



SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER:

FORM CODE:

DATE: 04/18/2024
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This form is completed during the six-month follow up to the participant's annual follow-up interview. 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.

A. Physical Activity

1. During leisure time, how often would you say you play sports or exercise?

- A. Never A
- B. Seldom..... B
- C. Sometimes..... C
- D. Often..... D
- E. Very often E

B. Functional Status

2. Are you able to do your usual activities, such as work around the house or recreation?

- Yes..... 1
- No 0

"As part of this questionnaire, we will ask several questions about your ability to walk. Those questions may sound very similar, but they are slightly different and each one is part of a different smaller set of questions. We thank you very much for your patience as we ask you each of these questions."

3. Are you able to walk half a mile without help? That's about 8 ordinary blocks.

- Yes..... 1
- No 0

4. Are you able to walk up and down stairs without help?

- Yes..... 1
- No 0

5. Are you able to do heavy work around the house without help?

- Yes..... 1
- No 0

C. Falls

“Next I will ask you about falls you may have experienced during the past 12 months.”

6. In the past 12 months did you fall?

- Yes..... A
- No B → **GO TO QUESTION 8**
- Do not remember C → **GO TO QUESTION 8**

7. In the past 12 months, how many times did you fall?

- 1 A
- 2 B
- 3 C
- 4 D
- 5 E
- 6 or more F
- Do not remember G

D. Caregiving

8. Are you 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, food preparation.

- Yes..... Y
- No N → **GO TO QUESTION 10**

9. Does the care provider live with you?

- Yes..... Y
- No N

E. Vaccination

10. Have you received the influenza (“flu”) vaccine at any time in the past 12 months?

- Yes..... 1
- No 2
- Unsure 3

11. Have you ever had a pneumonia vaccination? This shot is usually given only once in a person’s lifetime and is different from a flu shot.

- Yes..... Y
- No N

F. Alcohol Consumption

“Next, I am going to ask you about your consumption of wine, beer and drinks made with hard liquor.”

12. Have you ever consumed alcoholic beverages?

Yes..... Y
No N → **GO TO QUESTION 14**

13. Do you presently drink alcoholic beverages?

Yes..... Y
No N

*[If the participant asks, or if the answer is not explicit, “presently” is defined as within the last **6** months.]*

G. Cognitive Complaints

“Now I have a question about your memory.”

14. Do you feel as if your memory is becoming worse?

Yes..... A
No B → **GO TO QUESTION 16**
Do not know C → **GO TO QUESTION 16**

15. Does this worry you?

Yes..... A
No B
Do not know C

H. Gout Questions

“Next I will ask if you ever experienced gout.”

16. Have you ever been told by a physician that you had gout?

Yes..... Y
No N → **GO TO QUESTION 17**
Do not know Unknown → **GO TO QUESTION 17**

16a. How old were you when a physician first told you had gout?
Age in years

16b. How many attacks of gout have you had in the last 12 months?

- 0..... A
- 1..... B
- 2..... C
- 3..... D
- 4..... E
- 5 or more..... F → **GO TO QUESTION 17**

16c. How many attacks of gout have you had in your lifetime?

- 0..... A
- 1..... B
- 2..... C
- 3..... D
- 4..... E
- 5 or more..... F

I. Sleep

“Next I will ask about your sleep.”

17. What time do you usually get into bed and try to go to sleep? : AM/PM
Hour Minute

18. What time do you get out of bed to start the day? : AM/PM
Hour Minute

19. How would you rate your sleep quality overall?

- A. Very Good..... A
- B. Fairly Good..... B
- C. Fairly Bad..... C
- D. Very Bad..... D

J. Physical ability

These next few questions ask about how well you typically function on your own, which is without help from another person or special equipment such as a cane or walker. Do not include difficulties due to a temporary condition like a broken limb. For each activity I mention, please tell me whether you are able to perform this activity with *no difficulty*, with *some difficulty*, or you are *not able to do*.

How much difficulty do you have:		A= No difficulty	B= Some difficulty	C= Unable to do	D= Unknown/ Do not do
20.	Walking for a quarter of a mile (about 2 or 3 blocks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Walking from one room to another on the same level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Getting in or out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Walking up 10 steps without resting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Preparing your own meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Managing your money (such as keeping track of your expenses or paying bills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Eating, including holding a fork, cutting food, or drinking from a glass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Dressing yourself, including tying shoes, working zippers, or doing buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Lifting or carrying something as heavy as 10 pounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Standing up from an armless chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Stooping, crouching, or kneeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. Administration Information

32. sAF 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