



# ANNUAL FOLLOW-UP GENERAL INTERVIEW WITH PROXY

ID  
NUMBER:

FORM CODE: GLAX

DATE: 01/21/2026  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: //  
Month Day Year

0b. Staff ID:

**Instructions:** This form is completed during the participant's annual follow-up interview. It is the proxy version of the GNLA form and should be completed only if the participant is living and the interview is conducted with a proxy, informant, or other respondent instead of the participant. The date is the day the contact is made, or is the date the status determination is made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.

**"First, I will ask you about [name's] daily routines, including people or services that may assist him/her."**

## A. Caregiving and Support

1. Which of the following best describes where [name] lives?

- Private residence/home/apartment..... ☐1 → **GO TO QUESTION 2**  
Assisted living facility or continuing care retirement community (CCRC). ☐2 → **GO TO QUESTION 2**  
Nursing home ..... ☐3 → **GO TO QUESTION 10**  
Other..... ☐4

1a. If other, please specify \_\_\_\_\_

2. In the last month, how often did [name] leave his/her home to go outside?

- Every day (7 days per week) ..... ☐1  
Most days (5-6 days per week) ..... ☐2  
Some days (2-4 days per week)..... ☐3  
Rarely (once a week or less) ..... ☐4  
Never ..... ☐5  
Don't know ..... ☐6

3. Is [name] currently receiving care on an ongoing basis to help with chronic illness or disability? This includes any kind of help, such as companionship, help with dressing, bathing, transportation, or food preparation.

- Yes ..... ☐Y  
No ..... ☐N → **GO TO QUESTION 7**  
Don't know ..... ☐D → **GO TO QUESTION 7**

4. Do any of the people who help [name] live with him/her?

Yes ..... ☐ Y  
No ..... ☐ N  
Don't know ..... ☐ D

5. Are any of the people who help [name] family members or friends?

Yes ..... ☐ Y  
No ..... ☐ N  
Don't know ..... ☐ D

6. Are any of the people who help [name] paid to provide help? This could include home health aides, personal care assistants, or other home care workers.

Yes ..... ☐ Y  
No ..... ☐ N  
Don't know ..... ☐ D

**“Next I will ask about services that [name] used during the past month.”**

7. Did [name] receive any meals delivered to his/her home by Meals on Wheels or another community organization?

Yes ..... ☐ Y  
No ..... ☐ N  
Don't know ..... ☐ D

8. Did [name] use transportation services provided by a community organization, such as a bus or vehicle that picks him/her up to take him/her to the doctor or shopping?

Yes ..... ☐ Y  
No ..... ☐ N  
Don't know ..... ☐ D

9. Did [name] receive help from a social worker or other professional to identify services or organizations that could help him/her with things he/she needs in the community?

Yes ..... ☐ Y  
No ..... ☐ N  
Don't know ..... ☐ D

## **B. Administration Information**

10. AFU General Interview Questions Completion Status:

A. Complete ..... ☐ A  
B. Partially complete; contact again within window (interruptions) ... ☐ B  
C. Partially complete; unable to complete within window (done) ..... ☐ C