use all this information to determine the different ways in which families can achieve long lives and successful aging. You may refuse to participate in any portion of the study.

Participant ID: _____

Participant Name Code: _____

While we are in the process of contacting your family members already identified by other relatives, would you be willing to ask your [brothers/sisters, aunts/uncles, nieces/nephews or cousins] if we can contact them to discuss the study and answer any questions they may have? May I ask who you plan to contact? First names only please and their relationship to [Insert Proband's Name Here]. **Note to Interviewer: Record this information on TS2.** When I call you back in a week or so regarding your family's eligibility, I will be confirming that you spoke with these family members and they are interested in speaking with us.

What is a good day and time to call you back to let you know about your family's eligibility?

Day/Date: _____ Time: _____ AM/PM

Thank you very much. We will be in touch soon to let you know and, if eligible, to schedule your visit. If you have any questions, I can be reached at XXX-XXX-XXXX. **END OF INTERVIEW.**

Note to Interviewer: Once a family has been deemed eligible, contact all family members and continue with questionnaire TS1a, beginning at Q10a.

Script D – Minimum Family Size Met: Thank you for answering our questions. The information you provided is very helpful. At this point, we would like to invite you to participate in an in-person visit so that we can gather more information about your health and find out what common traits are present in families with long-lived individuals. This interview can be scheduled at your convenience either in your home or at our clinic. During the visit, a trained clinical staff member will obtain medical and personal information about you. You will be asked to answer questions related to your current and past medical history, medication use, daily living activities, physical activity as well as your health habits. You will also be asked questions such as how many years of education you have had and where you were born and your occupation. Other questionnaires will include paper and pencil tests of your ability to process and recall information and a mood/personality assessment. With your permission, we will obtain measurements of your weight, height, waist circumference, heart rate, blood pressure and lung function. You will also be asked to perform some simple physical tasks such as standing up from of a chair, gripping an object to measure hand strength and walking a short distance to assess your physical function. Additionally, you will be asked to perform a series of movements to test your balance. You will be asked if we can collect a small blood sample. This examination can be completed in approximately 3 hours. We will use all this information to determine the different ways in which families can achieve long lives and successful aging. You may refuse to participate in any portion of the study.

Complete this Section when Family Eligibility Has Been Met:

10a. Are you interested in participating in this study, including providing a blood sample?

¹Yes

Go to Q10c

⁰No

Go to Q10b

^DDon't Know (Pending) Specify: _____

Call Back

Participant ID: _____

Participant Name Code: _____

10b. Could you please indicate your reason(s)? (*Please X all that apply; then End Interview using "End Interview Script" below*).

- 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: _____

End Interview Script: *"Thank you so much for the information you have provided. We greatly appreciate the time and interest you have shown in our study. If you decide at a later date that you would like to participate in this family study, please contact me at XXX-XXX-XXXX. Thank you and good-bye." END OF INTERVIEW*

10c. Where would you like this visit to be conducted?

- ¹Home Visit **Schedule appointment for in-person visit**
- ²Clinic Visit **Schedule appointment for in-person visit**
- ³Other (Please Specify) _____

- **If applicable, schedule appointment for in-person visit.**
- **If "other" (i.e. distant visit), then read the following script: "We will follow-up with you in a few months, as we have yet to begin conducting distant visits."**
- **If phone visit is the only option, Go to Q10d.**

10d. Do you think you would be interested in participating in the study via a telephone visit?

- ¹Yes **Schedule Telephone Visit**
- ⁰No **Answer Q10e; Read End Interview Script**

10e. **Interviewer:** If no, why not? _____

End Interview Script: *"Thank you so much for the information you have provided. We greatly appreciate the time and interest you have shown in our study. If you decide at a later date that you would like to participate in this family study, please contact me at XXX-XXX-XXXX. Thank you and good-bye." END OF INTERVIEW*

For Proband Generation Only:

11a. Do you have a living spouse?

- ¹Yes **Go to Q11b**
- ⁰No **Go to End Interview Script**

Participant ID: _____

Participant Name Code: _____

11b. Is [he/she] the biological [father/mother] of any of your children?

- ¹Yes **Go to Q11c**
⁰No **Go to End Interview Script**

11c. What is [his/her] age? _____ Years **Go to 11d**

11d. Does [he/she] live with you?

- ¹Yes **Go to 11e**
⁰No **Go to 11e**

Interviewer Only for 11e:

11e. Does spouse live within 2-3 hours of the New York City, Boston, MA or Pittsburgh, PA field centers?

- ¹Yes **Go to Q11f**
⁰No **Go to Q11f**

11f. Does your spouse have any living siblings over the age of 85?

- ¹Yes **Go to Q11g**
⁰No **Go to Q11g**

11g. Would you be willing to ask your spouse if we can contact [him/her] to discuss participation in the study?

- ¹Yes **Go to TS2, Section 2; Record Contact Information; read End Interview Script then proceed to Q13**
⁰No **Go to End Interview Script; Remind of Appointment Details then proceed to Q13**

End Interview Script: Would you be willing to ask your [brothers/sisters, aunts/uncles, nieces/nephews or cousins] if we can contact them to discuss the study and answer any questions they may have? May I ask who you plan to contact? First names only, please, and their relationship to [Insert Proband's Name Here].

Note to Interviewer: Record this information on TS2. I will call you back in a week or so to confirm that you spoke with these family members and they are interested in speaking with us.

For Offspring Generation Only:

12a. Do you have a living spouse?

- ¹Yes **Go to Q12b**
⁰No **Go to End Interview Script**

12b. What is [his/her] age? _____ Years **Go to Q12c**

Participant ID: _____

Participant Name Code: _____

12c. Does [he/she] live with you?

- ¹Yes **Go to Q12d**
- ⁰No **Go to Q12d**

Interviewer Only for 12d:

12d. Does spouse live within 2-3 hours of the New York City, Boston, MA or Pittsburgh, PA field centers?

- ¹Yes **Go to Q12e**
- ⁰No **Go to Q12e**

12e. Would you be willing to ask your spouse if we can contact [him/her] to discuss participation in the study?

- ¹Yes **Go to TS2, Section 2; Record Contact Information; read End Interview Script then proceed to Q13**
- ⁰No **Go to End Interview Script; Remind of Appointment Details then proceed to Q13**

End Interview Script: "Thank you so much for the information you have provided. We greatly appreciate the time and interest you have shown in our study. If you decide at a later date that you would like to participate in this family study, please contact me at XXX-XXX-XXXX. Thank you and good-bye." **END OF INTERVIEW**

Complete This Section for Index Persons Only (Sibs of Proband):

13a. Now we will be needing additional information from you about your family structure, including parents, spouse(s) and children. Would you like to continue with answering these questions at this time?

- ¹Yes **Go to TS3-PIF Form**
- ⁰No **Go to Q13b**

13b. Is there a preferred day or time you would like for us to call back?

- ¹Yes If Yes, Day? _____ Time? _____ **End Interview and Call Back to Conduct PIF**
- ⁰No **Go to Script Below**

Interviewer Script: "In order to conduct in-person visits on your family, we will need to have you or someone you designate, provide some additional information about your family structure.

13c. Is there someone else in your family that we can contact to provide this information?

- ¹Yes **Complete Box on Page 8**
- ⁰No **End Interview Using Script Below**

Participant ID: _____

Participant Name Code: _____

End Interview Script: "Thank you so much for the information you have provided. We greatly appreciate the time and interest you have shown in our study. If you decide at a later date that you would like to participate in this family study, please contact me at XXX-XXX-XXXX. Thank you and good-bye." **END OF INTERVIEW**

Interviewer Note: It is important that as the interviewer, you make all attempts to either obtain the information directly from Proband or obtain a designated Reporter. Without the PIF information, the value of the family to the Study will be compromised.

Reporter Information: Please complete the information below for the individual who will provide information for the PIF, if not Index Person.

Have you informed this person about the LLFS study and what this will involve? ¹ Yes ⁰ No

Is this individual willing to be contacted by our research group about participation? ¹ Yes ⁰ No

Relationship to Index Person: _____

Name: _____

Address: _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

LLFS Proband (Family) ID #: ____ _