

Chapter 1: Appendix 1a



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Self-Administered Questionnaires

QUESTIONNAIRE INSTRUCTIONS

Date: _____

Dear _____:

Thank you for agreeing to participate in the Long Life Family Study (LLFS). In preparation for your in home visit, please complete the enclosed questionnaires by yourself, without the help of other family members. LLFS staff will review these questionnaires for completeness during your in home visit.

If you have any questions, please call _____ at _____. Thank you again for your assistance in this important research project. We look forward to talking with you.

Sincerely,