

The ACT Project
 TELEPHONE FOLLOW UP
 March 19, 2019

SUBJECT ACT No.: 4 5 6 7 8 9
CHARSUB Char ID: 10 11 12
 Date: 13 14 / 15 16 / 17 18
 DATE_MO/DATE_DAY/DATE_YR
VISIT Visit No.: 0 1
VTYPE 19 Type: 4 - Biennial
INT Interviewer: 20 21 22

1. Subject's current place of residence is:

1. Own home or apartment **23 RESIDENC**
2. Home of child/relative
3. Nursing Home **If living in a NH (3), answer 3A-3C.**
AD_MO/AD_DAY/AD_YR
 3A. Admit Date: 24 25 / 26 27 / 28 29
 3B. Discharge Date: 30 31 / 32 33 / 34 35 **DISC_MO DISC_DAY DISC_YR**
 3C. Is this admission permanent?..... **36 ADPERM** No (0) Yes (1)
4. Convalescent home/center
5. Retirement facility
6. Other (specify): _____

2. Who is subject living with? **37 LIV_WITH**

1. Lives with spouse only
2. Lives with spouse and other relatives
3. Lives with other relatives or friends
4. Lives with unrelated individuals (e.g., paid help)
5. Lives in nursing home
6. Lives alone

3. Has subject moved since last visit? **38 MOVED** No (0) Yes (1)

If yes, answer 1A and 1B

MOV_MO MOV_YR
 1A. Date of move: 39 40 / 41 42
 Month / Year

1B. Why did subject move? **43 WHYMOVE**

1. Due to physical problems
2. Due to memory problems
3. For financial reasons
4. Other _____

4. Has subject had any illnesses since the last visit?..... **OTHER_IL 44** No (0) Yes (1)

If yes, List diagnosis of illness(es) below:

FOR OFFICE USE
(Code Diagnosis)

- | | | |
|----------|---------------|---|
| 1. _____ | DXILL1 | <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> |
| 2. _____ | DXILL2 | <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> |
| 3. _____ | DXILL3 | <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> |
| 4. _____ | DXILL4 | <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> |
| 5. _____ | DXILL5 | <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> |
| 6. _____ | DXILL6 | <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> |

5. Has subject been hospitalized overnight since last visit?.....**HOSPITAL**.....**81** No (0) Yes (1)

If Yes, complete the following:

FOR OFFICE USE

Days Hospitalized	Discharge Dx (not procedure)	Code days	Code diagnosis
		HOSDAY_A	DISCDX_A
5.1.A. _____	Dx _____	5.1A. <u>82</u> <u>83</u> <u>84</u>	<u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u>
Hospital: _____	City _____ ST _____		
5.1.B. _____	Dx _____	5.1B. <u>91</u> <u>92</u> <u>93</u>	<u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u>
Hospital: _____	City _____ ST _____		
5.1.C. _____	Dx _____	5.1C. <u>100</u> <u>101</u> <u>102</u>	<u>103</u> <u>104</u> <u>105</u> <u>106</u> <u>107</u> <u>108</u>
Hospital: _____	City _____ ST _____		
5.1.D. _____	Dx _____	5.1D. <u>109</u> <u>110</u> <u>111</u>	<u>112</u> <u>113</u> <u>114</u> <u>115</u> <u>116</u> <u>117</u>
Hospital: _____	City _____ ST _____		
5.1.E. _____	Dx _____	5.1E. <u>118</u> <u>119</u> <u>120</u>	<u>121</u> <u>122</u> <u>123</u> <u>124</u> <u>125</u> <u>126</u>
Hospital: _____	City _____ ST _____		

	<u>NO</u>	<u>YES</u>
6. Does subject have any difficulty walking around in his/her house?..... 127 DIF_WALK	0	1
7. Does subject have any difficulty getting out of a bed or a chair?..... 128 DIF_BED	0	1
8. Does subject have any difficulty feeding himself/herself (like holding a fork, cutting food or drinking from a glass)?..... 129 DIF_HOLD	0	1
9. Because of health or physical problems, does subject have any difficulty dressing 130 DIF_DRES himself/herself (like putting on a shirt, buttoning and zipping, or putting on/tying shoes)?..	0	1
10. Because of health or physical problems, does subject have any difficulty bathing or taking a shower?..... 131 DIF_BATH	0	1
11. Because of health or physical problems, does subject have any difficulty getting to or using the toilet?..... 132 DIF_TOIL	0	1