

Participant ID pidInterviewer compbyV.C. vcDate of Visit vis_mth/ vis_day/ vis_yr

Health Events

1. How was the interview completed?

howcomp_hevt

- 9
- 1 In Person
- 2 By Telephone
- 6 Not on form

2. Source of information?

source_hevt

- 9
- 1 Participant
- 2 Proxy
- 3 Other
- 6 Not on form

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.

3. 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 Q4.)
- 8 Don't Know (GO to Q4.)
- 7 Refused (Go to Q4.)
- 6 Not on form

If Yes,

(Interviewer: Fill out event tracking form)

a. Did you have an x-ray?

frc_xray_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

b. If yes, 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 Not on form

c. Did you break a bone as a result of a fall?

frc_fall_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

4. 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 Q5.)
- 8 Don't Know (Go to Q5.)
- 7 Refused (Go to Q5.)
- 6 Not on form

If Yes,

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

hrt_hosp_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

(Interviewer: If yes, fill out Event Tracking form)

5. 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 Q6.)
- 8 Don't Know (Go to Q6.)
- 7 Refused (Go to Q6.)

If Yes,

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

(Interviewer: If yes, fill out Event Tracking form)

stk_hosp_hevt

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

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

If Yes,

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

(Interviewer: If yes, fill out Event Tracking form)

chf_hevt

-9
1 Yes
0 No (Go to Q7.)
-8 Don't Know (Go to Q7.)
-7 Refused (Go to Q7.)
-6 Not on form

7. 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 stomach?

If Yes,

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

(Interviewer: If yes, fill out Event Tracking form)

anu_hevt

-9
1 Yes
0 No (Go to Q8.)
-8 Don't Know (Go to Q8.)
-7 Refused (Go to Q8.)
-6 Not on form

8. Since [the last visit date], did a doctor tell you that you had a problem with the circulation of blood to your legs or a peripheral arterial disease?

If Yes,

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

(Interviewer: If yes, fill out Event Tracking form)

crc_hevt

-9
1 Yes
0 No (Go to Q9.)
-8 Don't Know (Go to Q9.)
-7 Refused (Go to Q9.)
-6 Not on form

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

(Interviewer: If yes, fill out Event Tracking form)

crc_hosp_hevt

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

any_hosp_hevt

-9
1 Yes
0 No (Go to Q10.)
-8 Don't Know (Go to Q10.)
-7 Refused (Go to Q10.)
-6 Not on form

10. Since [the last visit date], have you had any same day outpatient surgery for angioplasty to open a blocked artery in your heart or to place a stent?

(Interviewer: If yes, fill out Event Tracking form)

ang_hevt

-9
1 Yes (Go to a)
0 No (Go to Q13)
-8 Don't Know (Go to Q13)
-7 Refused (Go to Q13)
-6 Not on form

(if Yes, Go to a)

11. Since [the last visit date], did you have any other outpatient surgery?

(Specify: outsrgsp_hevt)

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

a. How many time would you say you've fallen since [the last visit date]? fall_num_hevt

Number of times

b. Did you see a doctor (or go to the ER) because of these falls? fall_er_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

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

If Yes,

a. How many days did you stay? nrs_days

14. Since [the last visit date], has a doctor or other health professional told you that you had high blood pressure or hypertension?

15. Since [the last visit date], has a doctor told you that you had cancer?

If Yes,

a. What kind of cancer did your doctor say it was?

1. cancert1_hevt

2. cancert2_hevt

3. cancert3_hevt

b. Was this the first time you have been told you had this kind of cancer? cancerfr_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

16. Since [the last visit date] have you sought the advice of a physician or medical professional for any of the following reasons?

a. Back Injury

b. Fainting or Passing out

out_surg_hevt

- 9
- 1 Yes (Go to a)
- 0 No (Go to Q13)
- 8 Don't Know (Go to Q13)
- 7 Refused (Go to Q13)
- 6 Not on form

(if Yes, Go to a)

fall_hevt

- 9
- 1 Yes (Go to a)
- 0 No (Go to Q13)
- 8 Don't Know (Go to Q13)
- 7 Refused (Go to Q13)
- 6 Not on form

(if Yes, Go to a)

nrs_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

highbp_hevt

- 9
- 1 Yes (Go to a)
- 0 No (Go to Q16)
- 8 Don't Know (Go to Q16)
- 7 Refused (Go to Q16)
- 6 Not on form

cancer_hevt

- 9
- 1 Yes (Go to a)
- 0 No (Go to Q16)
- 8 Don't Know (Go to Q16)
- 7 Refused (Go to Q16)
- 6 Not on form

back_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

faint_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

c. Shortness of Breath or Asthma

[asthma_hevt](#)

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

d. Abnormal Heart Rhythm

[rhyth_hevt](#)

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

e. Foot Ulcer

[ftulcer_hevt](#)

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

f. Joint Sprain

[jtsprain_hevt](#)

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

g. Any reason that affected your ability to walk?

[walkany_hevt](#)

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

(specify [walksp_hevt](#))

17. Since [the last visit date], have you experienced any of the following symptoms? *(If Proxy, do not ask)*

A. Fatigue

[fat_hevt](#)

-9
1 Yes
0 No (Go to B)
-8 Don't Know (Go to B)
-7 Refused (Go to B)
-6 Not on form

If Yes,

1. Did you have to cut down your usual activities for at least 3 days because of the fatigue?

[fat_cut_hevt](#)

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

B. Dizziness

[diz_hevt](#)

-9
1 Yes
0 No (Go to C)
-8 Don't Know (Go to C)
-7 Refused (Go to C)
-6 Not on form

If Yes,

1. Did you have to cut down your usual activities for at least 3 days because of the dizziness?

[diz_cut_hevt](#)

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

C. Muscle Strain or Joint Stiffness/Soreness

[musc_hevt](#)

-9
1 Yes
0 No (Go to D)
-8 Don't Know (Go to D)
-7 Refused (Go to D)
-6 Not on form

If Yes,

1. Did you have to cut down your usual activities for at least 3 days because of the Muscle Strain or Joint Stiffness/Soreness?

[musc_cut_hevt](#)

-9
1 Yes
0 No
-8 Don't Know
-7 Refused
-6 Not on form

foot_hevt

- 9
- 1 Yes
- 0 No (Go to E)
- 8 Don't Know (Go to E)
- 7 Refused (Go to E)
- 6 Not on form

D. Foot Pain

If Yes,

1. Did you have to cut down your usual activities for at least 3 days because of the foot pain?

foot_cut_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

E. Since [the last visit date], have you had any other serious health problems that made you cut down on your activities or take to bed for at least 3 days?

any_cut_hevt

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Not on form

(specify anycutsp_hevt)

submit