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.

   a. Does your health now limit you in moderate activities (such as moving a table, pushing a vacuum cleaner, bowling, or playing golf)?
      - Yes, a lot 1
      - Yes, a little 2
      - No, not at all 3

   b. Does your health now limit you in climbing several flights of stairs?
      - Yes, a lot 1
      - Yes, a little 2
      - No, not at all 3

“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?

   a. Did you accomplish less than you would like?
      - All of the time 1
      - Most of the time 2
      - Some of the time 3
      - A little of the time 4
      - None of the time 5
b. Were you limited in the kind of work or other activities?  

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

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)?  

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you accomplish less than you would like?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Did you work or do other activities less carefully than usual?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. The next three questions are about how you have felt during the **past 4 weeks**.

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How much of the time during the <strong>past 4 weeks</strong> have you felt calm and peaceful?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. How much of the time during the <strong>past 4 weeks</strong> did you have a lot of energy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. How much of the time during the <strong>past 4 weeks</strong> have you felt downhearted and depressed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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.)?  

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some of the time</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little of the time</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of the time</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

“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?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

“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 ........................................ [ ] \( \rightarrow \) 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 ........................................ [ ] \( \rightarrow \) 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)...... [ ]