



ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER :

J

Contact Year:

NAMECODE:

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. 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. Vaccination

10. Have you received the influenza (“flu”) vaccine at any time since August 2021?

- Yes..... 1
- No 0
- Unsure 2

11. Have you ever had a pneumonia vaccination? This shot is usually given only once in a person’s lifetime and is different from a flu shot.

- Yes..... Y
- No N

F. Alcohol Consumption

“Next, I am going to ask you about your consumption of wine, beer and drinks made with hard liquor.”

12. Have you ever consumed alcoholic beverages?

Yes..... Y
No N → **GO TO QUESTION 14**

13. Do you presently drink alcoholic beverages?

Yes..... Y
No N

[If the participant asks, or if the answer is not explicit, “presently” is defined as within the last 6 months.]

G. 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

H. Gout Questions

“Next I will ask if you ever experienced gout.”

16. Have you ever been told by a physician that you had gout?

Yes..... Y
No N → **GO TO QUESTION 17**
Do not know..... Unknown → **GO TO QUESTION 17**

16a. How old were you when a physician first told you had gout?
Age in years

16b. How many attacks of gout have you had in the last 12 months?

- 0 A
- 1 B
- 2 C
- 3 D
- 4 E
- 5 or more F → **GO TO QUESTION 17**

16c. How many attacks of gout have you had in your lifetime?

- 0 A
- 1 B
- 2 C
- 3 D
- 4 E
- 5 or more F

I. Administration Information

17. AF 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