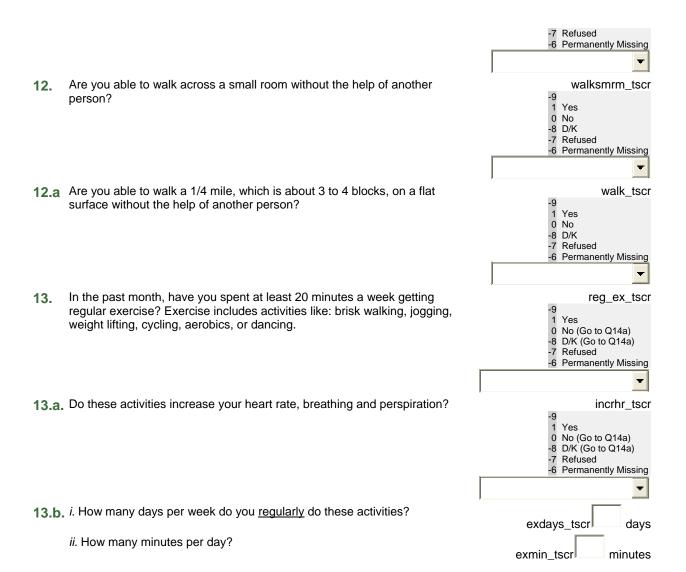
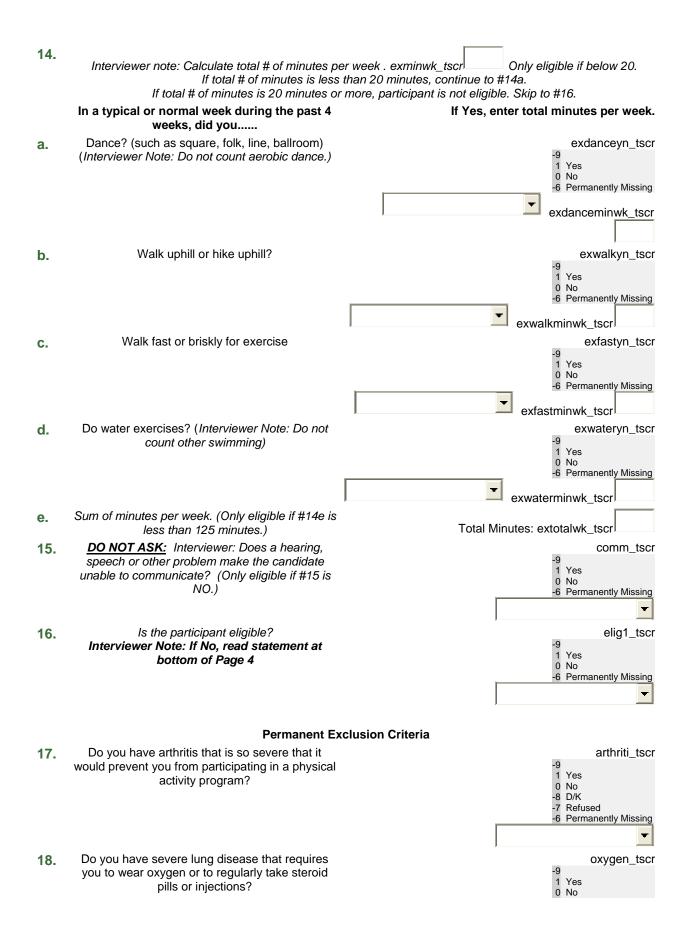
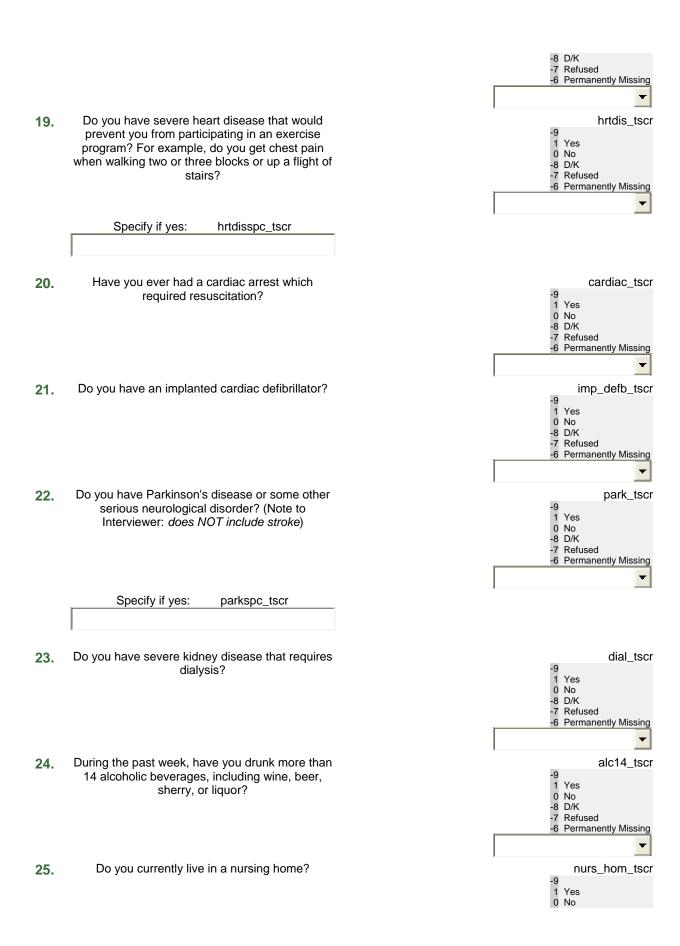
## Dataset name: tscr\_v5.2

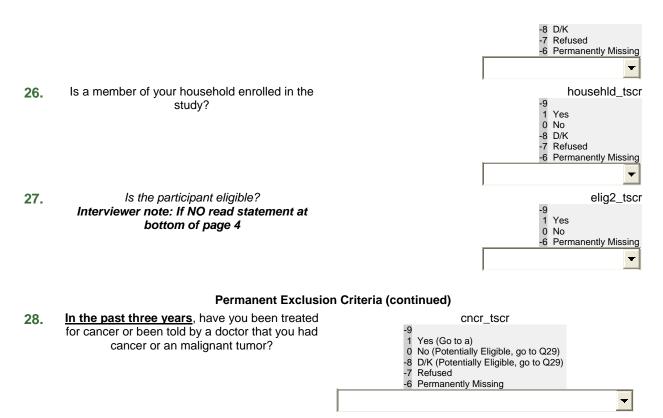
| Participant ID pid                   |               |  |                  |                     | Acrostic a | crostic  |
|--------------------------------------|---------------|--|------------------|---------------------|------------|--|
|                                      |               |  |                  | Interviewer co      | ompby      | V.C. vc  |
|                                      |               |  |                  | Date of Visit vis_o | dat        | (mm/dd/yyyy)   |
|                                      | _             |  | _                | _                   | _          |  |
| Tel                                  | eph           | one Scr  | eeni             | ng Inte             | rvie       | W  |
|                                      |               |  | RF 5.2           |                     |            |  |
|                                      |               | ote: To be kept in a conf<br>study? ( <b>X</b> any that appl |                  | eparate from other  | data forms | S.   |
|                                      |               | e broch_tscr value="1"                                       |                  | mag_tscr value="    | 1"         |  |
|                                      | Event         | event_tscr value="1"   | Newspaper<br>Ad  | news_ad_tscr val    | ue="1"     |  |
|                                      | Flyer         | flyer_tscr value="1"   | Referral         | referral_tscr value | ⊭"1"       |  |
|                                      | FU Call       | fu_call_tscr value="1"                                       | Radio Ad         | radio_ad_tscr valu  | Je="1"     |  |
|                                      | Letter        | letter_tscr value="1"  | Television<br>Ad | tv_ad_tscr value=   | "1"        |  |
|                                      | Don't<br>know | dk_tscr value="1"  | Refused          | ref_tscr value="1"  |            |  |
|                                      | Other (pl     | ease specify) oth_hrd_t                                      | scr              |                     |            |  |
| 2. Interviewer: Is volur             | nteer's zip   | code in the study target                                     | t area?          | ĺ                   |            | tar_area_tscr<br>9<br>1 Yes<br>0 No<br>8 D/K<br>7 Refused<br>6 Permanently Missing |
| <b>3.a</b> Do you plan to be         | in the are    | a for the next two years                                     | ?                | [                   |            | areayear_tscr<br>9<br>1 Yes<br>0 No<br>8 D/K<br>7 Refused<br>6 Permanently Missing |
| <b>3.b</b> Do you plan to next year? | be out of t   | the area for more than 6                                     | consecutive      | weeks in the        |            | area6wks_tscr<br>9<br>1 Yes<br>0 No<br>8 D/K<br>7 Refused<br>6 Permanently Missing |

|               |             |  |                         |                                    | <b>•</b>  |
|---------------|-------------|--|-------------------------|------------------------------------|---|
| 4.a. \        | What is yo  | our age?                               |                         |                                    |   |
| 4.b           | ), Intervie | wer: Is participant                    | 70 to 89?               |                                    | age_tscr<br>age_chk_tscr  |
|               |             |  |                         |                                    | -9<br>1 Yes<br>0 No<br>-8 D/K<br>-7 Refused<br>-6 Permanently Missing                             |
| <b>5.</b> Wł  | nat is your | date of birth?                         |                         |                                    | dob_tscr  |
| <b>6.</b> Ma  | ay I ask yc | our gender?                            |                         |                                    | Female gender_tscr value="F" <sup>C</sup><br>  Male gender_tscr value="M"<br>C                    |
| <b>7.</b> Are | e you Latii | no, Hispanic or of                     | Spanish origin?         |                                    | hispc_tscr<br>-9<br>1 Yes<br>0 No<br>-6 Permanently Missing<br>✔                                  |
| <b>8.</b> Wh  | nat is your | race? (X all that a                    | apply)                  |                                    |   |
|               |             | African<br>American/Black              | af_am_tscr value="1"    | Native American/<br>Alaskan Native | native_tscr value="1"   |
|               |             | Asian                                  | asian_tscr value="1"    | Other                              | oth_race_tscr value="1"   |
|               |             | Caucasian/White                        | white_tscr value="1"    | othracspc_tscr                     |   |
|               |             | Native<br>Hawaiian/Pacific<br>Islander | hawaii_tscr value="1"   | Refused                            | refused_tscr value="1"  |
| 9.            | Did you     | previously particip                    | ate in the LIFE Study?  |                                    | prevpat_tscr<br>-9<br>1 1 Yes (Go to 10)<br>0 No (Go to Q11)                                      |
|               |             |  |                         |                                    | -8 D/K<br>-7 Refused<br>-6 Permanently Missing  |
| 10.           |             | participate in one (<br>ful aging)?    | of the two programs (ph | ysical activity or                 | Prgmpat_tscr<br>-9<br>1 Yes (Go to Q16)<br>0 No<br>-8 D/K<br>-7 Refused<br>-6 Permanently Missing |
| 11.           | Do you u    | usually use a walk                     | er to get around?       |                                    | -9<br>1 Yes<br>0 No<br>-8 D/K   |
|               |             |  |                         |                                    |   |









a. Please tell me what type of cancer you had? (X all that apply)

| Breast   | brs_cncr_tscr value="1"     | Go to b.                     |  |  |  |  |
|--|-----------------------------|------------------------------|--|--|--|--|
| Cervical   | crv_cncr_tscr value="1"     |                              |  |  |  |  |
| Colon  | col_cncr_tscr value="1"     |                              |  |  |  |  |
| Prostate   | prs_cncr_tscr value="1"     |                              |  |  |  |  |
| Rectal   | rec_cncr_tscr value="1"     |                              |  |  |  |  |
| Uterine  | ute_cncr_tscr value="1"     |                              |  |  |  |  |
| Thyroid  | thy_cncr_tscr value="1"     |                              |  |  |  |  |
| Oral   | orl_cncr_tscr value="1"     |                              |  |  |  |  |
| Nonmelanoma Sk   | in skin_tscr value="1" Pote | entially Eligible, go to Q29 |  |  |  |  |
| All Other oth_cncr_tscr value="1" Potentially Eligible, go to Q28b |                             |                              |  |  |  |  |

|   | Cancers     |                                  |           |   |
|---|-------------|----------------------------------|-----------|---|
|   | specify:    |                                  |           | oth_cncrspc_tscr  |
|   | Refused     | ref_cncr_tscr val                | ue="1"    | Ineligible, terminate<br>interview  |
| <b>b.</b> Are you curre and/or chemothe |             | g radiation treatment<br>cancer? |           | cncr_rad_tscr<br>-9<br>0 No/Don't Know (Go to Q29)<br>1 Yes (Ineligible, terminate intervie<br>-6 Permanently Missing |
| nterviewer Note                         | : Tamoxifen | for breast cancer or horn        | nonal the | erapy for any cancers is <u>not</u> che   |
| ls participant elig                     | gible?      |                                  |           |   |

elig3\_tscr -9 Yes (Go on to page 5) No (terminate interview) 1 0 -6 Permanently Missing Ŧ

Interviewer Note: If the candidate is permanently ineligible, terminate the interview and read the shaded passage below:

"Thank you very much for this information. It will be very useful for the study. At this time, you do NOT qualify for our study. Only a limited number of people are being selected to continue on in the study, but we greatly appreciate your time in answering these questions for us."

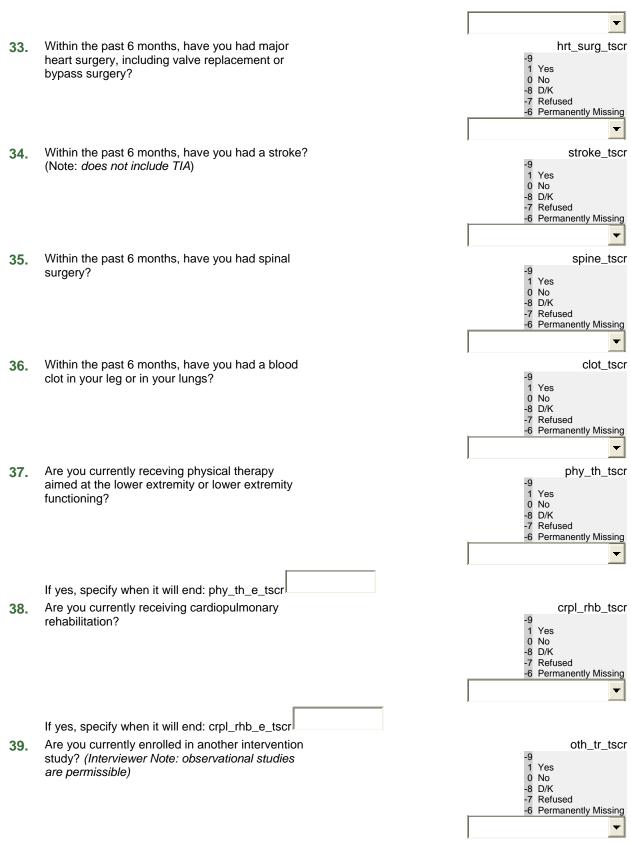
"Can we retain your name in our files for possible participation in future studies?" future\_tscr

29.

| 1 Yes<br>0 No<br>-6 Permanently Missing | -9 | -                   |          |  |  |  |
|---|----|---------------------|----------|--|--|--|
|   | 1  | Yes                 |          |  |  |  |
|   | 0  | No                  |          |  |  |  |
|   | -6 | Permanently Missing |          |  |  |  |
|   | Г  |                     | <b>T</b> |  |  |  |

## **Temporary Exclusion Criteria**

30. Within the past 6 months, have you had a hip hip\_tscr -9 fracture? 1 Yes 0 No -8 D/K -7 Refused -6 Permanently Missing Ŧ 31. Within the past 6 months, have you had hip or knee\_tscr -9 1 Yes 0 No -8 D/K -7 Refused -6 Permanently Missing knee replacement? Ŧ Within the past 6 months, have you had a heart 32. infarct\_tscr -9 attack or myocardial infraction that require 1 Yes 0 No -8 D/K -7 Refused -6 Permanently Missing overnight hosptialization?



If yes, specify the name of the study and when it will end: oth\_tr\_e\_tscr

| 40.   | Is the  | e participant eligible?      |   |                  |               | (   | elig4_tscr<br>Yes<br>No<br>Permanently Missing  |
|-------|---|------------------------------|---|------------------|---------------|---|---|
|       | Interviewer: If the                                     | e candidate is only temp     | orarily                                   | ineligible, ther | n continue:   | 1   |   |
| 41.   | may become elig<br>back in try_agmtl<br>check on how yo |                              | call youns) to                            |                  |               | (   | try_ag_tscr<br>Yes<br>No<br>Permanently Missing |
| 42.   |   | to come to our clinic for    |   |                  | chedule an    | appointment for vo                        | ou?"  |
| 42.   | Candidate agrees<br>(hh:mm)                             | s to clinic visit: clin_visd | t_tscr                                    |                  |               | y) clin_vistm_tscr                        |   |
|       |   | po_busy_tscr value="1"       |   | sick_tscr val    | ue="1"        | Caring car_othr_t<br>for<br>others        | scr value="1"                                   |
|       | Not n<br>interested                                     | o_intrs_tscr value="1"       | Do<br>not<br>think<br>it<br>would<br>help |                  | r value="1"   | Doctor doctor_tso<br>told<br>me<br>not to | r value="1"                                     |
|       | Other (pleas  | se specify): oth_spc_tscr    |   |                  |               |   |   |
|       |   | e candidate is eligible, th  |   | ntinue:          |               |   |   |
|       | Lastly, I would I                                       | ike to verify some info      | rmatio                                    | on about you.    |               |   |   |
| 43.   | What is your nam  | ne? First: firstname_tscr    |   | M                | ll: mi_tscr   | Last: lastname                            | _tscr   |
| 43.a. | When our staff co                                       | ontact or interact with yo   | u, wha                                    | at name do you   | u prefer that | they use?                                 |   |
| 44.   | For example: Sal<br>Home Address:                       | lly, Bill, Mr. or Mrs. Smith | n, Dr. S                                  | Smith, etc. pre  | fname_tscr    |   |   |
|       | address1_tscr   |                              |   |                  |               |   |   |
|       | address2_tscr   |                              |   |                  | _             |   |   |
|       | City: city_tscr   | State: sta                   | ate_tso                                   | cr Zip:          | zip_tscr      |   |   |
| 44.a. | What is your hom  | ne telephone number?         |   |                  |               | phonehome_tscr                            |   |
| 44.b  | Is there another r                                      | number to call that is bet   | ter                                       |                  |               | phononomo_tool                            |   |
|       | during the day?   |                              |   |                  |               | phoneday_tscr                             |   |

IF.

- 45. Do you have an e-mail address that you check regularly?
- 45.a. What mode of contact do you prefer we use when contacting you in the future? modecontact\_tscr
  - -9 1 Home phone 2 Cell phone 3 Email -6 Permanently Missing

email\_tscr



|   | LIFE                          | Acrostic                |  |
|---|-------------------------------|-------------------------|--|
| Participant ID<br>(affix ID label here) | Interviewer Date of Interview | Vis<br>Com<br>month day |  |

**Telephone Screening Interview** Interviewer Note: To be kept in a PHI file separate from other data forms.

| 1. How did you  | hear about the study? (X any   |               | )             |     |    |     |      |
|-----------------|--|---------------|---------------|-----|----|-----|------|
|                 | Brochure with card   |               | Magazine      |     |    |     |      |
|                 | Event  |               | Newspaper Ad  |     |    |     |      |
|                 | Flyer  |               | Referral      |     |    |     |      |
|                 | FU Call  |               | Radio Ad      |     |    |     |      |
|                 | Letter   |               | Television Ad |     |    |     |      |
|                 | Don't know   |               | Refused       |     |    |     |      |
|                 | Other (please specify):  |               |               |     |    |     |      |
|                 |  |               |               |     |    |     |      |
|                 |  |               |               | Yes | No | D/K | Ref. |
| 2. Interviewe   | r: Is volunteer's zip code in th   | ne study targ | get area?     | Yes | No | D/K | Ref. |
|                 | <i>r: Is volunteer's zip code in th</i><br>n to be in the area for the nex |               | -             | Yes | No | D/K | Ref. |
| 3a. Do you plar |  | t two years   | ?             | Yes | No | D/K | Ref. |

| 4a. What is your age?           | 4b. Interviewer: Is participant 70 to 89? |  |  |
|---------------------------------|---|--|--|
| 5. What is your date of birth?  |   |  |  |
| 6. May I ask your gender?       | Female Male                               |  |  |
| 7. Are you Latino, Hispanic, or | of Spanish origin? Yes No                 |  |  |

8. What is your race? (*X* all that apply)

| African American/Black            | Native American/Alaskan Native |  |
|-----------------------------------|--------------------------------|--|
| Asian                             | Other:                         |  |
| Caucasian/White                   | Refused                        |  |
| Native Hawaiian/ Pacific Islander |                                |  |

|   | Yes                         | No        | D/K | Ref. |
|---|-----------------------------|-----------|-----|------|
| 9. Did you previously participate in the LIFE Study?  | Go to #10                   | Go to #11 |     |      |
| 10. Did you participate in one of the two programs (physical activity or successful aging)? | Not eligible.<br>Go to #16. |           |     |      |

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Participant ID

Visit Code

|   |   | Yes  | No               | D/K              | Ref |  |
|---|---|--|------------------|------------------|-----|--|
| 11. Do you usually use a walker to get around?  |   |  |                  |                  |     |  |
| 12. Are you able to walk across a small room without the help of another person?  |   |  |                  |                  |     |  |
| a. Are you able to walk a ¼ mile, which is about 3 to 4 blocks, on a flat surface without the help of another person?   |   |  |                  |                  |     |  |
| 13. In the past month, have you spent at least 20 minutes a week getting regular exercise? Exercise includes activities like: brisk walking, jogging, weight lifting, cycling, aerobics, or dancing.  |   |  | Go<br>to<br>#14a | Go<br>to<br>#14a |     |  |
| a. Do these activities increase your heart rate, breathing and perspiration?  |   |  | Go to<br>#14a    | Go to<br>#14a    |     |  |
| b. <i>i.</i> How many days per week do you regularly do these activities?   | <i>i.</i> How many days per week do you <u>regularly</u> do these activities? |  |                  | days             |     |  |
| ii. How many minutes per day?   |   |  | minutes          | S                |     |  |
| 14. Interviewer note: Calculate total # of minutes per week. Only eligible if below 20.<br>If total # of minutes is less than 20 minutes, continue to #14a.<br>If total # of minutes is 20 minutes or more, participant is not eligible. Skip to #16. |   |  |                  |                  |     |  |
| a typical or normal week during the past 4 weeks, did Yes No  |   | <i>If Yes, enter total minutes per week.</i> |                  |                  |     |  |
| a. Dance? (such as square, folk, line, ballroom)  |   |  |                  |                  |     |  |
| (Interviewer Note: Do not count aerobic dance.)   |   |  |                  |                  |     |  |
| b. Walk uphill or hike uphill?  |   |  |                  |                  |     |  |
| c. Walk fast or briskly for exercise?   |   |  |                  |                  |     |  |
| d. Do water exercises? (Interviewer Note: Do not count other swimming)  |   |  |                  |                  |     |  |
| e. Sum of minutes per week. (Only eligible if #14e is less than 125 minutes.)   | Tota  | al Minut                                     | tes:             |                  | ]   |  |
| 15. <b>DO NOT ASK:</b> Interviewer: Does a hearing, speech or other problem make the candidate unable to communicate? (Only eligible if #15 is NO.)   |   |  |                  |                  |     |  |
|   |   |  |                  |                  |     |  |
| 16. Is the participant eligible?  |   | Ye   | s                | No               |     |  |

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Participant ID

## **Permanent Exclusion Criteria**

|  | Yes    | No     | D/K     | Ref.  |
|--|--------|--------|---------|-------|
| 17. Do you have arthritis that is so severe that it would prevent you from participating in a physical activity program?   |        |        |         |       |
| 18. Do you have severe lung disease that requires you to wear oxygen or to regularly take steroid pills or injections?   |        |        |         |       |
| 19. Do you have severe heart disease that would prevent you from participating in a physical activity program? For example, do you get chest pain when walking two or three blocks or up a flight of stairs? Specify if yes: |        |        |         |       |
| 20. Have you ever had a cardiac arrest which required resuscitation?   |        |        |         |       |
| 21. Do you have an implanted cardiac defibrillator?  |        |        |         |       |
| 22. Do you have Parkinson's disease or some other serious neurological disorder? (Note to Interviewer: does NOT include stroke)  |        |        |         |       |
| Specify if yes:  |        |        |         |       |
| 23. Do you have severe kidney disease that requires dialysis?  |        |        |         |       |
| 24. During the past week, have you drunk more than 14 alcoholic drinks, including wine, beer, sherry, or liquor?   |        |        |         |       |
| 25. Do you currently live in a nursing home?   |        |        |         |       |
| 26. Is a member of your household enrolled in the study?   |        |        |         |       |
| 27. Is the participant eligible? Yes   |        | No     |         |       |
| Interviewer Note: If <b>No</b> , read statem   | ent at | bottor | n of Pa | age 4 |

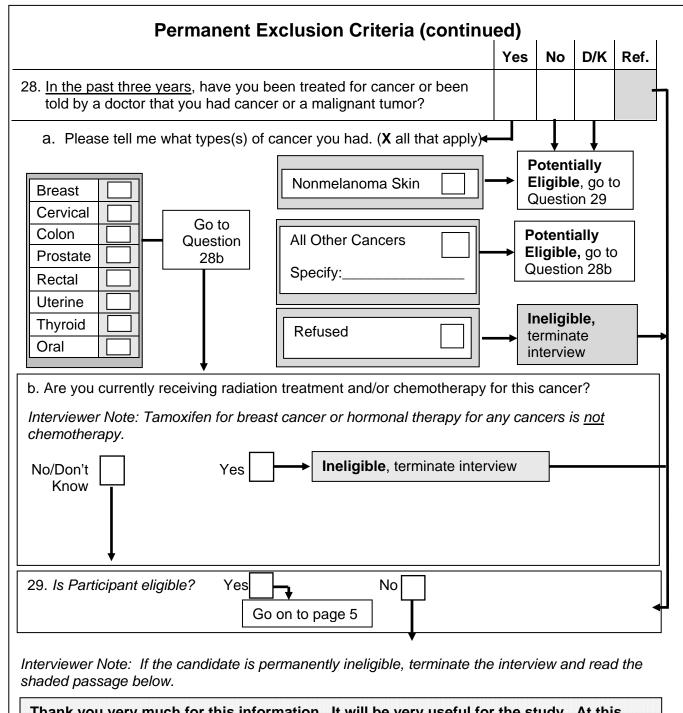
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Thank you very much for this information. It will be very useful for the study. At this time, you do NOT qualify for our study. Only a limited number of people are being selected to continue in the study, but we greatly appreciate your time in answering these questions for us. Yes

Can we retain your name in our files for possible participation in future studies?

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| Temporary Exclusions  |          | I     | 1   | I    |  |  |  |
|---|----------|-------|-----|------|--|--|--|
|   | Yes      | No    | D/K | Ref. |  |  |  |
| 30. Within the past 6 months, have you had a hip fracture?  |          |       |     |      |  |  |  |
| 31. Within the past 6 months, have you had hip or knee replacement?   |          |       |     |      |  |  |  |
| 32. Within the past 6 months, have you had a heart attack or myocardial infarction that required overnight hospitalization?   |          |       |     |      |  |  |  |
| 33. Within the past 6 months, have you had major heart surgery, including valve replacement or bypass surgery?  |          |       |     |      |  |  |  |
| 34. Within the past 6 months, have you had a stroke? (note: does not include TIA)   |          |       |     |      |  |  |  |
| 35. Within the past 6 months, have you had spinal surgery?  |          |       |     |      |  |  |  |
| 36. Within the past 6 months, have you had a blood clot in your leg or in your lungs?   |          |       |     |      |  |  |  |
| <ul> <li>37. Are you currently receiving physical therapy aimed at the lower extremity or lower extremity functioning?</li> <li>If yes, specify when it will end:</li> </ul>  |          |       |     |      |  |  |  |
| 38. Are you currently receiving cardiopulmonary rehabilitation?   |          |       |     |      |  |  |  |
| If yes, specify when it will end:   |          |       |     |      |  |  |  |
| <ul> <li>39. Are you currently enrolled in another intervention study?</li> <li>(Interviewer Note: observational studies are permissible)</li> <li>If yes, specify the name of the study and when it will end:</li> </ul> |          |       |     |      |  |  |  |
| 40. Is the participant eligible?     Yes     No   |          |       |     |      |  |  |  |
| Interviewer: If the candidate is only temporarily ineligible, then continue   |          |       |     |      |  |  |  |
| 41. You are currently not eligible for our study, but may become eligible in the future. May I call you back in (1-6 months) to check on how you are doing? Yes No  |          |       |     |      |  |  |  |
| Interviewer: If the candidate is eligible, then continue:   |          |       |     |      |  |  |  |
| 42. You are eligible to come to our clinic for the first visit. May I schedule an appointment for you?  |          |       |     |      |  |  |  |
| Too busy Sick Carin   | g for ot | hers  |     |      |  |  |  |
| Not interested Do not think it would help Doctor told me not to   |          |       |     |      |  |  |  |
| Other (please specify):   |          |       |     |      |  |  |  |
| Candidate agrees to clinic visit: date(mm/dd/yyyy) and time:(hl<br>Candidate defers clinic visit: ( <b>X</b> all that apply)  | n:mm -2  | 24hr) |     |      |  |  |  |

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| Interviewer: If the candidate is eligible, then co                                | ntinue:          |                   |                |  |  |
|---|------------------|-------------------|----------------|--|--|
| Lastly, I would like to verify some information                                   | on about         | you.              |                |  |  |
| 43. What is your name?  |                  |                   |                |  |  |
|   | •                |                   |                |  |  |
|   | liddle<br>nitial | Last              | Name           |  |  |
| 43a. When our staff contact or interact with you                                  | u, what na       | ame do you prefer | that they use? |  |  |
| For example: Sally, Bill, Mr. or Mrs. Smith, Dr. Smith, etc.                      |                  |                   |                |  |  |
| 44. What is your home address?  |                  |                   |                |  |  |
|   |                  |                   |                |  |  |
|   |                  |                   |                |  |  |
| Ac  | ddress           |                   |                |  |  |
|   |                  |                   |                |  |  |
| City  |                  | State             | Zip Code       |  |  |
| 44a. What is your home telephone number?  |                  |                   |                |  |  |
|   |                  |                   |                |  |  |
| 44b. Is there another number to call that is better during the day?               |                  |                   |                |  |  |
|   |                  |                   |                |  |  |
| 45. Do you have an e-mail address that you check regularly?                       |                  |                   |                |  |  |
|   |                  |                   |                |  |  |
| 45a. What mode of contact do you prefer we use when contacting you in the future? |                  |                   |                |  |  |