



# ANNUAL FOLLOW-UP GENERAL INTERVIEW WITH PARTICIPANT

ID  
NUMBER:

FORM CODE: GNLA

DATE: 11/24/2025  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: //  
Month Day Year

0b. Staff ID:

**Instructions:** This form is completed when the participant is interviewed during their 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.

**"First, I will ask you about your daily routines, including people or services that may assist you."**

### A. Caregiving and Support

1. Which of the following best describes where you live?

- Private residence/home/apartment..... ☐1 → **GO TO QUESTION 2**  
Assisted living facility or continuing care retirement community (CCRC)..... ☐2 → **GO TO QUESTION 2**  
Nursing home ..... ☐3 → **GO TO QUESTION 10**  
Other ..... ☐4

1a. If other, please specify \_\_\_\_\_

2. In the last month, how often did you leave your home to go outside?

- Every day (7 days per week) ..... ☐1  
Most days (5-6 days per week) ..... ☐2  
Some days (2-4 days per week)..... ☐3  
Rarely (once a week or less) ..... ☐4  
Never ..... ☐5

3. 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, or food preparation.

- Yes ..... ☐Y  
No ..... ☐N → **GO TO QUESTION 7**

4. Do any of the people who help you live with you?

- Yes ..... ☐Y  
No ..... ☐N

5. Are any of the people who help you family members or friends?

Yes ..... ☐ Y

No ..... ☐ N

6. Are any of the people who help you paid to provide help? This could include home health aides, personal care assistants, or other home care workers.

Yes ..... ☐ Y

No ..... ☐ N

**“Next I will ask about services that you used during the past month.”**

7. Did you receive any meals delivered to your home by Meals on Wheels or another community organization?

Yes ..... ☐ Y

No ..... ☐ N

8. Did you use transportation services provided by a community organization, such as a bus or vehicle that picks you up to take you to the doctor or shopping?

Yes ..... ☐ Y

No ..... ☐ N

9. Did you receive help from a social worker or other professional to identify services or organizations that could help you with things you need in the community?

Yes ..... ☐ Y

No ..... ☐ N

## **B. Administration Information**

10. AFU 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