OMB#: 0925-0281
Exp. 03/31/2014

SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: G E N DATE: 12/15/2011
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.*

INTRODUCTION SCRIPT: "Now I would like to ask some questions about your health that ARIC has not asked you before."

A. GENERAL INTERVIEW

PERSONAL NEUROLOGIC HISTORY

1. Have you ever been told by a doctor or health professional that you have any of the following neurologic disorders, these would be conditions that affect the brain.

	No	Yes	If Yes, age in years at diagnosis
a. Alzheimer's Disease	☐	☐	a1. ☐☐
b. Parkinson's Disease	☐	☐	b1. ☐☐
c. Memory loss or cognitive impairment	☐	☐	c1. ☐☐
d. Dementia, vascular dementia, or hardening of the arteries of the brain	☐	☐	d1. ☐☐
e. Any others	☐	☐	

If yes, list and record age in years at diagnosis

e1. ______________________________ e1a. ☐☐

e2. ______________________________ e2a. ☐☐

e3. ______________________________ e3a. ☐☐

2. Are you sleepy most of the day?

   Yes…… .... ☐
   No .... ☐

3. In the past month, how many days did you "doze off" during the day other than taking a regular nap?

   ☐☐

4. Have you ever been told, or suspected yourself, that you "act out your dreams" while you sleep, for example, punching or flailing your arms in the air, making running movements, shouting, or screaming?

   Yes…… .... ☐
   No........................☐→ **Go to Question 5**

4a. How often?

   Less than 3 times in total .... ☐
   Less than once a month................................... ☐
   1-3 times a month .... ☐
   Once a week .... ☐
   More than once per week................................. ☐

4b. How old were you, when this started? ☐☐
Age in years

5. Do you have shaking in your hands, arms or legs that you can't control?

   Yes…… .... ☐
   No........................☐→ **Go to Question 6**

5a. How old were you, when this first started? ☐☐
Age in years

6. Is your handwriting smaller than it once was?

   Yes…… .... ☐
   No .... ☐

7. Have you <u>ever</u> been told by a physician that you had gout?

   Yes………………☐
   No........................☐→ **Go to Question 8**
   Unknown…..........☐→ **Go to Question 8**

7a. How old were you when a physician <u>first</u> told you had gout? ☐☐ Age in years

7b. When was the last time you had to get health care for your gout? ☐☐ Time in years

(*for the QxQs: within the year = 0 years*)

8. How many teeth, if any, have you lost or had removed during the past ten years?

None.. ☐
1 or 2 teeth………... ☐
3 or more teeth.. ☐
Don't know…………. .... ☐

"These next few questions ask about how well you typically function on your own, that is without help from another person or special equipment. For each activity I mention, please tell me how much difficulty you have performing the activity when you are <u>by yourself and without the use of special equipment</u>."

<u>PHYSICAL ABILITY</u>

How much difficulty do you have:	No Difficulty	Some Difficulty	Much Difficulty	Unable To Do	Unknown or Do Not Do
9. Walking for a quarter of a mile (about 2 or 3 blocks)?	☐	☐	☐	☐	☐
10. Walking up 10 steps without resting?	☐	☐	☐	☐	☐
11. Stooping, crouching or kneeling?	☐	☐	☐	☐	☐
12. Lifting or carrying something as heavy as 10 pounds?	☐	☐	☐	☐	☐
13. Doing chores around the house (like vacuuming, sweeping, dusting or straightening up)?	☐	☐	☐	☐	☐
14. Preparing your own meals?	☐	☐	☐	☐	☐
15. Managing your money (such as keeping track of your expenses or paying bills)?	☐	☐	☐	☐	☐
16. Walking from one room to another on the same level?	☐	☐	☐	☐	☐
17. Standing up from an armless chair?	☐	☐	☐	☐	☐
18. Getting in or out of bed?	☐	☐	☐	☐	☐

How much difficulty do you have:	No Difficulty	Some Difficulty	Much Difficulty	Unable To Do	Unknown or Do Not Do
19. Eating, including holding a fork, cutting food or drinking from a glass?	☐	☐	☐	☐	☐
20. Dressing yourself, including tying shoes, working zippers and doing buttons?	☐	☐	☐	☐	☐

"I will now ask you several questions concerning the health care you received in the past six months."

CONTINUITY OF CARE

21. Over the past 6 months, when you received medical care, how often did you see the same doctor or health care provider?

Always……………………….. ……………………………………………… ☐
Most of the time……………... .... ……… ☐
Sometimes……………………………………………………………………. ☐
Rarely or never……………….. ……….☐
Did not see a doctor or health care provider in the last 6 months………… ☐→ **Go to Question 23**

22. In the past 6 months, how many times have you seen your usual doctor/health care provider?

0 (None) …….. ☐
1 (Once) ……..☐
2 (Twice) ……..☐
3 or more……..☐

ACCESS TO CARE

23. In the past 6 months, was there any time when you delayed getting, or did not get medical care when you needed it?

Yes………………………….. ☐
No…………………………… ☐ → **Go to Question 26**
Refused…………………….. ☐ → **Go to Question 26**

24. In the past 6 months, was there any time when you needed any of the following, but did not get it because you could not afford it?

	Yes	No
a. To be seen by doctor or other health care provider.....................................	☐	☐
b. Mental health care or counseling	☐	☐
c. Nursing home care…………………………………………………………	☐	☐

25. In the past 6 months, aside from costs, what were the reason(s) for which you delayed getting, or did not get medical care when you needed it?

	Yes	No
a. You couldn't get through on the telephone	☐	☐
b. You couldn't get an appointment soon enough	☐	☐
c. Once you got there, you had to wait too long to see the doctor/health care provider	☐	☐
d. The clinic/doctor's office wasn't open when you could get there	☐	☐
e. You didn't have transportation	☐	☐
f. Medical care too far away	☐	☐

COORDINATION OF HEALTH CARE FROM OTHER PROVIDERS

26. In the last 6 months, did you get care from a doctor or other health care provider other than your usual doctor?

Yes………………………………………………………………………………… ☐
No, did not see other doctor/health care provider other than usual doctor….☐→ **Go to Question 30a**
No, did not see any doctor or health care provider ……………………. ☐→ **Go to Question 32**

27. In the last 6 months, how often did your usual doctor/health care provider seem informed and up-to-date about the care you got from other doctors or health care providers?

Always……………………………………………………☐
Usually……………………………………………………☐
Sometimes………………………………………………☐
Never……………………………………………………☐
Do not know……………………………………………☐
Did not see my usual doctor/health care provider……☐

28. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health care providers?

Yes…………………… ☐
No…………………… ☐→ **Go to Question 30a**

29. How satisfied are you with the help you received to coordinate your care in the last 6 months?

Very dissatisfied ………………………………☐
Dissatisfied ……………………………………☐
Neither dissatisfied nor satisfied ……………☐
Satisfied ………………………………………☐
Very satisfied……………………………………☐

"I will now ask you about your satisfaction with the medical care that you received in the past six months. There are six questions for which you can give me one of the following four answers: never, sometimes, usually, or always."

HEALTH CARE SATISFACTION

30. In the last 6 months, how often did doctors or other health care providers?

	Never	Sometimes	Usually	Always
a. Listen carefully to you?	☐	☐	☐	☐
b. Explain medical procedures and tests in a way you could understand?	☐	☐	☐	☐
c. Show respect for what you had to say?	☐	☐	☐	☐
d. Spend enough time with you?	☐	☐	☐	☐
e. Involve you in decisions concerning your health	☐	☐	☐	☐
f. Make decisions concerning your health that you are comfortable with	☐	☐	☐	☐

31. Overall, how satisfied are you with the quality of care you received from your health care providers over the last 6 months? Would you say that you are:

Very satisfied ☐
Somewhat satisfied ☐
Somewhat dissatisfied ☐
Very dissatisfied ☐

CLOSURE SCRIPT:

"Thank you very much for answering these questions. You have previously provided us with information on how to contact you. To help us contact you in the future, please tell me if the information I have is still correct."

"Thank you very much for answering these questions. We will call ______ in about six months."

B. ADMINISTRATIVE INFORMATION

32. 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) ☐