Dataset Name: hevt_v7.0

Participant ID pid D000000

Acrostic acrostic ZZZZZ

Interviewer compby

Visit Code vc YYY

Date of Visit vis_dat (mm/dd/yyyy)

Outcome Events Questionnaire

CRF 7.0

1. How was the interview completed? howcomp_hevt

-9
1 In Person
2 By Telephone
3 Self-Administration
-6 Permanently Missing

2. Source of information? source_hevt

-9
1 Participant
2 Proxy (Go to Q3)
3 Other (Go to Q3)
-6 Permanently Missing

3. Did the participant expire since the last visit date? expire_hevt

-9
1 Yes
0 No
-6 Permanently Missing

4. Since [the last visit date], did a doctor tell you that you fractured or broke a bone? frc_hevt

-9
1 Yes
0 No (Go to Q5)
-8 Don't Know (GO to Q5)
-7 Refused (Go to Q5)
-6 Permanently Missing

4.a. Specify which bone was broken: frc_bone_hevt

4.b. Did you break a bone as a result of a fall? frc_fall_hevt

-9
1 Yes (Go to Q4d)
0 No(Go to Q4c)
-8 Don't Know(Go to Q4c)
-7 Refused(Go to Q4d)
-6 Permanently Missing

4.c. What was the cause of the fracture? frc_cause_hevt

4.d. Did you have an x-ray? frc_xray_hevt

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

4.e. Did you stay overnight at a hospital for this problem? frc_hosp_hevt

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

4.f. How many times did you stay overnight in the hospital for this problem? xfrc_hosp_hevt

5. Since [the last visit date] did a doctor tell you that you had a heart attack, angina or chest pain due to heart disease? hrt_hevt

-9
1 Yes
0 No (Go to Q5a)
-8 Don't Know (Go to Q5a)
-7 Refused (Go to Q5a)
-6 Permanently Missing

5.1. Did you stay overnight at a hospital for this problem? hrt_hosp_hevt

-9
1 Yes
0 No (Go to Q5a)
-8 Don't Know (Go to Q5a)
-7 Refused (Go to Q5a)
-6 Permanently Missing

5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt

5.a. Since [the last visit date], did you have a procedure, as an outpatient or overnight in the hospital, to open up the arteries in your heart such as an angioplasty, PTCA, coronary artery bypass graft or CABG? hrtproc_hevt

-9
1 Yes
0 No (Go to Q6)
-8 Don't Know (Go to Q6)
-7 Refused (Go to Q6)
-6 Permanently Missing

5.a1. Did you have an outpatient procedure for this problem? outhrt_hevt

-9
1 Yes (a,b,g)
0 No (Go to Q5a3)
-8 Don't Know (Go to Q5a3)
-7 Refused (Go to Q5a3)
-6 Permanently Missing

5.a2. How many outpatient procedures did you have? xouthrt_hevt

5.a3. Did you stay overnight at a hospital for this problem? hrtproc_hosp_hevt

-9
1 Yes
0 No (Go to Q6)
-8 Don't Know (Go to Q6)
-7 Refused (Go to Q6)
-6 Permanently Missing

5.a4. How many times did you stay overnight at a hospital for this problem? xhrtproc_hosp_hevt

6. Since [the last visit date] did a doctor tell you that you had a stroke, mini-stroke, or TIA? stk_hevt

-9
1 Yes
0 No (Go to Q7)
-8 Don't Know (Go to Q7)
-7 Refused (Go to Q7)
-6 Permanently Missing

6.1. Did you stay overnight at a hospital for this problem? stk_hosp_hevt

-9
1 Yes
0 No (Go to Q7)
-8 Don't Know (Go to Q7)
-7 Refused (Go to Q7)
-6 Permanently Missing

6.2. How many times did you stay overnight at a hospital for this problem? xstk_hosp_hevt

7. Since [the last visit date], did a doctor tell you that you had congestive heart failure? chf_hevt

-9
1 Yes
0 No (Go to Q8)
-8 Don't Know (Go to Q8)
-7 Refused (Go to Q8)
-6 Permanently Missing

7.a. Did you stay overnight at a hospital for this problem? chf_hosp_hevt

-9
1 Yes
0 No (Go to Q8)
-8 Don't Know (Go to Q8)
-7 Refused (Go to Q8)
-6 Permanently Missing

7.b. How many times did you stay overnight at a hospital for this problem? xchf_hosp_hevt

8. Since [the last visit date], did a doctor tell you that you had an abdominal aortic aneurysm or a ballooning of the wall of the artery in your abdomen? anu_hevt

-9
1 Yes
0 No (Go to Q9)
-8 Don't Know (Go to Q9)
-7 Refused (Go to Q9)
-6 Permanently Missing

8.a. Did you stay overnight at a hospital for this problem? anu_hosp_hevt

-9
1 Yes
0 No (Go to Q9)
-8 Don't Know (Go to Q9)
-7 Refused (Go to Q9)
-6 Permanently Missing

8.b. How many times did you stay overnight at a hospital for this problem? xanu_hosp_hevt

Dataset Name: hevt_v7.0

9. Since [the last visit date], did a doctor tell you that you had poor blood flow to your legs, intermittent claudication, or peripheral arterial disease? crc_hevt

-9
1 Yes
0 No (Go to Q10)
-8 Don't Know (Go to Q10)
-7 Refused (Go to Q10)
-6 Permanently Missing

9.a. Since [the last visit date], did you have a procedure, as an outpatient or overnight in the hospital, to open up the arteries in either of your legs such as an angioplasty, PTA, stent, or lower extremity bypass? crcproc_hevt

-9
1 Yes
0 No (Go to Q9b)
-8 Don't Know (Go to Q9b)
-7 Refused (Go to Q9b)
-6 Permanently Missing

9.a1. Did you stay overnight at a hospital for this problem? crc_hosp_hevt

-9
1 Yes
0 No (Go to Q9a3)
-8 Don't Know (Go to Q9a3)
-7 Refused (Go to Q9a3)
-6 Permanently Missing

9.a2. How many times did you stay overnight at a hospital for this problem? xcrc_hosp_hevt

9.a3. Did you have an outpatient procedure for this problem? outcrc_hevt

-9
1 Yes
0 No (Go to Q9b)
-8 Don't Know (Go to Q9b)
-7 Refused (Go to Q9b)
-6 Permanently Missing

9.a4. How many outpatient procedures did you have? xoutcrc_hevt

9.b. Since (the last visit date), did you have an amputation of one or more toes or part of the lower extremity due to poor blood flow to your legs? amp_hevt

-9
1 Yes
0 No (Go to Q9c)
-8 Don't Know (Go to Q9c)
-7 Refused (Go to Q9c)
-6 Permanently Missing

9.b1. How many times did you stay overnight at a hospital for this problem? xamp_hosp_hevt

9.c. Since [the last visit date], did you stay overnight in the hospital for poor blood flow to your legs, intermittent claudication, or peripheral arterial disease without having any procedures done to improve blood flow to your pad_hosp_hevt

-9
1 Yes
0 No (Go to Q10)
-8 Don't Know (Go to Q10)
-7 Refused (Go to Q10)
-6 Permanently Missing

legs
and without having
any amputations?

9.c1. How many times did you stay overnight at a hospital for this problem? xpad_hosp_hevt

10. Since [the last visit date] did a doctor tell you that you had asthma, bronchitis, emphysema, COPD? copd_hevt

-9
1 Yes
0 No (Go to Q11)
-8 Don't Know (Go to Q11)
-7 Refused (Go to Q11)
-6 Permanently Missing

10.a. Did you stay overnight at a hospital for this problem? copd_hosp_hevt

-9
1 Yes
0 No (Go to Q11)
-8 Don't Know (Go to Q11)
-7 Refused (Go to Q11)
-6 Permanently Missing

10.b. How many times did you stay in the hospital for this problem? xcopd_hosp_hevt

11. Since [the last visit date] did a doctor tell you that you had pneumonia? pneu_hevt

-9
1 Yes
0 No (Go to Q12)
-8 Don't Know (Go to Q12)
-7 Refused (Go to Q12)
-6 Permanently Missing

11.a. Did you stay overnight at a hospital for this problem? pneu_hosp_hevt

-9
1 Yes
0 No (Go to Q12)
-8 Don't Know (Go to Q12)
-7 Refused (Go to Q12)
-6 Permanently Missing

11.b. How many times did you stay in the hospital for this problem? xpneu_hosp_hevt

12. [First time (starting at 6, 12, or 18 months)]
Since the start of the study [randomization date], did a doctor tell you that you had cancer or a malignant tumor, excluding minor skin cancers? canc_hevt

-9
1 Yes
0 No (Go to Q13)
-8 Don't Know (Go to Q13)
-7 Refused (Go to Q13)
-6 Permanently Missing

[For subsequent clinic visits]
Since [the last visit date], did a doctor tell you that you had

cancer or a malignant tumor, excluding minor skin cancers?

12.a. What type of cancer did you have? (check all that apply)

canc_breast value="1" Breast

canc_colon value="1" Colon, rectum, bowel, or intestinal

canc_endo value="1" Endometrial (lining of the uterus or womb) (women only)

canc_lung value="1" Lung

canc_prostate value="1" Prostate (men only)

canc_other value="1" Other (specify): canc_otherspc_hevt

canc_unknown value="1" Unknown cancer site

12.b. Did you stay overnight at a hospital for this problem? canc_hosp_hevt

-9
1 Yes
0 No (Go to Q12d)
-8 Don't Know (Go to Q12d)
-7 Refused (Go to Q12d)
-6 Permanently Missing

12.c. How many times did you stay overnight at a hospital for this problem? xcanc_hosp_hevt

12.d. Did you have an outpatient procedure (e.g. a biopsy) for this problem? canc_outp_hevt

-9
1 Yes
0 No (Go to Q13)
-8 Don't Know (Go to Q13)
-7 Refused (Go to Q13)
-6 Permanently Missing

12.e. How many outpatient procedures did you have? xcanc_outp_hevt

13. Other than the conditions we just asked you about, were you hospitalized overnight for any other reasons since [the last visit date]? any_hosp_hevt

-9
1 Yes
0 No (Go to Q14)
-8 Don't Know (Go to Q14)
-7 Refused (Go to Q14)
-6 Permanently Missing

Specify: any_hosp_spc_hevt

13.a. How many times were you hospitalized since the last visit date? xany_hosp_hevt

Dataset Name: hevt_v7.0

14. Since [the last visit date], have you stayed overnight in a nursing home, long-term or extended care facility? nrs_hevt

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

14.a. Please tell me the number of days that you stayed overnight. nrs_days_hevt

15. Since [the last visit date], have you fallen, that is when you went down unintentionally and landed on the floor or ground? unint_fall_hevt

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

15.a. Did this fall result in an inability to leave home for at least one week? inablvhm_hevt

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

Source Form Language: lang

-9 -
1 English
2 Spanish

Participant ID (affix ID label here)	**LIFE** Acrostic ☐☐☐☐☐ Interviewer ☐☐☐☐☐ Visit Code ☐☐☐ Date of Visit ☐☐ ☐☐ ☐☐☐☐ month day year

Outcome Events Questionnaire

1. How was the interview completed? ☐ In Person ☐ By Telephone ☐ Self-Administration
2. Source of information? ☐ a. Participant ☐ b. Proxy ☐ c. Other

Skip Q3 and Go to script ***If proxy or other, Go to Q3***

3. Did the participant expire since the last visit date? ☐ Yes a,b,i ☐ No

Script: Now I would like to ask about important health events you may have had since [the last visit date]. You may have already told other LIFE staff about some of the events, but I would like to hear about them again. Also, for scientific reasons, please don't tell me to which of the two LIFE groups you were assigned.

For Proxy: I would like to ask you about important health events [participant] may have had since [the last visit date]. You may have already told other LIFE staff about some of these events, but I would like to hear about them again. Also, for scientific reasons, please don't tell me to which of the two LIFE groups [participant] was assigned.

	Yes	No	D/K	Refused
4. Since [the last visit date], did a doctor tell you that you fractured or broke a bone?	☐ b	☐	☐	☐
		Go to Q5		
a. Specify which bone was broken: _____				
b. Did you break a bone as a result of a fall?	☐ a,b,c	☐	☐	☐
	Go to Q4d	**Go to Q4c**		**Go to Q4d**
c. What was the cause of the fracture? _____				

	Yes	No	D/K	Refused
d. Did you have an x-ray?	☐	☐	☐	☐
e. Did you stay overnight at a hospital for this problem?	☐	☐	☐	☐
f. How many times did you stay overnight in the hospital for this problem?	☐☐ a,b,c			

Participant ID (affix ID label here)	**L I F E**	Acrostic ☐☐☐☐☐ Visit Code ☐☐☐

5. Since [the last visit date], did a doctor tell you that you had a heart attack, angina, or chest pain due to heart disease?

Yes	No	D/K	Refused
☐	☐	☐	☐
	Go to Q5a		

1. Did you stay overnight at a hospital for this problem?	***Yes*** ☐	***No*** ☐	***D/K*** ☐	***Refused*** ☐
	Go to Q5a			
2. How many times did you stay overnight at a hospital for this problem?	☐☐ a,b,d			

5a. Since [the last visit date], did you have a procedure, as an outpatient or overnight in the hospital, to open up the arteries in your heart such as an angioplasty, PTCA, coronary artery bypass graft or CABG?

Yes	No	D/K	Refused
☐	☐	☐	☐
	Go to Q6		

1. Did you have an outpatient procedure for this problem?	***Yes*** ☐	***No*** ☐	***D/K*** ☐	***Refused*** ☐
	Go to Q5a3			
2. How many outpatient procedures did you have?	☐☐ a,b,d			
3. Did you stay overnight at a hospital for this problem?	***Yes*** ☐	***No*** ☐	***D/K*** ☐	***Refused*** ☐
	Go to Q6			
4. How many times did you stay overnight at a hospital for this problem?	☐☐ a,b,d			

6. Since [the last visit date], did a doctor tell you that you had a stroke, mini-stroke, or TIA?

Yes	No	D/K	Refused
☐	☐	☐	☐
	Go to Q7		

a. Did you stay overnight at a hospital for this problem?	***Yes*** ☐	***No*** ☐	***D/K*** ☐	***Refused*** ☐
	Go to Q 7			
b. How many times did you stay overnight at a hospital for this problem?	☐☐ a,b,e			

7. Since [the last visit date], did a doctor tell you that you had congestive heart failure?

Yes	No	D/K	Refused
☐	☐	☐	☐
	Go to Q 8		

a. Did you stay overnight at a hospital for this problem?	***Yes*** ☐	***No*** ☐	***D/K*** ☐	***Refused*** ☐
	Go to Q 8			
b. How many times did you stay overnight at a hospital for this problem?	☐☐ a,b,f			

Participant ID (affix ID label here)	**L I F E**	Acrostic ☐☐☐☐☐ Visit Code ☐☐☐

8. Since [the last visit date], did a doctor tell you that you had an abdominal aortic aneurysm or a ballooning of the wall of the artery in your abdomen?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q 9		

a. Did you stay overnight at a hospital for this problem?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q9		

b. How many times did you stay overnight in the hospital for this problem? ☐☐ a,b,g

9. Since [the last visit date], did a doctor tell you that you had poor blood flow to your legs, intermittent claudication, or peripheral arterial disease?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to 10		

9a. Since [the last visit date], did you have a procedure, as an outpatient or overnight in the hospital, to open up the arteries in either of your legs such as an angioplasty, PTA, stent, or lower extremity bypass?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q9b		

1. Did you stay overnight at a hospital for this problem?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q9a3		

2. How many times did you stay overnight at a hospital for this problem? ☐☐ a,b,g

3. Did you have an outpatient procedure for this problem?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q9b		

4. How many outpatient procedures did you have? ☐☐ a,b,g

9b. Since (the last visit date), did you have an amputation of one or more toes or part of the lower extremity due to poor blood flow to your legs?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q9c		

1. How many times did you stay overnight in the hospital for this? ☐☐ a,b,g

9c. Since [the last visit date], did you stay overnight in the hospital for poor blood flow to your legs, intermittent claudication, or peripheral arterial disease <u>without</u> having any procedures done to improve blood flow to your legs and <u>without</u> having any amputations?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q10		

1. How many times did you stay overnight in the hospital for this problem? ☐☐ a,b,g

Participant ID (affix ID label here)	**L I F E**	Acrostic Visit Code

10. Since [the last visit date] did a doctor tell you that you had asthma, bronchitis, emphysema, COPD?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q11		

a. Did you stay overnight at a hospital for this problem?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q11		

b. How many times did you stay in the hospital for this problem? ☐☐ a,b,h

11. Since [the last visit date] did a doctor tell you that you had pneumonia?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q12		

a. Did you stay overnight at a hospital for this problem?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q12		

b. How many times did you stay in the hospital for this problem? ☐☐ a,b,h

12. *[First time (starting at 6, 12, or 18 months)]*
Since the start of the study [randomization date], did a doctor tell you that you had cancer or a malignant tumor, excluding minor skin cancers?

[For subsequent clinic visits]
Since [the last visit date], did a doctor tell you that you had cancer or a malignant tumor, excluding minor skin cancers?

Yes	No	D/K	Refused
☐	☐	☐	☐
Go to Q12a	Go to Q13		

a. What type of cancer did you have? (check all that apply)

- ☐ Breast
- ☐ Colon, rectum, bowel, or intestinal
- ☐ Endometrial (lining of the uterus or womb) (women only)
- ☐ Lung
- ☐ Prostate (men only)
- ☐ Other (specify): ☐
- ☐ Unknown cancer site

b. Did you stay overnight at a hospital for this problem?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q12d		

c. How many times did you stay overnight at a hospital for this problem? ☐☐ b

d. Did you have an outpatient procedure (e.g. a biopsy) for this problem?

Yes	No	D/K	Refused
☐	☐	☐	☐
↓	Go to Q13		

e. How many outpatient procedures did you have? ☐☐

Participant ID (affix ID label here)	**L I F E**	Acrostic Visit Code

13. Other than the conditions we just asked you about, were you hospitalized overnight for any other reasons since [the last visit date]?

Yes	No	D/K	Refused
☐	☐	☐	☐

Specify: _____ → ***Go to Q14***

a. How many times were you hospitalized since the last visit date? ☐☐ a,b,j

14. Since [the last visit date], have you stayed overnight in a nursing home, long-term or extended care facility?

Yes	No	D/K	Refused
☐	☐	☐	☐

a. Please tell me the number of days that you stayed overnight? ☐☐

15. Since [the last visit date], have you fallen, that is when you went down unintentionally and landed on the floor or ground?

Yes	No	D/K	Refused
☐	☐	☐	☐

a. Did this fall result in an inability to leave home for at least one week?

Yes	No	D/K	Refused
☐	☐	☐	☐

a - Complete the Outcome Event Tracking Form (or alternate site-specific form) for each outcome reported
b - Complete the Adverse Events Form for each outcome reported
c - Complete Injurious Falls and/or Fracture Report Shipping Checklist for each outcome reported
d - Complete the Symptomatic Coronary Artery Disease: Myocardial Infarction, Angina and Coronary Revascularization Shipping Checklist for each outcome reported
e - Complete the Stroke and Carotid Revascularization Shipping Checklist for each outcome reported
f - Complete the Congestive Heart Failure Shipping Checklist for each outcome reported
g - Complete the Peripheral Vascular Disease Events and Revascularizations Procedures Shipping Checklist for each outcome reported
h - Complete the Pulmonary Disease Shipping Checklist for each outcome reported
i - Complete the of Death Report Shipping Checklist
j - Complete the Additional Outcome Identification form for each hospitalization reported