



## SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER:

FORM CODE: 

G	N	B
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DATE: 11/09/2012  
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. Living circumstances

1. "Now I would like to ask you a question about your living arrangements. Do you currently live with anyone, such as a family member or a friend, or do you live alone?"

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

### B. Physical ability

"These next few questions ask about how well you typically function on your own, which is without help from another person or special equipment such as a cane or walker. For each activity I mention, please tell me whether you are able to perform this activity with **no difficulty**, **with some difficulty** or are you **not able to do**."

How much difficulty do you have:	A= No difficulty	B= Some difficulty	C= Unable to do	D= Unknown/ Do not do
2. Walking for a quarter of a mile (about 2 or 3 blocks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↓		↓		↓
		2a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓
3. Walking from one room to another on the same level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↓		↓		↓
		3a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓
4. Getting in or out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↓		↓		↓
		4a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓

How much difficulty do you have:		A= No difficulty	B= Some difficulty	C= Unable to do	D= Unknown/ Do not do
5.	Walking up 10 steps without resting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
		5a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓	↓
6.	Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
		6a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓	↓
7.	Preparing your own meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
		7a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓	↓
8.	Managing your money (such as keeping track of your expenses or paying bills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
		8a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓	↓
9.	Eating, including holding a fork, cutting food, or drinking from a glass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
		9a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓	↓
10.	Dressing yourself, including tying shoes, working zippers, or doing buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
		10a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓	↓
11.	Lifting or carrying something as heavy as 10 pounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
		11a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓	↓
12.	Standing up from an armless chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
		12a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much		↓	↓

How much difficulty do you have:		A= No difficulty	B= Some difficulty	C= Unable to do	D= Unknown/ Do not do
13.	Stooping, crouching, or kneeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		↓	↓	↓	↓
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           13a. Would you say that was:  <input type="checkbox"/>a=A little <input type="checkbox"/>b=Much         </div>					

**C. Fatigue**

*“Next I will ask you about how often you have felt tired in the past 7 days. There are 5 possible answers to choose from: never, rarely, sometimes, often, or always.”*

In the past 7 days...		Never	Rarely	Sometimes	Often	Always
14.	How often did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	How often did you experience extreme exhaustion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	How often did you run out of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	How often were you too tired to think clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	How often were you too tired to take a bath or shower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Falls**

*“Next I will ask you about falls you may have experienced recently.”*

19. In the past 6 months did you fall?

- Yes .....
- No .....  → Skip to END
- Do not remember .....  → Skip to END

20. In the past 6 months, how many times did you fall?

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 or more .....
- Do not remember .....

*“Now I am going to ask you about the fall that you think was the most serious.”*

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

- Yes .....
- No .....
- Do not remember .....

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

- Yes .....
- No .....
- Do not remember .....

23. For this fall, briefly describe what were you doing when you fell, and what you think made you fall.

\_\_\_\_\_

**E. Administrative information**

**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."***

***[Update the CIU form as necessary.]***

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

24. 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).....