



GENERAL INTERVIEW FORM

ANNUAL FOLLOW-UP (Mail Version)

PPT NAME:

FORM CODE:

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DATE:[11/21/2026]

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.**These questions are about your daily routines, including people or services that may assist you.**

A. Caregiving and Support

1. Which of the following best describes where you live?

Private residence/home/apartment..... → Skip to Question 2.Assisted living facility or continuing care retirement community (CCRC)... →
Skip to Question 2.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 you leave your 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

3. 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, or food preparation.

Yes → Continue to Question 4.
No → Skip to Question 7.

4. Do any of the people who help you live with you?

Yes
No

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

Yes
No

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

Yes
No

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

7. Did you receive any meals delivered to your home by Meals on Wheels or another community organization?

Yes
No

8. Did you use transportation services provided by a community organization, such as a bus or vehicle that picks you up to take you to the doctor or shopping?

Yes
No

9. Did you receive help from a social worker or other professional to identify services or organizations that could help you with things you need in the community?

Yes
No

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