



SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER:

FORM CODE: G N C

DATE: 01/10/2014
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. 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 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, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Climbing several flights of stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Were limited in the kind of work or other activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Accomplished less than you would like | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Did work or other activities less carefully than usual | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- | | |
|--------------|----------------------------|
| Not at all | 1 <input type="checkbox"/> |
| A little bit | 2 <input type="checkbox"/> |
| Moderately | 3 <input type="checkbox"/> |
| Quite a bit | 4 <input type="checkbox"/> |
| Extremely | 5 <input type="checkbox"/> |

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

- | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Have you felt calm and peaceful? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Did you have a lot of energy? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Have you felt downhearted and depressed? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- | | |
|----------------------|----------------------------|
| All of the time | 1 <input type="checkbox"/> |
| Most of the time | 2 <input type="checkbox"/> |
| Some of the time | 3 <input type="checkbox"/> |
| A little of the time | 4 <input type="checkbox"/> |
| None of the time | 5 <input type="checkbox"/> |

B. CAREGIVER STATUS

8. Are you currently providing care on an ongoing basis to a family member or friend with a chronic illness or disability? This would include any kind of help such as watching your family member/friend, dressing or bathing this person, arranging care, or providing transportation.

- Yes.....
- No → **GO TO QUESTION 12**

9. How are you related to this person?

- Spouse.....
- Friend.....
- Neighbor.....
- Parent/Grandparent.....

10. Do you live with this person?

- Yes.....
- No

11. How much mental or emotional strain is it for you to provide this care?

- No strain.....
- Low amount of strain
- Moderate amount of strain....
- A lot of strain
- Extreme amount of 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 or bathing, arranging care, or providing transportation.

- Yes.....
- No → **GO TO QUESTION 15**

13. How are you related to the person who is providing care for you?

- Spouse.....
- Friend.....
- Neighbor.....
- Parent/Grandparent.....

14. Do you live with this person?

- Yes.....
- No

C. ADMINISTRATION INFORMATION

15. sAF General Interview Questions Completion Status:

- a. Complete.....
- b. Partially complete; contact again within window (interruptions)...
- c. Partially complete; unable to complete within window (done).....