



SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER:

FORM CODE:

DATE: 01/05/2015
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.

A. Chronic pain

"I would like to ask about pain you may have experienced."

1. When was the last time you experienced pain?

- a. Today
- b. Not today, but within the past week
- c. More than a week, but less than a month ago.....
- d. 1-3 months ago → **GO TO QUESTION 4**
- e. 4-6 months ago → **GO TO QUESTION 4**
- f. More than 6 months ago..... → **GO TO QUESTION 4**

2. Think of the last time you experienced pain, please give me a number from 1 to 10 to indicate the intensity of your pain, where 1 means no pain at all and 10 means the worst pain imaginable.

3. How often do you experience pain?

- a. At all times.....
- b. Daily
- c. Several times a week.....
- d. Approximately once a week.....
- e. Several times a month.....
- f. Approximately once a month
- g. Less often than once a month

B. Unintentional weight loss

“Next I will ask you a few questions about weight loss.”

4. Over the past year, have you lost more than 10 pounds?

- Yes.....
- No → **GO TO QUESTION 7**
- Unknown → **GO TO QUESTION 6**

5. About how much lower is your weight now than a year ago?

pounds

6. Were you trying to lose weight?

- Yes.....
- No
- Unknown

C. Living Arrangements

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

7. 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

D. Caregiver Burden

“Now I want to ask a few questions about providing care for others.”

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 16**

“If you are providing care for more than one person, the following questions refer to the person for whom you are providing the most care.”

9. How are you related to this person?

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

10. During an average week of the last month, how many hours of care did you provide to this person?

- a. <1 hour per week.....
- b. 1-5 hours per week.....
- c. 5-13 hours per week.....
- d. 14-40 hours per week.....
- e. 40+ hours per week.....

11a. Does the person for whom you are providing care have memory difficulties?

- Yes.....
- No
- Do not know

11b. Does the person for whom you are providing care need help with daily tasks?

- Yes.....
- No
- Do not know

12. On a scale of 1 to 5, with 1 being no strain and 5 being extreme amount of strain, how much mental or emotional strain is it for you to provide this care?

13. On a scale of 1 to 5, with 1 being no strain and 5 being extreme amount of strain, how much physical strain is it for you to provide this care?

14. On a scale of 1 to 5, with 1 being no strain and 5 being extreme amount of strain, how much financial strain is it for you to provide this care?

15. How long have you been providing care on an ongoing basis to any relatives or friends?

- a. 6 months or less
- b. 6 months to a year.....
- c. One to five years
- d. Five years or longer.....

E. Falls

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

16. In the past 12 months did you fall?

- Yes.....
- No → **GO TO QUESTION 20**
- Do not remember → **GO TO QUESTION 20**

17. In the past 12 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 your most serious fall during the past 12 months.”

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

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

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

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

F. ADMINISTRATION INFORMATION

20. 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).....