



SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER:

FORM CODE: GNG

DATE: 01/01/2020
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. 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

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

6. In the past 12 months did you fall?

- Yes..... A
No B → **GO TO QUESTION 8**
Do not remember C → **GO TO QUESTION 8**

7. 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

D. Caregiving

8. Are you currently receiving care on an ongoing basis to help with chronic illness or disability? This includes any kind of help, such as companionship, help with dressing, bathing, transportation, food preparation.

- Yes..... Y
No N → **GO TO QUESTION 10**

9. Does the care provider live with you?

- Yes..... Y
No N

E. Social Support

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

- Yes..... 1
No 0

“The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.”

- | | Hardly Ever | Some of the time | Often |
|--|----------------------------|----------------------------|----------------------------|
| 11. First, how often do you feel that you lack companionship: Hardly ever, some of the time, or often? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 12. How often do you feel left out: Hardly ever, some of the time, or often? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 13. How often do you feel isolated from others? Is it hardly ever, some of the time, or often? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

F. Cognitive Complaints

“Now I have a question about your memory.”

14. Do you feel as if your memory is becoming worse?

- Yes..... A
- No B → **GO TO QUESTION 16**
- Do not know C → **GO TO QUESTION 16**

15. Does this worry you?

- Yes..... A
- No B
- Do not know C

G. Administration Information

16. 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