



SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER:

FORM CODE: G N C

DATE: 05/01/2014
Version 2.0

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. MODIFIED SF-12 HEALTH SURVEY

"We want to know your views about your health. Please answer each question by selecting one of the answers I will read to you. There are no 'right or wrong' answers, we just want to know how you feel."

1. In general, would you say your health is:

Excellent 1 Very good 2 Good 3 Fair 4 Poor 5

2. The next two questions are about activities you might do during a typical day.

	Yes, a lot	Yes, a little	No, not at all
a. Does your health now limit you in 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. Does your health now limit you in climbing several flights of stairs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

"I am now going to ask you eight questions which will all use the same five possible responses. The responses are 'All of the time, most of the time, some of the time, a little of the time, and none of the time.' I will be glad to repeat the responses for each question as we go along."

3. During the past 4 weeks, how much of the time have you had the following problems with your 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. Did you accomplish 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"/>

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
b. Were you 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 the following problems with your regular daily activities as a result of any problems with your emotional health (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. Did you accomplish 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 you work or do 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. The next three questions are about how you have felt 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. How much of the time <u>during the past 4 weeks</u> 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. How much of the time <u>during the past 4 weeks</u> 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. How much of the time <u>during the past 4 weeks</u> 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"/>

6. During the past 4 weeks, how much of the time has your physical health or emotional health 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"/>

“The next question uses a different set of responses that I’ll list for you after I read you the question.”

7. During the past 4 weeks, how much did pain interfere with your normal work or activities?

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"/>

“Thank you for answering all those questions about how you feel! Now I want to ask a few questions on a different topic.”

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.....
Relative other than spouse...
Friend.....
Neighbor.....
Other

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.....
Relative other than spouse...
Friend.....
Neighbor.....
Other

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).....