



GENERAL INTERVIEW FORM SEMI-ANNUAL FOLLOW-UP (Mail Version)

PPT NAME:

(To be completed by research staff member)

FORM CODE:

G	L	X
---	---	---

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

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. Please note that some question numbers are not in order and some numbers are skipped.

A. Falls

The first question is about falls the participant may have experienced during the past 12 months.

6. In the past 12 months did the participant fall?

Yes ☐
No ☐
Don't know ☐

B. Traumatic Brain Injuries

The next questions are about any head injuries the participant may have experienced in the past 12 months which led him/her to seek medical care. A head injury may also be referred to as a concussion or traumatic brain injury. Head injuries may happen from a fall, motor vehicle crash, or being hit by something or someone.

8. In the past 12 months did the participant have a head injury which led him/her to seek medical care?

Yes ☐ → Continue to Question 8a.
No ☐ → Skip to Question 12a.
Don't know ☐ → Skip to Question 12a.

8a. In the past 12 months, how many times did the participant have a head injury which led him/her to seek medical care?

- 1 ☐
- 2 ☐
- 3 ☐
- 4 ☐
- 5 ☐
- 6 or more ☐
- Don't know ☐

C. Digital Access

The next questions are about the participant's internet use in the past month and year.

12a. In the last month, has the participant used the Internet for household activities (e.g., shopping, paying bills)?

- Yes ☐
- No..... ☐
- Don't know ☐

12b. In the last month, has the participant used the Internet to connect with others (e.g., social networking, video calls with family or friends)?

- Yes ☐
- No..... ☐
- Don't know ☐

12c. In the last year, has the participant used the Internet to manage health-related tasks, such as having a telehealth visit, refilling prescriptions, or learning about a health condition?

- Yes ☐
- No..... ☐
- Don't know ☐

D. Alcohol Consumption

The next question is about the participant's consumption of wine, beer and drinks made with hard liquor.

13. Does the participant currently drink alcoholic beverages?

- Yes ☐
- No..... ☐
- Don't know ☐

E. Arthritis

The next questions are about arthritis.

15. Has a doctor or healthcare professional ever said that the participant has arthritis or osteoarthritis?

Yes ☐ → *Continue to Question 15h.*

No ☐ → *Skip to Question 16a.*

Don't know ☐ → *Skip to Question 16a.*

15h. In which areas of the body does the participant have arthritis? (Mark all that apply.)

☐ Feet or ankles

☐ Back

☐ Hands or wrists

☐ Knees

☐ Neck

☐ Hips

☐ Shoulders

F. Unintentional Weight Loss

The next questions are about the participant's weight loss to track potential changes.

16a. Over the past year, has the participant lost more than 10 pounds?

Yes ☐ → *Continue to Question 16c.*

No ☐ → *Skip to Question 20.*

Do not know ☐ → *Continue to Question 16c.*

16c. Was the participant trying to lose weight?

Yes ☐

No ☐

Do not know ☐

G. Physical Ability

These next questions are about how well the participant typically functions on his/her own. Do not include difficulties due to a temporary condition like a broken limb. Can the participant do the following activities without help from another person or special equipment, such as a cane or walker?

20. Is the participant able to walk for a quarter of a mile (about 2 or 3 blocks)?

Yes ☐

No ☐

Participant does not do this activity ☐

Don't know ☐

21. Is the participant able to walk from one room to another on the same level?

Yes..... ☐
No..... ☐
Participant does not do this activity..... ☐
Don't know..... ☐

22. Is the participant able to get in or out of bed?

Yes..... ☐
No..... ☐
Participant does not do this activity..... ☐
Don't know..... ☐

23. Is the participant able to walk up 10 steps without resting?

Yes..... ☐
No..... ☐
Participant does not do this activity..... ☐
Don't know..... ☐

24. Is the participant able to do chores around the house (like vacuuming, sweeping, dusting, or straightening up)?

Yes..... ☐
No..... ☐
Participant does not do this activity..... ☐
Don't know..... ☐

25. Is the participant able to prepare his/her own meals?

Yes..... ☐
No..... ☐
Participant does not do this activity..... ☐
Don't know..... ☐

26. Is the participant able to manage his/her money (such as keeping track of his/her expenses or paying bills)?

Yes..... ☐
No..... ☐
Participant does not do this activity..... ☐
Don't know..... ☐

27. Is the participant able to eat, including holding a fork, cutting food, or drinking from a glass?

Yes..... ☐

No..... ☐

Participant does not do this activity..... ☐

Don't know..... ☐

28. Is the participant able to dress himself/herself, including tying shoes, working zippers, or doing buttons?

Yes..... ☐

No..... ☐

Participant does not do this activity..... ☐

Don't know..... ☐

29. Is the participant able to lift or carry something as heavy as 10 pounds?

Yes..... ☐

No..... ☐

Participant does not do this activity..... ☐

Don't know..... ☐

30. Is the participant able to stand up from an armless chair?

Yes..... ☐

No..... ☐

Participant does not do this activity..... ☐

Don't know..... ☐

31. Is the participant able to stoop, crouch, or kneel?

Yes..... ☐

No..... ☐

Participant does not do this activity..... ☐

Don't know..... ☐

32. Is the participant able to bathe himself/herself?

Yes..... ☐

No..... ☐

Don't know..... ☐

33. Is the participant able to use the toilet and clean himself/herself?

Yes..... ☐

No..... ☐

Don't know..... ☐

H. Incontinence

34. Typically, does the participant have any difficulty with bladder or bowel control?

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.