



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

□ □ □ □ □ □ □ □ □

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(e.g., 10JUN2005)

Interviewer Code: □ □ □

Circle Field Center Location:

BU CU DK UP

Annual Follow-Up Telephone Contact Questionnaire

For Internal Use Only – Please Mark the Appropriate Box Below:

- ¹ This Form was Administered via a DFR/Proxy
- ² This Form was Administered via Telephone by Study Personnel
- ³ This Form was Mailed and Self-Administered by Participant

Interviewer: Please indicate which Follow-Up Contact this is:

- ¹ First Year Contact
- ² Second Year Contact
- ³ Third Year Contact

1a. Is the participant deceased?

- ¹ Yes **Go to Q1b**
- ⁰ No **Go to Q2**

1b. Date of Death: ____ / ____ / ____

End Questionnaire

2. In general, how would you say your health is?

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

3a. Have you been hospitalized in the past year?

- ¹ Yes **Go to Q3b**
- ⁰ No **Go to Q4a**

3b. How many times have you been hospitalized? _____

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3c. For each hospitalization indicated in **Q3b**, please provide the following:

(1) Date of Hospitalization: ____ ____ / ____ ____ ____ / ____ ____ ____ ____

Reason for Hospitalization: _____

Study Personnel Only: Code: _____

(2) Date of Hospitalization: ____ ____ / ____ ____ ____ / ____ ____ ____ ____

Reason for Hospitalization: _____

Study Personnel Only: Code: _____

(3) Date of Hospitalization: ____ ____ / ____ ____ ____ / ____ ____ ____ ____

Reason for Hospitalization: _____

Study Personnel Only: Code: _____

For more than three (3) hospitalizations, please list on a separate sheet.

4a. Do you have any difficulty getting in and out of bed or chairs without help from another person or special equipment?

- | | | |
|---------------------------------------|-----------------|------------------|
| <input type="checkbox"/> ¹ |Yes | |
| <input type="checkbox"/> ⁰ |No | Go to Q5a |
| <input type="checkbox"/> ^D |Don't Know | Go to Q5a |
| <input type="checkbox"/> ^R |Refused | Go to Q5a |

4b. How much difficulty would you say you have? Would you say . . .

- | | |
|---------------------------------------|---------------------------|
| <input type="checkbox"/> ¹ |A little difficulty |
| <input type="checkbox"/> ² |Some difficulty |
| <input type="checkbox"/> ³ |A lot of difficulty |
| <input type="checkbox"/> ⁰ |I am unable to do it |
| <input type="checkbox"/> ^D |Don't Know |

4c. Do you usually receive help from another person getting in and out of bed or chairs?

- | | |
|---------------------------------------|----------|
| <input type="checkbox"/> ¹ |Yes |
| <input type="checkbox"/> ⁰ |No |

5a. Do you have any difficulty bathing or showering without help from another person or special equipment?

- | | | |
|---------------------------------------|-----------------|------------------|
| <input type="checkbox"/> ¹ |Yes | |
| <input type="checkbox"/> ⁰ |No | Go to Q6a |
| <input type="checkbox"/> ^D |Don't Know | Go to Q6a |
| <input type="checkbox"/> ^R |Refused | Go to Q6a |

5b. How much difficulty would you say you have? Would you say . . .

- ¹A little difficulty
- ²Some difficulty
- ³A lot of difficulty
- ⁰I am unable to do it
- ^DDon't Know

5c. Do you usually receive help from another person bathing or showering?

- ¹Yes
- ⁰No

6a. Do you have any difficulty walking across a small room without help from another person or special equipment?

- ¹Yes
- ⁰No **Go to Q7a**
- ^DDon't Know **Go to Q7a**
- ^RRefused **Go to Q7a**

6b. How much difficulty would you say you have? Would you say . . .

- ¹A little difficulty
- ²Some difficulty
- ³A lot of difficulty
- ⁰I am unable to do it
- ^DDon't Know

6c. Do you usually receive help from another person walking across a small room?

- ¹Yes
- ⁰No

7a. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile (2-3 blocks)?

- ¹Yes
- ⁰No **Go to Q7d**

7b. How much difficulty would you say you have? Would you say . . .

- 1A little difficulty
- 2Some difficulty
- 3A lot of difficulty
- 0I am unable to do it on my own
- DDon't Know

7c. Do you usually receive help from another person to walk a quarter of a mile (2-3 blocks)?

- 1Yes **Go to Q8a**
- 0No **Go to Q8a**
- DDoesn't Do **Go to Q9a**

7d. How easy is it for you to walk for a quarter of a mile (2-3 blocks)? Would you say . . .

- 1Very easy
- 2Somewhat easy
- 3Not that easy
- DDon't Know

8a. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks.

- 1Yes **Go to Q9a**
- 0No **Go to Q8b**

8b. How easy is it for you to walk one mile (about 8 to 12 blocks)? Would you say . . .

- 1Very easy
- 2Somewhat easy
- 3Not that easy
- DDon't Know

9a. Because of a health or physical problem, do you have any difficulty walking up one flight of stairs (about 10 steps) without resting?

- 1Yes
- 0No **Go to Q9d**

9b. If yes, how much difficulty would you say you have? Would you say . . .

- 1A little difficulty
- 2Some difficulty
- 3A lot of difficulty
- 0I am unable to do it on my own
- DDon't Know

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9c. Do you usually receive help from another person to walk up one flight of stairs (about 10 steps)?

- ¹Yes **Go to Q10a**
- ⁰No **Go to Q10a**
- ^DDoesn't Do **Go to Q11a**

9d. How easy is it for you to walk up one flight of stairs (about 10 steps)? Would you say . . .

- ¹Very easy
- ²Somewhat easy
- ³Not that easy
- ^DDon't Know

10a. Because of a health or physical problem, do you have any difficulty walking up two flights of stairs (about 20 steps) without resting?

- ¹Yes **Go to Q11a**
- ⁰No **Go to Q10b**

10b. How easy is it for you to walk up two flights of stairs (about 20 steps)? Would you say . . .

- ¹Very easy
- ²Somewhat easy
- ³Not that easy
- ^DDon't Know

11a. Please update (i.e., confirm/change) your address, phone number and E-Mail address (***Interviewer: Please pre-populate:***):

Home Address: _____

_____ City _____ State _____ Zip Code _____

Home Telephone Number: (____) _____ - _____

E-Mail Address: _____

- ¹Confirmed, this information is accurate
- ²Changed, this information is no longer accurate
- ³This information is accurate, but I am planning to move

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11b. If this information has changed, please provide your new contact information:

Home Address: _____

_____ City _____ State _____ Zip Code

Home Telephone Number: (____) _____ - _____

E-Mail Address: _____

Interviewer Script: If you are planning to move, please call us at [Field Center Toll-Free Number] to update when you have this information.

12a. Please update (i.e., confirm/change) the "Contact Person" information you provided to us at the time of enrollment (**Interviewer: Please pre-populate**):

Name: _____

PREFIX

FIRST NAME

MI

LAST NAME

12b. Is this person a family member enrolled in LLFS?

¹Yes

⁰No

12c. Home Address (Street, City, State, Zip): _____

Phone: _____ Home Work

Best day/time to call: _____

E-Mail Address: _____

Participant ID: _____

Participant Name Code: _____

12d. Relationship to You:

- ¹Brother
- ²Sister
- ³Half Brother
- ⁴Half Sister
- ⁵Father
- ⁶Mother
- ⁷Stepfather
- ⁸Stepmother
- ⁹Husband
- ¹⁰Wife
- ¹¹Son
- ²³Other (please specify): _____

- ¹²Daughter
- ¹³Stepson
- ¹⁴Stepdaughter
- ¹⁵Stepbrother
- ¹⁶Stepsister
- ¹⁷Uncle
- ¹⁸Aunt
- ¹⁹Nephew
- ²⁰Niece
- ²¹Cousin
- ²²In-Law

Interviewer Note: The comments are not entered into the DES.

13. Comments: _____

14a. Who is completing this form?

- ¹Study Participant
- ²Contact Person; Name: _____
- ³Other; Name: _____

Go to Q15

Go to Q14b

Go to Q14b

14b. What is your relationship to the Study Participant?

- ¹Spouse
- ²Child (Daughter/Son)
- ³Sibling (Brother/Sister)
- ⁴Niece/Nephew
- ⁵Other: _____

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14c. Please provide the reason that you are completing this form on behalf of or instead of the Study Participant? (*Please X Only One*)

- 1Physically Ill
- 2Dementia
- 3Hearing Impairment
- 4Too Busy / Unavailable
- 5Nursing Home or Long-Term Care
- 6Unable to be Reached or Located
- 7Other: _____

15. At this time, is there any additional family member (brother/sister, aunt/uncle, niece/nephew, cousin) that you have spoken with that is now interested in participating in the LONG LIFE Family Study?

- 1Yes
- 0No

Interviewer Note: If "Yes", ask for Name and Contact Information and add to TS2. **Note:** If the answer to Q15 is "Yes", and this questionnaire is being conducted via mail, a member of the LLFS Research Staff will be contacting you to obtain the contact information for the interested family members.

End Interview Script: *"Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you move or if your mailing address changes. I look forward to speaking with you again at approximately the same time next year. Again, thank you for your ongoing interest in our study."*