



GENERAL INTERVIEW FORM ANNUAL FOLLOW-UP (Mail Version)

PPT NAME:

1. **What is the primary purpose of the study?**

FORM CODE:

G	L	A	X
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b. Staff ID: |||

(To be completed by research staff member)

(To be completed by research staff member)

DATE: [01/21/2026]
Version 1.0

ADMINISTRATIVE INFORMATION

Instructions: Please tell us who is completing this form and today's date.

Full name of person completing this form: _____
(first) _____ (last) _____

0a. Today's Date: / /
 Month Day Year

(last)

QUESTIONS

Instructions: Please answer the questions below to the best of your ability. Please answer the questions in the order they appear on the form and follow directions to skip questions, as applicable.

These questions are about the participant's daily routines, including people or services that may assist him/her.

A. Caregiving and Support

1. Which of the following best describes where the participant lives?

Nursing home → *Skip remaining questions.
You have completed this form!*

Other → *Continue to Question 1a.*

1a. If Other, please specify:

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

Every day (7 days per week).....

Most days (5-6 days per week).....

Some days (2-4 days per week).....

Rarely (once a week or less).....

Never.....

Don't know.....

3. Is the participant 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 → *Continue to Question 4.*

No → *Skip to Question 7.*

Don't know → *Skip to Question 7.*

4. Do any of the people who help the participant live with him/her?

Yes

No

Don't know

5. Are any of the people who help the participant family members or friends?

Yes

No

Don't know

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

Yes

No

Don't know

The next few questions are about services that the participant used during the past month.

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

Yes

No

Don't know

8. Did the participant 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

No

Don't know

9. Did the participant 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

No

Don't know

Thank you for completing this form! Please make sure you complete all forms before mailing them back to the ARIC Study Team.