Public reporting burden for this collection of information is estimated to average 6-15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0281). Do not return the completed form to this address.

OMB#: 0925-0281 Exp. 05/31/2017



## SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER: FORM CODE: G N C DATE: 01/10/20 Version 1.0	)14						
ADMINISTRATIVE INFORMATION							
0a. Completion Date: Day Year Ob. 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. SF-12 HEALTH SURVEY							
"This survey asks for your views about your health. Please answer each question by selecting one of the answers I will mention. If you are unsure about a response, please give the best answer you can."							
1. In general, would you say your health is:							
Excellent 1 Very good 2 Good 3 Fair 4 P	Poor 5 🗌						
2. The following questions are about activities you might do during a typical day. Does your health now limit							
you in these activities? If so, how much?  Yes, Yes, limited limited a lot a little	No, not limited at all						
<ul> <li>a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</li> <li>1  2 </li> </ul>	3 🗌						
b. Climbing <b>several</b> flights of stairs 1 2	3 🗌						
3. During the <u>past 4 weeks</u> , how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health?</u>							
All of Most of Some of A little the time the time the time the time a. Accomplished less than you would like 1 \( \bigcup \) 2 \( \bigcup \) 3 \( \bigcup \) 4	ne the time						
b. Were limited in the kind of work or other activities 1 2 3 4	5 🗆						

	st 4 weeks, how much of t egular daily activities <u>as a</u>						
·			All of e time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplish	ned less than you would lil	ke ´	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
b. Did work o than usual	r other activities less carel	fully	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
	st <u>4 weeks,</u> how much did me and housework)?		erfere wit	h your norm	nal work (incl	uding both v	work
	A M C	lot at all a little bit Moderatel Quite a bi Extremely	ly :	1			
6. These questions are about how you feel and how things have been with you during the <u>past 4 weeks</u> . For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time <u>during the past 4 weeks</u>							
a. Have you f	elt calm and peaceful?		All of the time	Most of the time 2	Some of the time 3	A little of the time 4	None of the time 5
b. Did you ha	ve a lot of energy?		1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
c. Have you f	elt downhearted and depr	essed?	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
	Most Some A littl		riends, ree me ime ime			onal probler	ms
B. CAREGIVER	STATUS						
or disability? T bathing this pe	ntly providing care on an o his would include any kind rson, arranging care, or p	d of help roviding	such as transport	watching yo			
Yes No	□ □→ GO TO	QUEST	1ON 12				
9. How are you r	related to this person?						
Neighbor	randparent						

10. Do you live with this person?
Yes
11. How much mental or emotional strain is it for you to provide this care?
No strain
12. Are you currently receiving care on an ongoing basis from a family member or friend to help with a chronic illness or disability? This would include any kind of help such as companionship, dressing obathing, arranging care, or providing transportation.
Yes
13. How are you related to the person who is providing care for you?
Spouse
14. Do you live with this person?
Yes
C. ADMINISTRATION INFORMATION
15. sAF General Interview Questions Completion Status:  a. Complete