Participant ID pid D000000

Acro	ostic acrostic
Interviewer compby	Visit Code vc YYY
Date of Visit vis_dat	(mm/dd/yyyy

## **Outcome Events Questionnaire**

## **CRF 7.0**

How was the interview completed?	howcomp_hevt  -9 1 In Person 2 By Telephone 3 Self-Administration						
	-6 Permanently Missing						
							<u> M</u>
Source of information?	Source_hevt  9  1 Participant 2 Proxy (Go to Q3) 3 Other (Go to Q3) -6 Permanently Missing						
Did the participant expire since the last visit date?	expire_hevt -9 1 Yes 0 No -6 Permanently Missing						
						▼	
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	V					
1.2 Specify which be	ona was brokan; fra b	one hevt					
		one_nevt					
	1 Yes (Go to Q4d) No(Go to Q4c) B Don't Know(Go to Q4c) Refused(Go to Q4d) Permanently Missing						
<b>4.c.</b> What was the cau	use of the fracture? frc_	_cause_hevt					
4.d. Did you have an							
	source of information?  Did the participant expire since the last visit date?  Since [the last visit date], did a doctor tell you that you fractured or broke a bone?  4.a. Specify which be 4.b. Did you break a e as a result of a fall?	interview completed?  In Person By Telephone Self-Administration Permanently Missing  Source of information?  In Person Self-Administration Permanently Missing  Source hevt Permanently Missing  Did the participant expire since the last visit date?  Permanently Missing  Expire hevt Permanently Missing  Since [the last visit date] Permanently Missing  Since [the last visit date] Permanently Missing  Frc_hevt Permanently Missing  Frc_hevt Permanently Missing  A.a. Specify which bone was broken: Permanently Missing	interview completed?  I In Person 2 By Telephone 3 Self-Administration 6 Permanently Missing  Source of information?  I Participant 2 Proxy (Go to Q3) 3 Other (Go to Q3) 6 Permanently Missing  Expire since the last visit date?  Since [the last visit date?  Since [the last visit date?  Fre_hevt  Sono (Go to Q3) 6 Permanently Missing  Fre_hevt  Sono (Go to Q5) 7 Refused (Go to Q5) 7 Refused (Go to Q5) 7 Refused (Go to Q4c) 8 Don't Know (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? fre_cause_hevt  4.d. Did you have an y?  Yes No 8 Don't Know 7 Refused 9 1 Yes No 8 Don't Know 7 Refused 9 1 Yes 0 No 8 Don't Know 7 Refused 9 1 Yes 0 No 8 Don't Know 7 Refused	interview completed?  In Person 2 By Telephone 3 Self-Administration 6 Permanently Missing  Source of information?  I Participant 2 Proxy (Go to Q3) 3 Other (Go to Q3) 6 Permanently Missing  Did the participant expire since the last visit date?  Since [the last visit date?  Since [the last visit date], did a doctor tell you that you fractured or broke a bone?  Since [the last visit date], did a doctor tell you that you fractured or broke a bone?  Since [the last visit date], did a doctor tell you that you fractured or broke a bone?  A.a. Specify which bone was broken: frc_hevt	interview completed?    In Person   2 By Telephone   3 Self-Administration   6 Permanently Missing	interview completed?  In Person 2 By Telephone 3 Self-Administration -6 Permanently Missing  Source of information?  I Participant 2 Prixy (Go to Q3) 3 Other (Go to Q3) -6 Permanently Missing  Did the participant expire since the last visit date?  I Yes 0 No -6 Permanently Missing  Since [the last visit date], did a doctor tell you that you factured or broke a bone?  Since [the last visit date], which some was broken: fre_bone_hevt  4.a. Specify which bone was broken: fre_bone_hevt  4.b. Did you break a e as a result of a fall?  Yes 0 No	interview completed?  In Person By Telephone Source of source_hevt information?  Source levt information?  Parkingant Par

So book flow (So to OSa)  So No (So to OSa)  So No (Go to OSa)  So No (So to OSa)  So No						
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?  5.1. Did you stay overnight at a hospital for this problem? hrt_hosp_hevt  5.1. Did you stay overnight at a hospital for this problem? hrt_hosp_hevt  5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  6. Since [the last visit date], did you have a outpatient or overnight in the hospital for this problem? xhrt_hosp_hevt  6. Since [the last visit date], did you have a outpatient procedure of the hospital for this problem? xhrt_hosp_hevt  6. Since [the last visit date], did you have a outpatient procedure of the hospital for this problem? xhrt_hosp_hevt  6. Since [the last visit date], did you have a outpatient procedure of the hospital for this problem? hrt_hosp_hevt  6. Since [the last visit date], did you have a outpatient procedure of the hospital for this problem? hrtproc_hosp_hevt  6. Since [the last visit date], did you have a hospital for this problem? hrtproc_hosp_hevt  6. Since [the last visit date], did you have a hospital for this problem? hrtproc_hosp_hevt  6. Since [the last visit date], did you have a hospital for this problem? hrtproc_hosp_hevt  6. Since [the last visit date], did you have a hospital for this problem? hrt_hosp_hevt  6. Since [the last visit date], did you have a hospital for thi	9 1 Yes 0 No 8 Doi 7 Ref	s n't Know used	rnight at a hospital for thi	is problem? frc_hosp_hev	vt	
5.1. Did you stay overnight at a hospital for this problem? hrt_hosp_hevt  1 Yes 1 No (Go to QSa) 2 Retised (Go to QSa) 3 Don't Know (Go to QSa) 4 Permanently Missing  5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.3. 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? 5.3.1. Did you have an outpatient procedure for this problem?  5.4.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.5.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.6.2. How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt  5.6.2. How many times did you stay overnight in the hospital for this problem? whith the hospital for this problem? hrtproc_hosp_hevt  5.6.2. How many outpatient procedures did you have? xouthrt_hevt  5.6.3. Did you stay overnight at a hospital for this problem? hrtproc_hosp_hevt  5.6.3. Did you stay overnight at a hospital for this problem? hrtproc_hosp_hevt  6 Yes  6 No (Go to Q6) 6 Permanently Missing	5.	Since [the last visit date] did a doctor tell you that you had a heart attack, angina or chest pain due to	hrt_hevt -9 1 Yes 0 No (Go to Q5a) -8 Don't Know (Go to Q5a) -7 Refused (Go to Q5a)	the hospital for this probl	em? xfrc_hosp_hevt	
No (Go to QSa) 8 Don't Know (Go to QSa) 6 Permanently Missing  5.2 How many times did you stay overnight in the hospital for this problem? xhrt_hosp_hevt    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?  5.1 Did you have an outpatient procedure for this problem?    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?  5.1 Did you have an outpatient procedure for this problem?    Since [the last visit date], did you have a procedure, as an outpatient or overnight in the hospital for this problem?    Yes		<b>5.1.</b> Did you stay ove	rnight at a hospital for th		vt	
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?  5.a1. Did you have an outpatient procedure for this problem?  5.a2. How many outpatient procedures did you have?  5.a3. Did you stay overnight at a hospital for this problem?  5.a3. Did you stay overnight at a hospital for this problem? hrtproc_hosp_hevt  9 1 Yes 1 Yes 2 O No (Go to Q6) 3 Don't Know (Go to Q6) 4 Permanently Missing  • The procedure of the	1 Yes 0 No 8 Doi 7 Ref 6 Per	(Go to Q5a) n't Know (Go to Q5a) used (Go to Q5a) manently Missing	did you stay ayamicht i	a the hospital for this problem	lom? what hosp hout	•
an outpatient procedure for	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	hrtproc_hevt -9 1 Yes 0 No (Go to Q6) -8 Don't Know (Go to Q6) -7 Refused (Go to Q6)	the hospital for this prob	lem? xnrt_hosp_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)	an ou for	tpatient procedure	-9 1 Yes (a,b,g) 0 No (Go to Q5a3) -8 Don't Know (Go to Q5a3) -7 Refused (Go to Q5a3)			
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)	-	5 9 2 Hove many outr	potiont procedures did vo	u haya? yaythir hayt		
	9 1 Yes 0 No 8 Dor 7 Ref	5.a3. Did you stay ov (Go to Q6) at Know (Go to Q6) Sused (Go to Q6)			sp_hevt	

	<b>5.a4.</b> How many time	s 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	
	<b>6.1.</b> Did you stay over	rnight at a hospital for this problem? stk_hosp_hevt	
0 -8 -7	Yes No (Go to Q7) Don't Know (Go to Q7) Refused (Go to Q7) Permanently Missing		<b>V</b>
	<b>6.2.</b> How many times	did you stay overnight at a hospital for this problem?	astk hosp hevt
7.		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	
0 -8 -7	Yes No (Go to Q8) Don't Know (Go to Q8) Refused (Go to Q8)	rnight at a hospital for this problem? chf_hosp_hevt	
-6	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	
0 -8 -7	8.a. Did you stay over Yes No (Go to Q9) Don't Know (Go to Q9) Refused (Go to Q9) Permanently Missing	rnight at a hospital for this problem? anu_hosp_hevt	
	<b>8.b.</b> How many times	did you stay overnight at a hospital for this problem?	xanu_hosp_hevt

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	
-8 D -7 R		ernight at a hospital for this problem? crc_hosp_hevt	
-8 D -7 R	9.a3. Did you have ar	s did you stay overnight at a hospital for this problem? a outpatient procedure for this problem? outcrc_hevt	xcrc_hosp_hevt
	<b>9.a4.</b> How many outp	natient 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.c.	9.b1. How many times, 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	es did you stay overnight at a hospital for this problem?  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	xamp_hosp_hevt

	legs and without having any amputations?			_	
	9.c1. How many time	s did you stay overnight at a hospital for	or this problem? x	pad_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 - Bu				
-8 D -7 R		ernight at a hospital for this problem?	copa_nosp_nevt		
	10.h. How many time	es did you stay in the hospital for this p	problem? xcond ho	nsn hevt	_
	10.0. How many time	s did you stay iii the nospital for this p	noblem: xcopu_m	osp_nevti	
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			
			•		
-8 D -7 R		ernight at a hospital for this problem?	pneu_hosp_hevt		Ţ
	11.b. How many time	es did you stay in the hospital for this p	oroblem? xpneu_ho	osp_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	<b>▼</b>		
	[For subsequent clinic visits] Since [the last visit date], did a doctor tell you that you had				

Dataset Name: hevt\_v7.0

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  12.c. How many times did you stay overnight at a hospital for this problem? xcanc_hosp_hevt  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  19 1 Yes 1 Yes 1 No (Go to Q13) 2 No (Go to Q13) 3 Pon't Know (Go to Q13) 4 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 about hospitalized overnight for any other reasons since [the last visit date]?	
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 th	ne number of days th	nat you stayed overnight. n	rs_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				•
-7 R	es	ult in an inability to	leave home for at least one	week? inablvhm_hevt	•	

Source Form Language: lang
-9 1 English
2 Spanish

			LIFE	-	Acrostic			
		Participant ID	Interviewer			/isit	İ	7
		(affix ID label here)	Date	of T		Code L		$\exists \perp$
				isit	day		year	_
L							, oui	
		Outcome	Events Quest	ionnaire _	e	_		
1.	Hov	v was the interview completed?	In Person	By Telep	ohone	Self-	Adminis	stration
2.	Sou	rce of information?	a. Participant	b. Pr	оху 🗀	c. Oth	ner	
			Skip Q3 and Go to script	If proxy o	r other, Go	to Q3		
3.		the participant expire since the visit date?	Yes a,b,i	No				
vis to	sit da hear	Now I would like to ask about ate]. You may have already told about them again. Also, for so roups you were assigned.	other LIFE staff ab	out some	of the ev	ents, l	out I wo	ould like
	r Pro	oxy: I would like to ask you abo	out important health	n events li	participan	ıt] may	have h	nad
siı	nce [	the last visit date]. You may ha	ve already told othe	er LIFE st	aff about			е
siı ev	nce [ ents		ve already told othe hem again. Also, f	er LIFE st or scienti	aff about			е
sii ev me	nce [ rents e to v	the last visit date].  You may ha , but I would like to hear about t	ve already told othe hem again. Also, f articipant] was ass	er LIFE st for scienti signed.	aff about			е
sii ev me	nce [ rents e to v	the last visit date]. You may ha , but I would like to hear about to which of the two LIFE groups [p ce [the last visit date], did a docto	ve already told othe hem again. Also, f articipant] was ass	er LIFE st for scienti signed.	aff about fic reasor	ıs, ple	ase doi	e n't tell
sii ev me	nce [ rents e to v	the last visit date]. You may hat, but I would like to hear about to which of the two LIFE groups [page [the last visit date], did a docto broke a bone?	ve already told othe hem again. Also, f articipant] was ass	er LIFE st for scienti signed.	aff about fic reasor	ıs, ple	D/K	e n't tell
sii ev me	sind or b	the last visit date]. You may hat, but I would like to hear about the which of the two LIFE groups [purce [the last visit date], did a doctoroke a bone?	ve already told othe hem again. Also, f articipant] was ass	er LIFE st for scienti signed.	aff about fic reasor	ıs, ple	D/K	e n't tell
sii ev me	Since or b	the last visit date]. You may hat, but I would like to hear about the which of the two LIFE groups [purce [the last visit date], did a doctoroke a bone?	ve already told other hem again. Also, farticipant] was ass	er LIFE st for scienti signed. ctured	aff about fic reason  Yes  Yes	ıs, ple	D/K	e n't tell
sii ev me	Since or b	the last visit date]. You may hat, but I would like to hear about the which of the two LIFE groups [purchase], did a doctoroke a bone?  Specify which bone was broken:	ve already told other hem again. Also, farticipant] was ass	er LIFE st for scienti signed. ctured	Yes  yes  a,b,c  Go to	No No	D/K Go to 0	Refused Refused Go to
sii ev me	Since or b	the last visit date]. You may hat, but I would like to hear about the which of the two LIFE groups [purchase], did a doctoroke a bone?  Specify which bone was broken:	ve already told other hem again. Also, farticipant] was asset tell you that you fraction of a fall?	er LIFE st for scienti signed. ctured	Yes a,b,c	No No	D/K Go to 0	Refused Refused Refused
sii ev me	Since or b	the last visit date]. You may hat, but I would like to hear about the which of the two LIFE groups [procedure], did a doctoroke a bone?  Specify which bone was broken:  Did you break a bone as a result	ve already told other hem again. Also, farticipant] was asset tell you that you fraction of a fall?	er LIFE st for scienti signed. ctured	Yes  yes  a,b,c  Go to	No No	D/K Go to 0	Refused Refused Go to
sii ev me	Since or b	the last visit date]. You may hat, but I would like to hear about the which of the two LIFE groups [procedure], did a doctoroke a bone?  Specify which bone was broken:  Did you break a bone as a result	ve already told other hem again. Also, farticipant] was asset tell you that you fraction of a fall?	er LIFE st for scienti signed. ctured	Yes  yes  a,b,c  Go to	No No	D/K Go to 0	Refused Refused Go to
sii ev me	Since or b	the last visit date]. You may hat, but I would like to hear about the which of the two LIFE groups [procedure], did a doctoroke a bone?  Specify which bone was broken:  Did you break a bone as a result	ve already told other hem again. Also, farticipant] was asset tell you that you fraction of a fall?	er LIFE st for scienti signed. ctured	Yes  yes  a,b,c  Go to Q4d	No Go t	D/K Go to 0	Refused Go to Q4d
sii ev me	since [rents e to v	the last visit date]. You may hat, but I would like to hear about the which of the two LIFE groups [procedure] [pr	ve already told other hem again. Also, farticipant] was asset tell you that you fraction of a fall?	er LIFE st for scienti signed. ctured	Yes  yes  a,b,c  Go to Q4d	No Go t	D/K Go to 0	Refused Go to Q4d

_						
	Participant ID (affix ID label here)	LIFE		Visit Code		
<u>   </u> 5.	Since [the last visit date], did a doctor te heart attack, angina, or chest pain due to		Yes	No	D/K	Refused
	Did you stay overnight at a hos	spital for this problem?	Yes	No	Go to Q	Refused
	How many times did you stay or this problem?	vernight at a hospital for	<b>▼</b>	a,b,d	00104	<u></u>
5a.	Since [the last visit date], did you have a outpatient or overnight in the hospital, to your heart such as an angioplasty, PTC/graft or CABG?	open up the arteries in	Yes	No	D/K	Refused
			₩		Go to C	
	Did you have an outpatient proc	cedure for this problem?	Yes	No	D/K	Refused
			<b>+</b>		Go to Q5	5a3
	How many outpatient procedure	es did you have?	a	ı,b,d		
	3. Did you stay overnight at a hosp	pital for this problem?	Yes	No	D/K	Refused
			<b>\</b>		Go to G	<b>?</b> 6
	4. How many times did you stay of this problem?	overnight at a hospital for	а	a,b,d		
6.	Since [the last visit date], did a doctor to stroke, mini-stroke, or TIA?	ell you that you had a	Yes	No	D/K	Refused
			<b>▼</b>	A/-	Go to G	
	a. Did you stay overnight at a hosp	pital for this problem?	Yes	No	D/K	Refused
			<del>,                                    </del>		Go to Q	7
	b. How many times did you stay or this problem?	vernight at a hospital for	a	a,b,e		
7.	Since [the last visit date], did a doctor te congestive heart failure?	ell you that you had	Yes	No	D/K	Refused
			Vos	No	Go to Q	
	a. Did you stay overnight at a hospital	for this problem?	Yes	No	D/K	Refused
			<del>  •</del>		Go to Q	8
	b. How many times did you stay overn	night at a hospital for this		a.b.f		

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		LIFE	Acrostic				
	Participant ID			isit		$\exists \bot$	
	(affix ID label here)			ode		_	
	(1000)						
8.	Since [the last visit date], did a doctor te	Il you that you had an	Yes	No	D/K	Refus	sed
	abdominal aortic aneurysm or a ballooni	ing of the wall of the					
	artery in your abdomen?				0- 1- 0		
			Yes	No	Go to Q	Refus	sed
	a. Did you stay overnight at a hospital	for this problem?					
					Go to Q	<u>                                     </u>	
	b. How many times did you stay overn	night in the hospital for	<del> </del>	_1			
	this problem?		a	,b,g			
9.	Since [the last visit date], did a doctor te	ell you that you had poor	Yes	No	D/K	Refus	sed
	blood flow to your legs, intermittent clau-						
	arterial disease?						
_			<b>+</b>		Go to 1	0	
9a	<ul> <li>Since [the last visit date], did you have a outpatient or overnight in the hospital, to</li> </ul>		Yes	No	D/K	Refus	sed
	either of your legs such as an angioplas						
	extremity bypass?	.,,, , , , , , , , , , , , , , , ,					
			<b>+</b>		Go to Q		
	Did you stay overnight at a hosp	oital for this problem?	Yes	No	D/K	Refus	ed
	ra y ou eres, e remigne an arresq				0- 1- 00	\	
	2. How many times did you stay or	vernight at a hospital for			Go to Q9	ia3	
	this problem?	vernight at a nospitarior	a,t	o,g			
	3. Did you have an outpatient prod	redure for this problem?	Yes	No	D/K	Refus	ed
	3. Did you have an outpatient proc	bedate for this problem:					
			<u> </u>		Go to Q	9b	
	4. How many outpatient procedur	es did you have?		,b,g			
					ı	1	
9b	. Since (the last visit date), did you have a		Yes	No	D/K	Refus	sed
	more toes or part of the lower extremity	due to poor blood flow to					
	your legs?						
			*		Go to Q	9C	
	1. How many times did you stay over for this?	vernight in the hospital					
	TOT THIS:		a,	,b,g			
9c	. Since [the last visit date], did you stay o	vernight in the hospital					
	for poor blood flow to your legs, intermitt		Yes	No	D/K	Refus	sed
	peripheral arterial disease without having						
	improve blood flow to your legs and with amputations?	out having any					
	amputations:			1	Go to Q	10	
	1. How many times did you stay or	vernight in the hospital	<del>    •                                  </del>	1			
	for this problem?	-	<b></b> a,	,b,g			

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	Participant II		LIFE		isit ode	
	(affix ID label h	ere)				
10	Since [the last visit date]     asthma, bronchitis, emph		•	Yes	No D/K Go to 0	Refused
	a. Did you stay overnig	ght at a hospital	for this problem?	Yes 📗	No D/K Go to 0	Refused
	b. How many times did problem?	I you stay in the	hospital for this		b,h	×11
11	. Since [the last visit date] pneumonia?	did a doctor tel	I you that you had	Yes	No D/K	Refused
	a. Did you stay overnig	ght at a hospital	for this problem?	Yes	No D/K	Refused
	b. How many times did problem?	I you stay in the	hospital for this	<b>▼</b>	<b>Go to (</b>	Q12 
12	2. [First time (starting at 6, Since the start of the study you that you had cancer skin cancers?	dy [randomizati	on date], did a doctor tell	Yes	No D/K	Refused
	[For subsequent clinic vis Since [the last visit date] cancer or a malignant tur	, did a doctor te	,			
	a. What type of cancer did you have? (check all that apply)		ectum, bowel, or intestinal trial (lining of the uterus men only)	Othe Unkr	tate (men only er (specify):	/)
	b. Did you stay overnig	ht at a hospital	for this problem?	Yes	No D/K Go to G	Refused
	problem?		night at a hospital for this	V b	No D/K	Refused
	d. Did you have an out problem?	patient procedu	ıre (e.g. a biopsy) for this	Tes	Go to	
	e. How many outpatier	nt procedures d	id you have?		1 23.3	

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						<del></del> -
	Participant ID (affix ID label here)	LIFE	Acrostic	Visit Code		
L						
	Other than the conditions we just asked hospitalized overnight for any other reas date]?		Yes	No	D/K	Refused
	Specify:			Go to Q14		
	a. How many times were you hosp visit date?	oitalized since the last		a,b,j		
	Since [the last visit date], have you stay home, long-term or extended care facilit		Yes	No	D/K	Refused
	a. Please tell me the number of da overnight?	ys that you stayed	<u> </u>			
	Since [the last visit date], have you falle down unintentionally and landed on the		Yes	No	D/K	Refused
	a. Did this fall result in an inability one week?	to leave home for at least	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

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