



GENERAL INTERVIEW FORM

SEMI-ANNUAL FOLLOW-UP (Mail Version)

PPT NAME:

FORM CODE:

DATE:[01/21/2026]
Version 1.0

(To be completed by research staff member)

ADMINISTRATIVE INFORMATION

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

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

Are you the study participant?

Yes → Skip to Question 0a.

No..... → Continue to next question.

Are you a proxy for the study participant?

Yes

No.....

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. Physical Activity

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

Never	Seldom	Sometimes	Often	Very often
<input type="checkbox"/>				

B. Falls

The next question is about falls you may have experienced during the past 12 months.

6. In the past 12 months did you fall?

Yes

No

Do not remember

C. Traumatic Brain Injuries

The next questions are about any head injuries you may have experienced in the past 12 months which led you 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 you have a head injury which led you to seek medical care?

Yes → Continue to Question 8a.

No → Skip to Question 12a.

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

1

2

3

4

5

6 or more

Do not remember

D. Digital Access

The next questions are about your internet use in the past month and year.

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

Yes

No

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

Yes

No

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

Yes
No

E. Alcohol Consumption

The next question is about your consumption of wine, beer and drinks made with hard liquor.

13. Do you currently drink alcoholic beverages?

Yes
No

F. Arthritis

The next questions are about arthritis.

15. Has a doctor or healthcare professional ever told you that you have arthritis or osteoarthritis?

Yes → Continue to Question 15a.
No → Skip to Question 16a.

In which of the following areas have you been told you have arthritis?

15a. Feet or ankles

Yes
No

15b. Knees

Yes
No

15c. Hips

Yes
No

15d. Back

Yes
No

15e. Neck

Yes
No

15f. Shoulders

Yes
No

15g. Hands or wrists

Yes
No

G. Unintentional Weight Loss

The next questions are about weight loss to track potential changes.

16a. Over the past year, have you lost more than 10 pounds?

Yes → Continue to Question 16c.
No → Skip to Question 20.
Do not know → Continue to Question 16c.

16c. Were you trying to lose weight?

Yes
No
Do not know

H. Physical ability

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

20. Are you able to walk for a quarter of a mile (about 2 or 3 blocks)?

Yes
No
Do not do

21. Are you able to walk from one room to another on the same level?

Yes
No
Do not do

22. Are you able to get in or out of bed?

Yes
No
Do not do

23. Are you able to walk up 10 steps without resting?

Yes
No
Do not do

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

Yes
No
Do not do

25. Are you able to prepare your own meals?

Yes
No
Do not do

26. Are you able to manage your money (such as keeping track of your expenses or paying bills)?

Yes
No
Do not do

27. Are you able to eat, including holding a fork, cutting food, or drinking from a glass?

Yes
No
Do not do

28. Are you able to dress yourself, including tying shoes, working zippers, or doing buttons?

Yes
No
Do not do

29. Are you able to lift or carry something as heavy as 10 pounds?

Yes	<input type="checkbox"/>
No.....	<input type="checkbox"/>
Do not do.....	<input type="checkbox"/>

30. Are you able to stand up from an armless chair?

Yes	<input type="checkbox"/>
No.....	<input type="checkbox"/>
Do not do.....	<input type="checkbox"/>

31. Are you able to stoop, crouch, or kneel?

Yes	<input type="checkbox"/>
No.....	<input type="checkbox"/>
Do not do.....	<input type="checkbox"/>

The following three questions are about bathing, using the toilet, and incontinence. Although these are normal, everyday activities and functions, we understand these may be sensitive topics.

32. Are you able to bathe yourself?

Yes	<input type="checkbox"/>
No.....	<input type="checkbox"/>
Do not do.....	<input type="checkbox"/>

33. Are you able to use the toilet and clean yourself?

Yes	<input type="checkbox"/>
No.....	<input type="checkbox"/>
Do not do.....	<input type="checkbox"/>

I. Incontinence

34. Typically, do you have any difficulty with bladder or bowel control?

Yes	<input type="checkbox"/>
No.....	<input type="checkbox"/>

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