

0b. Staff ID:

(To be completed by research staff member)



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

PPT NAME:

(To be completed by research staff member)

FORM CODE:

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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)

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ..... ☐

No..... ☐

Do not do..... ☐

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

Yes ..... ☐

No..... ☐

Do not do..... ☐

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

Yes ..... ☐

No..... ☐

Do not do..... ☐

**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 ..... ☐

No..... ☐

Do not do..... ☐

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

Yes ..... ☐

No..... ☐

Do not do..... ☐

## **I. Incontinence**

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

Yes ..... ☐

No..... ☐

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