Public reporting burden for this collection of information is estimated to average 6-15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0281). Do not return the completed form to this address.

OMB#: 0925-0281 Exp. 05/31/2017



SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW

ID NUMBER: FORM CODE: G N C DATE: 01/10/20 Version 1.0)14				
ADMINISTRATIVE INFORMATION					
0a. Completion Date: Day Year Ob. Staff ID:					
Instructions: This form is completed during the six-month follow up to the participant's annual follow-up interview. The date is the day the contact is made, or is the date the status determination is made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.					
A. SF-12 HEALTH SURVEY					
"This survey asks for your views about your health. Please answer each question be of the answers I will mention. If you are unsure about a response, please give the becan."					
1. In general, would you say your health is:					
Excellent 1 Very good 2 Good 3 Fair 4 P	Poor 5 🗌				
2. The following questions are about activities you might do during a typical day. Does your health now limit					
you in these activities? If so, how much? Yes, Yes, limited limited a lot a little	No, not limited at all				
 a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf 1 2 	3 🗌				
b. Climbing several flights of stairs 1 2	3 🗌				
3. During the <u>past 4 weeks</u> , how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health?</u>					
All of Most of Some of A little the time the time the time the time a. Accomplished less than you would like 1 \(\bigcup \) 2 \(\bigcup \) 3 \(\bigcup \) 4	ne the time				
b. Were limited in the kind of work or other activities 1 2 3 4	5 🗆				

4. During the <u>past 4 weeks</u> , how much of the ti work or other regular daily activities <u>as a resu</u> anxious)?					
, and the second	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
 Did work or other activities less carefully than usual 	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
5. During the past <u>4 weeks</u> , how much did <u>pair</u> outside the home and housework)?		th your norn	nal work (inc	cluding both	work
Not at A little Mode Quite Extrer	e bit rately a bit	1			
6. These questions are about how you feel and For each question, please give the one answ How much of the time during the past 4 week	er that come	es closest to	the way you	u have been	feeling.
a. Have you felt calm and peaceful?	All of the time	Most of the time 2	Some of the time 3	A little of the time	None of the time 5
b. Did you have a lot of energy?	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
c. Have you felt downhearted and depresse	ed? 1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
7. During the <u>past 4 weeks</u> , how much of the ti interfered with your social activities (like visiti All of the Most of the Some of the A little of the None of th	ng friends, r time ne time the time the time			tional proble	ms
B. CAREGIVER STATUS					
8. Are you currently providing care on an ongo or disability? This would include any kind of h bathing this person, arranging care, or providence.	nelp such as ling transpor	watching yo			
Yes□ No□→ GO TO QU	ESTION 12				
9. How are you related to this person?					
Spouse					

10. Do you live with this person?
Yes
11. How much mental or emotional strain is it for you to provide this care?
No strain
12. Are you currently receiving care on an ongoing basis from a family member or friend to help with a chronic illness or disability? This would include any kind of help such as companionship, dressing o bathing, arranging care, or providing transportation.
Yes
13. How are you related to the person who is providing care for you?
Spouse
14. Do you live with this person?
Yes
C. ADMINISTRATION INFORMATION
15. sAF General Interview Questions Completion Status: a. Complete