



General Interview

FORM CODE: GNB
VERSION: B 12/20/2017

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This form is completed during 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. Living Arrangements

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

8. Do you currently live with anyone, such as a family member or a friend, or do you live alone?

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

E. Time Spent Watching TV

9. How often during a day do you watch TV?

- A. Never A
- B. Seldom..... B
- C. Sometimes..... C
- D. Often D
- E. Very often E

F. 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

11. Can you count on anyone to help you with daily tasks like grocery shopping, housecleaning, cooking, telephoning, or giving you a ride?

- Yes..... 1
- No..... 0

G. Cognitive Complaints

“In the next two questions we would like to ask you about your memory.”

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

- Yes A
No..... B → **GO TO QUESTION 14**
Do not know C → **GO TO QUESTION 14**

13. Does this worry you?

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

H. ADMINISTRATION INFORMATION

14. 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