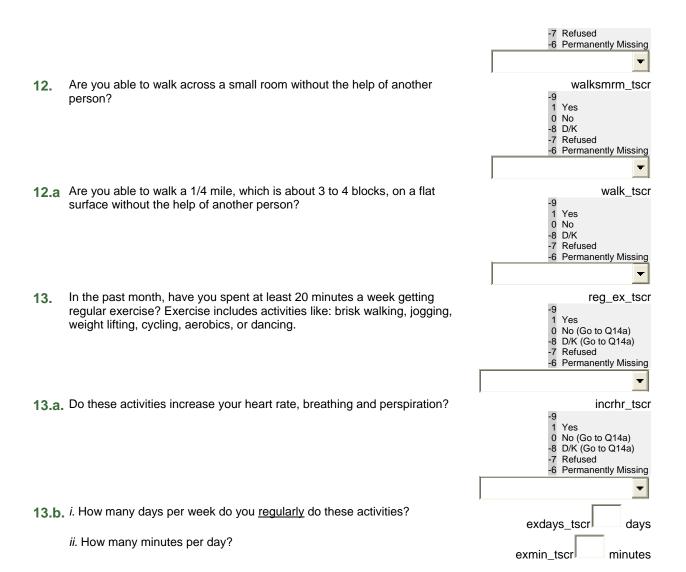
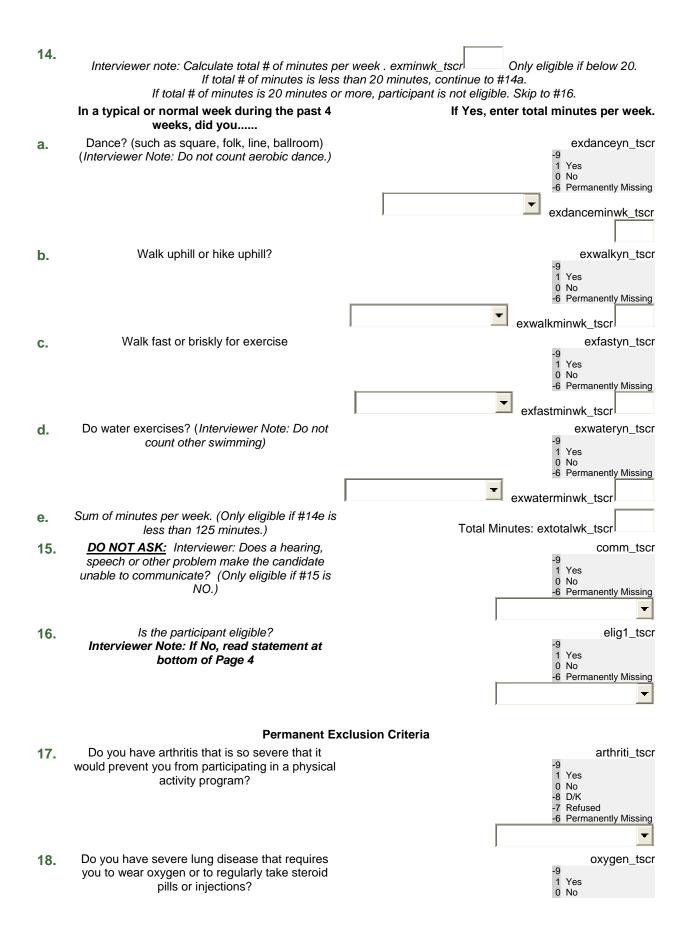
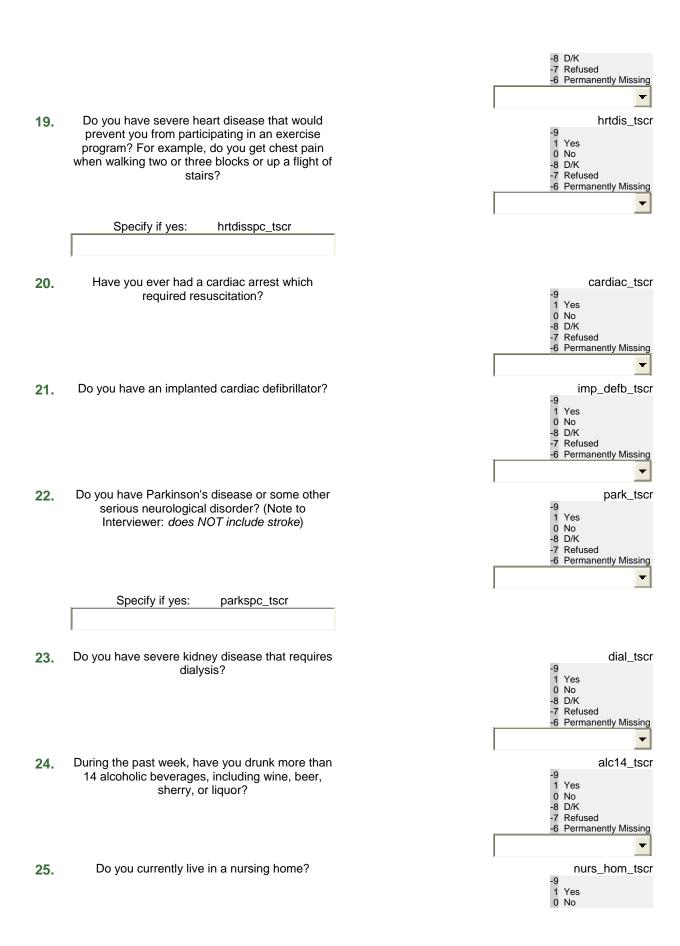
## Dataset name: tscr\_v5.2

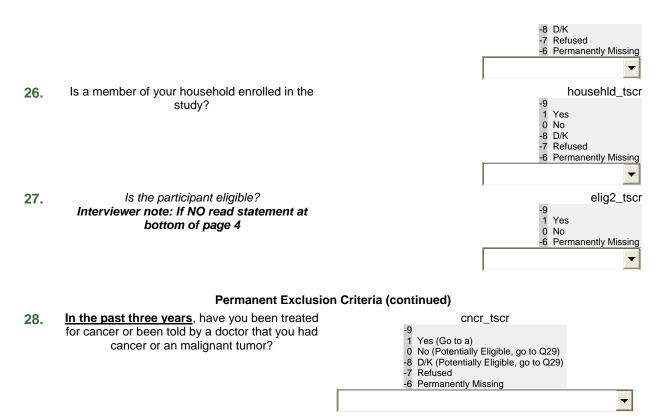
Participant ID pid					Acrostic a	crostic
				Interviewer co	ompby	V.C. vc
				Date of Visit vis_o	dat	(mm/dd/yyyy)
	_		_	_	_	
Tel	eph	one Scr	eeni	ng Inte	rvie	W
			RF 5.2			
		ote: To be kept in a conf study? ( <b>X</b> any that appl		eparate from other	data forms	S.
		e broch_tscr value="1"		mag_tscr value="	1"	
	Event	event_tscr value="1"	Newspaper 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 Ad	tv_ad_tscr value=	"1"	
	Don't 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 9 1 Yes 0 No 8 D/K 7 Refused 6 Permanently Missing
<b>3.a</b> Do you plan to be	in the are	a for the next two years	?	[		areayear_tscr 9 1 Yes 0 No 8 D/K 7 Refused 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 9 1 Yes 0 No 8 D/K 7 Refused 6 Permanently Missing

					<b>•</b>
4.a. \	What is yo	our age?			
4.b	), Intervie	wer: Is participant	70 to 89?		age_tscr age_chk_tscr
					-9 1 Yes 0 No -8 D/K -7 Refused -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>   Male gender_tscr value="M" C
<b>7.</b> Are	e you Latii	no, Hispanic or of	Spanish origin?		hispc_tscr -9 1 Yes 0 No -6 Permanently Missing ✔
<b>8.</b> Wh	nat is your	race? (X all that a	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 particip	ate in the LIFE Study?		prevpat_tscr -9 1 1 Yes (Go to 10) 0 No (Go to Q11)
					-8 D/K -7 Refused -6 Permanently Missing
10.		participate in one ( ful aging)?	of the two programs (ph	ysical activity or	Prgmpat_tscr -9 1 Yes (Go to Q16) 0 No -8 D/K -7 Refused -6 Permanently Missing
11.	Do you u	usually use a walk	er to get around?		-9 1 Yes 0 No -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 interview
<b>b.</b> Are you curre and/or chemothe		g radiation treatment cancer?		cncr_rad_tscr -9 0 No/Don't Know (Go to Q29) 1 Yes (Ineligible, terminate intervie -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."

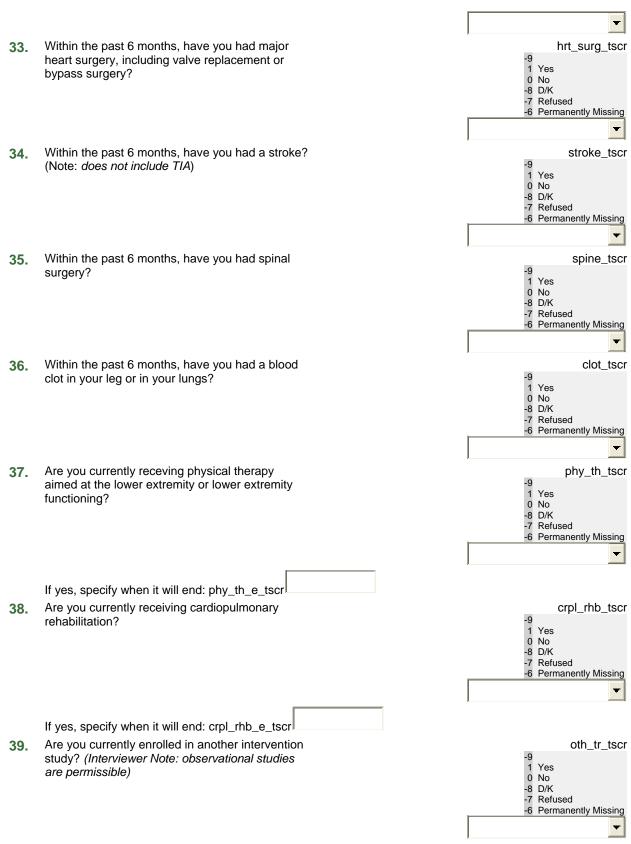
"Can we retain your name in our files for possible participation in future studies?" future\_tscr

29.

1 Yes 0 No -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 Yes No Permanently Missing
	Interviewer: If the	e candidate is only temp	orarily	ineligible, ther	n continue:	1	
41.	may become elig back in try_agmtl check on how yo		call youns) to			(	try_ag_tscr Yes No Permanently Missing
42.		to come to our clinic for			chedule an	appointment for vo	ou?"
42.	Candidate agrees (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 for others	scr value="1"
	Not n interested	o_intrs_tscr value="1"	Do not think it would help		r value="1"	Doctor doctor_tso told me 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 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 (affix ID label here)	Interviewer Date of Interview	Vis Com 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> 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. Go to #16.			

LIFE

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(affix ID label here)

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 to #14a	Go to #14a		
a. Do these activities increase your heart rate, breathing and perspiration?			Go to #14a	Go to #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. 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.						
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		

Acrostic

Visit **T S I** Code

(affix ID label here)

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

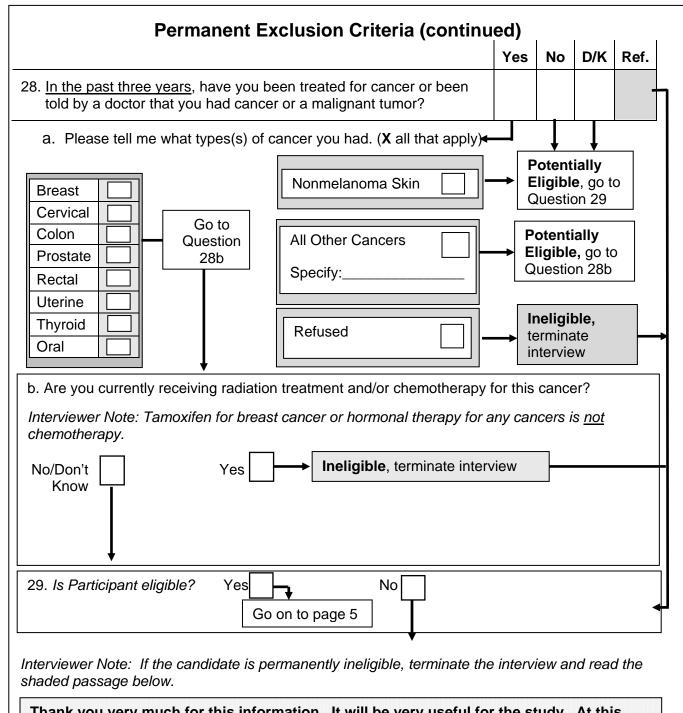
Participant ID

Acrostic

Visit

(affix ID label here)

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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?

Acrostic

(affix ID label here)

Visit Code

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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 Candidate defers clinic visit: ( <b>X</b> all that apply)	n:mm -2	24hr)					

Participant ID

Acrostic

Visit Code

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(affix ID label here)

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 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?					