



SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER:

FORM CODE:

G	N	E
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DATE: 12/21/2015
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
Month			Day			Year			

0b. Staff ID:

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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. Physical Activity

1. In comparison with others of your own age, do you think your physical activity during leisure time is:

- a. Much Less A
- b. Less B
- c. The same C
- d. More D
- e. Much More E

B. Functional Status

2. Are you able to do your usual activities, such as work around the house or recreation?

- Yes 1
- No 0

3. Are you able to walk half a mile without help? That's about 8 ordinary blocks.

- Yes 1
- No 0

4. Are you able to walk up and down stairs without help?

- Yes 1
- No 0

5. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors, without help?

- Yes 1
- No 0

C. Falls

6. Are you afraid of falling?

Yes 1
No..... 0

7. Do you limit any inside household activities because you are afraid you may fall?

Yes 1
No..... 0

8. Do you limit any outside activities because you are afraid you may fall?

Yes 1
No..... 0

“Next I will ask you about falls you may have experienced during the past 12 months.”

9. In the past 12 months did you fall?

Yes A
No..... B → **GO TO QUESTION 13**
Do not remember C → **GO TO QUESTION 13**

10. In the past 12 months, how many times did you fall?

1 A
2 B
3 C
4 D
5 E
6 or more F
Do not remember G

“Now I am going to ask you about your most serious fall during the past 12 months.”

11. Did you have to limit your activities because you were injured from this fall?”

Yes A
No..... B
Do not remember C

12. From this fall, did you have an injury that required you to see your doctor?

Yes A
No..... B
Do not remember C

D. Cognitive Complaints

13. Do you have any complaints concerning your memory?

Yes 1
No..... 0

14. Do other people find you forgetful?

Yes 1
No..... 0

15. Do you ever forget names of family members or friends?

Yes 1
No..... 0

16. Do you often forget where things are left?

Yes 1
No..... 0

17. Do you often use notes to avoid forgetting things?

Yes 1
No..... 0

18. Do you ever have difficulties in finding particular words?

Yes 1
No..... 0

19. Did you ever lose your way in your neighborhood?

Yes 1
No..... 0

20. Do you think more slowly than you used to?

Yes 1
No..... 0

21. Do your thoughts ever become confused?

Yes 1
No..... 0

22. Do you have concentration problems?

Yes 1
No..... 0

E. Health Questionnaire

23. During the past month, have you been bothered by feeling down, depressed or hopeless?

Yes 1
No..... 0

24. During the past month, have you been bothered by little interest or pleasure in doing things?

Yes 1
No..... 0

F. Living Arrangements

“Now I would like to ask you a question about your living arrangements.”

25. Do you currently live with anyone, such as a family member or a friend, or do you live alone?”

A. I live with someone A
B. I live alone..... B
C. Refused C

G. Social Support

26. Can you count on anyone to help you when you need to make difficult decisions or talk over problems?

Yes 1
No..... 0

27. Can you count on anyone to help you with daily tasks like grocery shopping, housecleaning, cooking, telephoning, or giving you a ride?

Yes 1
No..... 0

H. ADMINISTRATION INFORMATION

28. sAF General Interview Questions Completion Status:

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