

Acrostic acrosticParticipant ID pidForm Completed by combyV.C. vcDate of Visit vis\_mth / vis\_day / vis\_yr

## Telephone Screening Interview

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

### 5. How did you hear about the study?

Brochure with card	<u>broch_tscr</u>	Magazine	<u>mag_tscr</u>
Event	<u>event_tscr</u>	Newspaper Ad	<u>news_ad_tscr</u>
Flyer	<u>flyer_tscr</u>	Referral	<u>referral_tscr</u>
FU Call	<u>fu_call_tscr</u>	Radio Ad	<u>radio_ad_tscr</u>
Letter	<u>letter_tscr</u>	Television Ad	<u>tv_ad_tscr</u>
Don't know	<u>dk_tscr</u>	Refused	<u>ref_tscr</u>
Other (please specify) <u>oth_hrd_tscr</u>			

### 6. 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 Not on form

### 7. Do you plan to be in the area for the next year?

areayear\_tscr

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

### 8. What is your age?

age\_tscr

#### 8b. Interviewer: Is participant 70 to 89?

age\_chk\_tscr

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

### 9. What is your date of birth?

dob\_mth\_tscr / dob\_day\_tscr  
/ dob\_yr\_tscr

### 10. May I ask your gender?

Female gender\_tscr value="F" |  
Male gender\_tscr value="M"

### 11. Are you Latino, Hispanic or of Spanish origin?

hisp\_tscr

-9  
1 Yes  
0 No  
-6 Not on form

### 12. What is your race? (X all that apply)

African American/Black	<u>af_am_tscr</u>	Native American/ Alaskan Native	<u>native_tscr</u>
Asian	<u>asian_tscr</u>	Other	<u>oth_race_tscr</u>
Caucasian/White	<u>white_tscr</u>	<u>othracsp_tscr</u>	

Native Hawaiian/Pacific  
Islander

[hawaii\\_tscr](#)



Refused

[refused\\_tscr](#)



**13.** Do you usually use a walker to get around the home?

[walker\\_tscr](#)

- 9
- 1 Yes
- 0 No
- 8 D/K
- 7 Refused
- 6 Not on form

**14.** 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 Not on form

**15.** In the past month, have you spend 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 Q17)
- 8 D/K (Go to Q17)
- 7 Refused
- 6 Not on form

a. **If yes**, do these activities increase your heart rate, breathing and perspiration?

[incrhr\\_tscr](#)

- 9
- 1 Yes
- 0 No (Go to Q17)
- 8 D/K (Go to Q17)
- 7 Refused
- 6 Not on form

b. i. **If yes**, How many days per week do you regularly do these activities?

[exdays\\_tscr](#)

days

ii. How many minutes per day?

[exmin\\_tscr](#)

minutes

**16.** **Interviewer note: Calculate total # of minutes of exercise 1 day/ per week . Only eligible if below 20.**

[exminwk\\_tscr](#)

**17. DO NOT ASK:** Does a hearing, speech or other problem make the candidate unable to communicate?

[comm\\_tscr](#)

- 9
- 1 Yes
- 0 No
- 8 D/K
- 7 Refused
- 6 Not on form

**18.** Is the participant eligible?

[elig1\\_tscr](#)

- 9
- 1 Yes
- 0 No
- 6 Not on form

## Permanent Exclusion Criteria

**19.** 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 Not on form

**20.** 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
- 8 D/K
- 7 Refused
- 6 Not on form

**21.** 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?

[hrtdis\\_tscr](#)

- 9
- 1 Yes
- 0 No
- 8 D/K
- 7 Refused
- 6 Not on form

Specify if yes: [hrtidssp\\_tscr](#)**22.** Have you ever had a cardiac arrest which required resuscitation?[cardiac\\_tscr](#)

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

**23.** Do you have an implanted cardiac defibrillator?[imp\\_defb\\_tscr](#)

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

**24.** Do you have Parkinson's disease or some other serious neurological disorder?  
(Note to Interviewer: does NOT include stroke)[park\\_tscr](#)

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

Specify if yes: [parkspec\\_tscr](#)**25.** Do you have severe kidney disease that requires dialysis?[dial\\_tscr](#)

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

**26.** During the past week, have you drunk more than 14 alcoholic beverages, including wine, beer, sherry, or liquor?[alc14\\_tscr](#)

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

**27.** Do you currently live in a nursing home?[nurs\\_hom\\_tscr](#)

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

**28.** Is a member of your household enrolled in the study?[househld\\_tscr](#)

-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

**29.** Is the participant eligible?[elig2\\_tscr](#)

-9  
1 Yes  
0 No  
-6 Not on form

## Permanent Exclusion Criteria (continued)

**30. 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 (Go to Q31)**  
-8 **D/K (Go to Q31)**  
-7 **Refused**  
-6 Not on form

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

Breast	<a href="#">brs_cncr_tscr</a> <input type="checkbox"/>	<b>Go to b.</b>
Cervical	<a href="#">crv_cncr_tscr</a> <input type="checkbox"/>	

Colon	<a href="#">col_cncr_tscr</a> <input type="checkbox"/>	
Prostate	<a href="#">prs_cncr_tscr</a> <input type="checkbox"/>	
Rectal	<a href="#">rec_cncr_tscr</a> <input type="checkbox"/>	
Uterine	<a href="#">ute_cncr_tscr</a> <input type="checkbox"/>	
Thyroid	<a href="#">thy_cncr_tscr</a> <input type="checkbox"/>	
Oral	<a href="#">orl_cncr_tscr</a> <input type="checkbox"/>	
Nonmelanoma Skin	<a href="#">skin_tscr</a> <input type="checkbox"/>	<b>Potentially Eligible, Go to 31.</b>
All Other Cancers	<a href="#">oth_cncr_tscr</a> <input type="checkbox"/>	<b>Ineligible, terminate interview</b>

b. Are you currently receiving radiation treatment and/or chemotherapy for this cancer?

[cncr\\_rad\\_tscr](#)  
-9  
0 **No/Don't Know (Go to Q31)**  
1 **Yes (Ineligible, terminate interview)**

**Interviewer Note:** Tamoxifen for breast cancer is not chemotherapy.

**31.** Is participant eligible based on previous sections?

[elig3\\_tscr](#)  
-9  
1 Yes (Go to next section)  
0 **No (terminate interview)**  
-6 Not on form

"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 Not on form

## Temporary Exclusion Criteria

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

[hip\\_tscr](#)  
-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

**33.** 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 Not on form

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

[mi\\_tscr](#)  
-9  
1 Yes  
0 No  
-8 D/K  
-7 Refused  
-6 Not on form

**35.** 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 Not on form

36. 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 Not on form

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

[spine\\_tscr](#)

- 9
- 1 Yes
- 0 No
- 8 D/K
- 7 Refused
- 6 Not on form

38. 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 Not on form

39. 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 Not on form

If yes, specify when it will end: [phy\\_th\\_e\\_tscr](#)

40. Are you currently enrolled in another intervention study?

[oth\\_tr\\_tscr](#)

- 9
- 1 Yes
- 0 No
- 8 D/K
- 7 Refused
- 6 Not on form

(Interviewer Note: *observational studies are permissible*)

If yes, specify the name of the study and when it will end: [oth\\_tr\\_e\\_tscr](#)

**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?"

[try\\_ag\\_tscr](#)

- 9
- 1 Yes
- 0 No
- 6 Not on form

**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\\_vis\\_tscr](#) (date and time)

Candidate defers clinic visit: (X all that apply)

Too Busy	<a href="#">too_busy_tscr</a>	Sick	<a href="#">sick_tscr</a>	Caring for others	<a href="#">car_othr_tscr</a>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Not interested	<a href="#">no_intrs_tscr</a>	Do not think it would help	<a href="#">no_help_tscr</a>	Doctor told me not to	<a href="#">doctor_tscr</a>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify): <a href="#">oth_spec_tscr</a>					

Source Form Language: [lang](#)

- 9 -
- 1 English
- 2 Spanish

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