

Dataset name: tscr_v5.2

Participant ID pid

Acrostic acrostic

Interviewer compby

V.C. vc

Date of Visit vis_dat

(mm/dd/yyyy)

Telephone Screening Interview

CRF 5.2

Interviewer Note: To be kept in a confidential file separate from other data forms.

1. How did you hear about the study? (X any that apply)

Brochure broch_tscr value="1"
with card ☐

Magazine mag_tscr value="1"
☐

Event event_tscr value="1"
☐

Newspaper news_ad_tscr value="1"
Ad ☐

Flyer flyer_tscr value="1"
☐

Referral referral_tscr value="1"
☐

FU Call fu_call_tscr value="1"
☐

Radio Ad radio_ad_tscr value="1"
☐

Letter letter_tscr value="1"
☐

Television tv_ad_tscr value="1"
Ad ☐

Don't dk_tscr value="1"
know ☐

Refused ref_tscr value="1" ☐

Other (please specify) oth_hrd_tscr

2. Interviewer: Is volunteer's zip code in the study target area?

tar_area_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

3.a Do you plan to be in the area for the next two years?

areayear_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

3.b Do you plan to be out of the area for more than 6 consecutive weeks in the next year?

area6wks_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

4.a. What is your age?

4.b. Interviewer: Is participant 70 to 89?

5. What is your date of birth?

6. May I ask your gender?

7. Are you Latino, Hispanic or of Spanish origin?

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

African
American/Black

af_am_tscr value="1"
☐

Native American/
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
Hawaiian/Pacific
Islander

hawaii_tscr value="1"
☐

Refused

refused_tscr value="1"
☐

9. Did you previously participate in the LIFE Study?

10. Did you participate in one of the two programs (physical activity or successful aging)?

11. Do you usually use a walker to get around?

age_tscr

age_chk_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

dob_tscr

Female gender_tscr value="F"
| Male gender_tscr value="M"

☐☐

hispc_tscr

-9
1 Yes
0 No
-6 Permanently Missing

prevpat_tscr

-9
1 1 -- Yes (Go to 10)
0 No (Go to Q11)
-8 D/K
-7 Refused
-6 Permanently Missing

prgmpat_tscr

-9
1 Yes (Go to Q16)
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

walker_tscr

-9
1 Yes
0 No
-8 D/K

12. Are you able to walk across a small room without the help of another person?

-7 Refused
-6 Permanently Missing

walksmrm_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

12.a Are you able to walk a 1/4 mile, which is about 3 to 4 blocks, on a flat surface without the help of another person?

walk_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

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.

reg_ex_tscr

-9
1 Yes
0 No (Go to Q14a)
-8 D/K (Go to Q14a)
-7 Refused
-6 Permanently Missing

13.a. Do these activities increase your heart rate, breathing and perspiration?

incrhr_tscr

-9
1 Yes
0 No (Go to Q14a)
-8 D/K (Go to Q14a)
-7 Refused
-6 Permanently Missing

13.b. i. How many days per week do you regularly do these activities?

exdays_tscr days

ii. How many minutes per day?

exmin_tscr minutes

14. Interviewer note: Calculate total # of minutes per week . exminwk_tscr Only eligible if below 20.
 If total # of minutes is less than 20 minutes, continue to #14a.
 If total # of minutes is 20 minutes or more, participant is not eligible. Skip to #16.

In a typical or normal week during the past 4 weeks, did you.....

If Yes, enter total minutes per week.

- a. Dance? (such as square, folk, line, ballroom)
 (Interviewer Note: Do not count aerobic dance.)

exdanceyn_tscr

-9
 1 Yes
 0 No
 -6 Permanently Missing

exdanceminwk_tscr

- b. Walk uphill or hike uphill?

exwalkyn_tscr

-9
 1 Yes
 0 No
 -6 Permanently Missing

exwalkminwk_tscr

- c. Walk fast or briskly for exercise

exfastyn_tscr

-9
 1 Yes
 0 No
 -6 Permanently Missing

exfastminwk_tscr

- d. Do water exercises? (Interviewer Note: Do not count other swimming)

exwateryn_tscr

-9
 1 Yes
 0 No
 -6 Permanently Missing

exwaterminwk_tscr

- e. Sum of minutes per week. (Only eligible if #14e is less than 125 minutes.)

Total Minutes: extotalwk_tscr

15. **DO NOT ASK:** Interviewer: Does a hearing, speech or other problem make the candidate unable to communicate? (Only eligible if #15 is NO.)

comm_tscr

-9
 1 Yes
 0 No
 -6 Permanently Missing

16. Is the participant eligible?
 Interviewer Note: If No, read statement at bottom of Page 4

elig1_tscr

-9
 1 Yes
 0 No
 -6 Permanently Missing

Permanent Exclusion Criteria

17. Do you have arthritis that is so severe that it would prevent you from participating in a physical activity program?

arthriti_tscr

-9
 1 Yes
 0 No
 -8 D/K
 -7 Refused
 -6 Permanently Missing

18. Do you have severe lung disease that requires you to wear oxygen or to regularly take steroid pills or injections?

oxygen_tscr

-9
 1 Yes
 0 No

19. Do you have severe heart disease that would prevent you from participating in an exercise program? For example, do you get chest pain when walking two or three blocks or up a flight of stairs?

Specify if yes: hrtdispc_tscr

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: parkspc_tscr

23. Do you have severe kidney disease that requires dialysis?

24. During the past week, have you drunk more than 14 alcoholic beverages, including wine, beer, sherry, or liquor?

25. Do you currently live in a nursing home?

-8 D/K
-7 Refused
-6 Permanently Missing

hrtdis_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

cardiac_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

imp_defb_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

park_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

dial_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

alc14_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

nurs_hom_tscr

-9
1 Yes
0 No

26. Is a member of your household enrolled in the study?

-8 D/K
-7 Refused
-6 Permanently Missing

househld_tscr

-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

27. *Is the participant eligible?*
Interviewer note: If NO read statement at bottom of page 4

elig2_tscr

-9
1 Yes
0 No
-6 Permanently Missing

Permanent Exclusion Criteria (continued)

28. **In the past three years**, have you been treated for cancer or been told by a doctor that you had cancer or an malignant tumor?

cncr_tscr

-9
1 Yes (Go to a)
0 No (Potentially Eligible, go to Q29)
-8 D/K (Potentially Eligible, go to Q29)
-7 Refused
-6 Permanently Missing

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

Breast	brs_cncr_tscr value="1" <input type="checkbox"/>	Go to b.
Cervical	crv_cncr_tscr value="1" <input type="checkbox"/>	
Colon	col_cncr_tscr value="1" <input type="checkbox"/>	
Prostate	prs_cncr_tscr value="1" <input type="checkbox"/>	
Rectal	rec_cncr_tscr value="1" <input type="checkbox"/>	
Uterine	ute_cncr_tscr value="1" <input type="checkbox"/>	
Thyroid	thy_cncr_tscr value="1" <input type="checkbox"/>	
Oral	orl_cncr_tscr value="1" <input type="checkbox"/>	
Nonmelanoma Skin	skin_tscr value="1" <input type="checkbox"/>	Potentially Eligible, go to Q29
All Other	oth_cncr_tscr value="1"	Potentially Eligible, go to Q28b

Cancers	<input type="checkbox"/>	
specify:		oth_cncrspc_tscr

Refused	ref_cncr_tscr value="1" <input type="checkbox"/>	Ineligible, terminate interview
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b. Are you currently receiving radiation treatment and/or chemotherapy for this cancer?

cncr_rad_tscr

- 9
- 0 No/Don't Know (Go to Q29)
- 1 Yes (Ineligible, terminate interview)
- 6 Permanently Missing

Interviewer Note: Tamoxifen for breast cancer or hormonal therapy for any cancers is not chemotherapy.

29. Is participant eligible?

elig3_tscr

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

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

- 9
- 1 Yes
- 0 No
- 6 Permanently Missing

Temporary Exclusion Criteria

30. Within the past 6 months, have you had a hip fracture?

hip_tscr

- 9
- 1 Yes
- 0 No
- 8 D/K
- 7 Refused
- 6 Permanently Missing

31. Within the past 6 months, have you had hip or knee replacement?

knee_tscr

- 9
- 1 Yes
- 0 No
- 8 D/K
- 7 Refused
- 6 Permanently Missing

32. Within the past 6 months, have you had a heart attack or myocardial infarction that require overnight hospitalization?

infarct_tscr

- 9
- 1 Yes
- 0 No
- 8 D/K
- 7 Refused
- 6 Permanently Missing

33. Within the past 6 months, have you had major heart surgery, including valve replacement or bypass surgery?

hrt_surg_tscr
-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

34. Within the past 6 months, have you had a stroke?
(Note: does not include TIA)

stroke_tscr
-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

35. Within the past 6 months, have you had spinal surgery?

spine_tscr
-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

36. Within the past 6 months, have you had a blood clot in your leg or in your lungs?

clot_tscr
-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

37. Are you currently receiving physical therapy aimed at the lower extremity or lower extremity functioning?

phy_th_tscr
-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

If yes, specify when it will end: phy_th_e_tscr

38. Are you currently receiving cardiopulmonary rehabilitation?

crpl_rhb_tscr
-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

If yes, specify when it will end: crpl_rhb_e_tscr

39. Are you currently enrolled in another intervention study? (Interviewer Note: observational studies are permissible)

oth_tr_tscr
-9
1 Yes
0 No
-8 D/K
-7 Refused
-6 Permanently Missing

If yes, specify the name of the study and when it will end: oth_tr_e_tscr

40. Is the participant eligible?

elig4_tscr

-9
1 Yes
0 No
-6 Permanently Missing

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

try_ag_tscr

-9
1 Yes
0 No
-6 Permanently Missing

back in try_agmth_tscr (1 - 6 months) to check on how you are doing?

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?"

Candidate agrees to clinic visit: clin_visdt_tscr (mm/dd/yyyy) clin_vistm_tscr (hh:mm)

Candidate defers clinic visit: (X all that apply)

Too Busy too_busy_tscr value="1"

☐

Sick sick_tscr value="1"

☐

Caring car_othr_tscr value="1"

for others ☐

Not no_intrs_tscr value="1"

interested ☐

Do no_help_tscr value="1"

☐

Doctor doctor_tscr value="1"

told me ☐

not to

it would help

Other (please specify): oth_spc_tscr

Interviewer: If the candidate is eligible, then continue:

Lastly, I would like to verify some information about you.

43. What is your name? First: firstname_tscr MI: mi_tscr Last: lastname_tscr

43.a. When our staff contact or interact with you, what name do you prefer that they use?

For example: Sally, Bill, Mr. or Mrs. Smith, Dr. Smith, etc. prefname_tscr

44. Home Address:

address1_tscr

address2_tscr

City: city_tscr

State: state_tscr

Zip: zip_tscr

44.a. What is your home telephone number?

phonehome_tscr

44.b. Is there another number to call that is better during the day?

phoneday_tscr

45. Do you have an e-mail address that you check regularly?

email_tscr

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

Source Form Language: lang

- 9 -
- 1 English
- 2 Spanish



Participant ID (affix ID label here)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <h1 style="margin: 0;">LIFE</h1> </div> <div style="text-align: center;"> Acrostic </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> Interviewer </div> <div style="text-align: center;"> Visit Code T S I </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> Date of Interview </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> month day year </div>
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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 that apply)

Brochure with card	<input type="checkbox"/>
Event	<input type="checkbox"/>
Flyer	<input type="checkbox"/>
FU Call	<input type="checkbox"/>
Letter	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Magazine	<input type="checkbox"/>
Newspaper Ad	<input type="checkbox"/>
Referral	<input type="checkbox"/>
Radio Ad	<input type="checkbox"/>
Television Ad	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Other (please specify): _____

	Yes	No	D/K	Ref.
2. Interviewer: Is volunteer's zip code in the study target area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a. Do you plan to be in the area for the next two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Do you plan to be out of the area for more than 6 consecutive weeks in the next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4a. What is your age? 4b. Interviewer: Is participant 70 to 89?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What is your date of birth? / / 	(This section is shaded gray in the original form)			
6. May I ask your gender? Female <input type="checkbox"/> Male <input type="checkbox"/>				
7. Are you Latino, Hispanic, or of Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>				

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

African American/Black	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Caucasian/White	<input type="checkbox"/>
Native Hawaiian/ Pacific Islander	<input type="checkbox"/>

Native American/Alaskan Native	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Refused	<input type="checkbox"/>

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

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						Visit Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">T</td> <td style="width: 20px; height: 20px; text-align: center;">S</td> <td style="width: 20px; height: 20px; text-align: center;">I</td> </tr> </table>	T	S	I
T	S	I									

	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 to #14a	Go to #14a	
a. Do these activities increase your heart rate, breathing and perspiration?		Go to #14a	Go to #14a	
b. i. How many days per week do you <u>regularly</u> do these activities?	<input style="width: 30px;" type="text"/> days			
ii. How many minutes per day?	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> minutes			
14. Interviewer note: Calculate total # of minutes per week. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Only eligible if below 20. If total # of minutes is less than 20 minutes, continue to #14a. If total # of minutes is 20 minutes or more, participant is not eligible. Skip to #16.				
In a typical or normal week during the past 4 weeks, did you.....	Yes	No	If Yes, enter total minutes per week.	
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.)	Total Minutes: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>			
15. <u>DO NOT ASK:</u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 				

Interviewer Note: If **No**, read statement at bottom of Page 4

Participant ID (affix ID label here)	LIFE	Acrostic <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						Visit Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">T</td> <td style="width: 20px; height: 20px; text-align: center;">S</td> <td style="width: 20px; height: 20px; text-align: center;">I</td> </tr> </table>	T	S	I
T	S	I									

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? <i>(Note to Interviewer: does NOT include stroke)</i> 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 **No**, read statement at bottom of Page 4*

Participant ID (affix ID label here)	LIFE	Acrostic <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> Visit Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">T</td> <td style="width: 20px; height: 20px; text-align: center;">S</td> <td style="width: 20px; height: 20px; text-align: center;">I</td> </tr> </table>					T	S	I
T	S	I							

Permanent Exclusion Criteria (continued)

	Yes	No	D/K	Ref.																					
28. <u>In the past three years</u> , have you been treated for cancer or been told by a doctor that you had cancer or a malignant tumor?																									
a. Please tell me what type(s) of cancer you had. (X all that apply)																									
<table border="1" style="border-collapse: collapse;"> <tr><td>Breast</td><td><input type="checkbox"/></td></tr> <tr><td>Cervical</td><td><input type="checkbox"/></td></tr> <tr><td>Colon</td><td><input type="checkbox"/></td></tr> <tr><td>Prostate</td><td><input type="checkbox"/></td></tr> <tr><td>Rectal</td><td><input type="checkbox"/></td></tr> <tr><td>Uterine</td><td><input type="checkbox"/></td></tr> <tr><td>Thyroid</td><td><input type="checkbox"/></td></tr> <tr><td>Oral</td><td><input type="checkbox"/></td></tr> </table>	Breast	<input type="checkbox"/>	Cervical	<input type="checkbox"/>	Colon	<input type="checkbox"/>	Prostate	<input type="checkbox"/>	Rectal	<input type="checkbox"/>	Uterine	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	Oral	<input type="checkbox"/>	Go to Question 28b	<table border="1" style="border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="padding: 5px;">Nonmelanoma Skin</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <table border="1" style="border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="padding: 5px;">All Other Cancers Specify: _____</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 5px;">Refused</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Nonmelanoma Skin	<input type="checkbox"/>	All Other Cancers Specify: _____	<input type="checkbox"/>	Refused	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Potentially Eligible, go to Question 29 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Potentially Eligible, go to Question 28b </div> <div style="border: 1px solid black; padding: 5px; background-color: #cccccc;"> Ineligible, terminate interview </div>
Breast	<input type="checkbox"/>																								
Cervical	<input type="checkbox"/>																								
Colon	<input type="checkbox"/>																								
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All Other Cancers Specify: _____	<input type="checkbox"/>																								
Refused	<input type="checkbox"/>																								
b. Are you currently receiving radiation treatment and/or chemotherapy for this cancer? <i>Interviewer Note: Tamoxifen for breast cancer or hormonal therapy for any cancers is <u>not</u> chemotherapy.</i>																									
No/Don't Know <input type="checkbox"/>	Yes <input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; background-color: #cccccc;"> Ineligible, terminate interview </div>																							
29. Is Participant eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>																									
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Go on to page 5</div>																									

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 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? Yes ☐

Participant ID (affix ID label here)	LIFE	Acrostic <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						Visit Code <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">T</td> <td style="width: 20px; height: 20px; text-align: center;">S</td> <td style="width: 20px; height: 20px; text-align: center;">I</td> </tr> </table>	T	S	I
T	S	I									

Temporary Exclusions

	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?				
37. Are you currently receiving physical therapy aimed at the lower extremity or lower extremity functioning? If yes, specify when it will end: _____				
38. Are you currently receiving cardiopulmonary rehabilitation? If yes, specify when it will end: _____				
39. Are you currently enrolled in another intervention study? (Interviewer Note: observational studies are permissible) If yes, specify the name of the study and when it will end: _____				

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	<input type="checkbox"/>	Sick	<input type="checkbox"/>	Caring for others	<input type="checkbox"/>
Not interested	<input type="checkbox"/>	Do not think it would help	<input type="checkbox"/>	Doctor told me not to	<input type="checkbox"/>

Other (please specify): _____

Candidate agrees to clinic visit: date _____ (mm/dd/yyyy) and time: _____ (hh:mm -24hr)

Candidate defers clinic visit: (X all that apply)

