Variables names in pink = REDCap variable names

Variables name in blue = SAS variable names

Participant Information (A01)

Date of this FHS exam (today's date) |__|__|/|__|__|/|__|__|__|__|	Date calendar	examdate G3C0001
Site |__|	0 = Heart Study 1 = Nursing home 2 = Residence 3 = Other	site G3C0002
First name _____	Character field	firstname G3C0003
Last name _____	Character field	lastname G3C0004
Date of Birth |__|__|/|__|__|/|__|__|__|__|	Date calendar	dob G3C0005

Additional Comments		
Participant Information _____	Character field	acom_pi G3C0006

Imported Validated Data for Data Management Use		
Year of birth |__|__|__|__|	Calculated field – birth year	dobyr
Year of this FHS exam |__|__|__|__|	Calculated field – exam year	examyr
Age (in years) |__|__|	Calculated field – age	age
IDTYPE |__|__|	2 = NOS 3 = Gen 3 72 = Omni Gen 2	idtype IDTYPE
ID |__|__|__|__|	FHS ID (4-digit)	id ID
Sex |__|	1 = Male 2 = Female	sex G3C0007
Date of last exam |__|__|__|__|	Date calendar	lastexamdate G3C0008
Year of last exam |__|__|__|__|	Calculated – last exam year	lastexamyr
Date of last medical health update |__|__|__|__|	Date calendar	lastmhudate G3C0009
Date of last medical information |__|__|__|__|	Date calendar	lastmedinfodate G3C0010

Medical Encounters (M01)

1st Examiner ID — exid1 G3C0011

1st Examiner's Medical Professional Type — 1 = Medical Doctor (MD); 2 = Nurse Practitioner (NP) — G3C0011A

Since your last provided medical information have you had any of the following?

Hospitalizations (not E.R.)? |__|	0 = No; 1 = Yes; 9 = Unknown	mehosp01 G3C0012
If "Yes"		

Hospitalization

Reason _____	Character field	mehospreason01 G3C0013 mehospreason02 G3C0019 mehospreason03 G3C0025 mehospreason04 G3C0031
Year |__|__|__|__| 4 digit year	9999 = Unknown	mehospy01 G3C0014 mehospy02 G3C0020 mehospy03 G3C0026 mehospy04 G3C0032
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	mehospdatetext01 G3C0015 mehospdatetext02 G3C0021 mehospdatetext03 G3C0027 mehospdatetext04 G3C0033
Name of hospital _____	Character field	mehospname01 G3C0016 mehospname02 G3C0022 mehospname03 G3C0028 mehospname04 G3C0034
Location of hospital _____	Character field	mehosploc01 G3C0017 mehosploc02 G3C0023 mehosploc03 G3C0029 mehosploc04 G3C0035
Have you had another hospitalization? |__|	0 = No; 1 = Yes; 9 = Unknown	mehosp02 G3C0018 mehosp03 G3C0024 mehosp04 G3C0030
If "Yes"		

Block of questions ("Reason" to "Have you had another hospitalization") repeats 3 more times

E.R. visits only? |__|	0 = No; 1 = Yes; 9 = Unknown	meer01 G3C0036
If "Yes"		

E.R. Visit

Reason _____	Character field	meerreason01 G3C0037 meerreason02 G3C0043 meerreason03 G3C0049 meerreason04 G3C0055
Year |__|__|__|__| 4 digit year	9999 = Unknown	meery01 G3C0038 meery02 G3C0044 meery03 G3C0050 meery04 G3C0056
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	meerdatetext01 G3C0039 meerdatetext02 G3C0045 meerdatetext03 G3C0051 meerdatetext04 G3C0057
Name of hospital _____	Character field	meerhospname01 G3C0040 meerhospname02 G3C0046 meerhospname03 G3C0052 meerhospname04 G3C0058
Location of hospital _____	Character field	meerhosploc01 G3C0041 meerhosploc02 G3C0047 meerhosploc03 G3C0053 meerhosploc04 G3C0059
Have you had another E.R. visit? |__|	0 = No; 1 = Yes; 9 = Unknown	meer02 G3C0042 meer03 G3C0048 meer04 G3C0054
If "Yes"		

Block of questions ("Reason" to "Have you had another E.R. Visit") repeats 3 more times

Medical Encounters (cont-1)

Day surgery? |__|	0 = No; 1 = Yes; 9 = Unknown	medsurg01 G3C0060
If "Yes"		
Day Surgery		
Reason _____	Character field	medsurgreason01 G3C0061 medsurgreason02 G3C0067 medsurgreason03 G3C0073 medsurgreason04 G3C0079
Year |__|__|__|__| 4 digit year	9999 = Unknown	medsurgy01 G3C0062 medsurgy02 G3C0068 medsurgy03 G3C0074 medsurgy04 G3C0080
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	medsurgdatetext01 G3C0063 medsurgdatetext02 G3C0069 medsurgdatetext03 G3C0075 medsurgdatetext04 G3C0081
Name of hospital or doctor _____	Character field	medsurgname01 G3C0064 medsurgname02 G3C0070 medsurgname03 G3C0076 medsurgname04 G3C0082
Location of hospital or doctor _____	Character field	medsurgloc01 G3C0065 medsurgloc02 G3C0071 medsurgloc03 G3C0077 medsurgloc04 G3C0083
Have you had another day surgery? |__|	0 = No; 1 = Yes; 9 = Unknown	medsurg02 G3C0066 medsurg03 G3C0072 medsurg04 G3C0078
If "Yes"		

Block of questions ("Reason" to "Have you had another day surgery") repeats 3 more times

Major illness with visit to doctor? |__|	0 = No; 1 = Yes; 9 = Unknown	meill01 G3C0084
If "Yes"		
Major Illness		
Reason _____	Character field	meillreason01 G3C0085 meillreason02 G3C0091 meillreason03 G3C0097 meillreason04 G3C0103
Year |__|__|__|__| 4 digit year	9999 = Unknown	meilly01 G3C0086 meilly02 G3C0092 meilly03 G3C0098 meilly04 G3C0104
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	meilldatetext01 G3C0087 meilldatetext02 G3C0093 meilldatetext03 G3C0099 meilldatetext04 G3C0105
Name of doctor _____	Character field	meillmdname01 G3C0088 meillmdname02 G3C0094 meillmdname03 G3C0100 meillmdname04 G3C0106
Location of doctor _____	Character field	meillmdloc01 G3C0089 meillmdloc02 G3C0095 meillmdloc03 G3C0101 meillmdloc04 G3C0107
Have you had another major illness with visit to doctor? |__|	0 = No; 1 = Yes; 9 = Unknown	meill02 G3C0090 meill03 G3C0096 meill04 G3C0102
If "Yes"		

Block of questions ("Reason" to "Have you had another major illness with visit to doctor") repeats 3 more times

Medical Encounters (cont-2)

Checkup or office visit with doctor or other health care provider? |__|	0 = No; 1 = Yes; 9 = Unknown	meckup01 G3C0108
If "Yes"		
Checkup or office visit		
Reason _____	Character field	meckupreason01 G3C0109 meckupreason02 G3C0115 meckupreason03 G3C0121 meckupreason04 G3C0127
Year |__|__|__|__| 4 digit year	9999 = Unknown	meckupy01 G3C0110 meckupy02 G3C0116 meckupy03 G3C0122 meckupy04 G3C0128
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	meckupdatetext01 G3C0111 meckupdatetext02 G3C0117 meckupdatetext03 G3C0123 meckupdatetext04 G3C0129
Name of hospital or doctor _____	Character field	meckupmdname01 G3C0112 meckupmdname02 G3C0118 meckupmdname03 G3C0124 meckupmdname04 G3C0130
Location of hospital or doctor _____	Character field	meckupmdloc01 G3C0113 meckupmdloc02 G3C0119 meckupmdloc03 G3C0125 meckupmdloc04 G3C0131
Have you had another checkup or office visit with doctor or other health care provider? |__|	0 = No; 1 = Yes; 9 = Unknown	meckup02 G3C0114 meckup03 G3C0120 meckup04 G3C0126
If "Yes"		

Block of questions("Reason" to "Have you had another checkup or office visit with doctor or other health care provider") repeats 3 more times

Additional Comments

Medical Encounters — acom_me G3C0132

Aspirin, Diagnoses and Treatment Questions (M03)

Aspirin

Do you take aspirin REGULARLY? |__|	0 = No; 1 = Yes; 9 = Unknown	aspirin G3C0133
If "Yes"		
How many aspirin? |__|__|__|	999 = Unknown	numaspirin G3C0134
How often do you take this many aspirin? |__|	1 = Day 2 = Week 3 = Month 4 = Year 9 = Unknown	freqaspirin G3C0135
Usual dose of aspirin (mg)? |__|__|__|	81 = 81 mg - Baby 160 = 160 mg - Half 250 = 250 mg - e.g. Excedrin 325 = 325 mg - Usual 500 = 500 mg - Extra strength 888 = Other 999 = Unknown	doseaspirin G3C0136
If dose of aspirin is "Other" |__|__|__|	Aspirin dose in mg	doseaspirin_other G3C0137

Diagnoses and Treatment Questions

High Blood Pressure or Hypertension

Have you been TOLD by your doctor you have high blood pressure or hypertension? |__|	0 = No; 1 = Yes; 9 = Unknown	hbpmd G3C0138
Are you CURRENTLY TAKING MEDICATION for high blood pressure or hypertension? |__|	0 = No; 1 = Yes; 9 = Unknown	hbpmed G3C0139

High Blood Cholesterol or High Triglycerides

Have you been TOLD by your doctor you have high blood cholesterol or high triglycerides? |__|	0 = No; 1 = Yes; 9 = Unknown	hcholmd G3C0140
Are you CURRENTLY TAKING MEDICATION for high blood cholesterol or high triglycerides? |__|	0 = No; 1 = Yes; 9 = Unknown	cholmed G3C0141

High Blood Sugar or Diabetes

Have you been TOLD by your doctor you have high blood sugar or diabetes? |__|	0 = No; 1 = Yes; 9 = Unknown	diabetes G3C0142
Are you CURRENTLY TAKING MEDICATION for high blood sugar or diabetes? |__|	0 = No; 1 = Yes; 9 = Unknown	diabetesmed G3C0143

Cardiovascular Disease

Are you CURRENTLY TAKING medication for cardiovascular disease? (for example angina/chest pain, heart failure, atrial fibrillation/heart rhythm abnormality, stroke, leg pain when walking, peripheral artery disease) |__|	0 = No; 1 = Yes; 9 = Unknown	cvdmed G3C0144

Additional Comments

Aspirin, Diagnoses and Treatment Questions	acom_asp G3C0145

Medications (M04)

As Directed by Physician or HCP

In the PAST MONTH have you taken any prescription or non-prescription medication AS DIRECTED by physician or other health care provider? |__|	0 = No; 1 = Yes; 9 = Unknown	medyn G3C0146
If "Yes"		
Medication bag with medications brought to exam? |__|	0 = No; 1 = Yes	medbag G3C0147
NOTE: For ASPIRIN ONLY - Do not code aspirin on this page. CODE ON PRIOR PAGE M03		
Medication name _____ Select from drop down	Character field	medname01 G3C0148
Able to select up to 20 different medications _____	Character field	medname02 – medname20 G3C0148 - G3C0167
Are there any medications that you could not find on the drop down list? |__|	0 = No; 1 = Yes	mednew G3C0168
If "Yes"		
Medication name - not in drop down list _____	Character field	mednamen01 G3C0169
Add up to 20 different medications not from drop down list _____	Character field	mednamen02 – mednamen20 G3C0170 - G3C0188

Over the Counter Products (OTC)

Are you taking over the counter products that are NOT DIRECTED by a physician or health care provider (i.e. vitamins, supplements, plant extracts, alternatives)? |__|	0 = No; 1 = Yes; 9 = Unknown		otc G3C0189
Please answer all over the counter questions below	0 = No	1 = Yes	
Vitamins	|__|	|__|	otc_vit G3C0190
Other	|__|	|__|	otc_oth G3C0191

Vaccinations

Have you received an influenza vaccine (aka "flu shot") within the last year? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	flushot G3C0192
Have you ever received a pneumovaccine? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	pneumovac G3C0193

Additional Comments

Medications

acom_med G3C0194

Female Reproductive History - Pregnancy (M05)

Participant is male. Select "Save and go to Next Form"

Check here to confirm study participant is female. Check box	1 = Yes, female	m05_female G3C0195
If “Yes”		

Pregnancy

Since your last exam have you taken or used birth control pills, shots, or hormone implants for birth control or medical indications (not post-menopausal hormone replacement)? |__|	0 = No 1 = Yes, now 2 = Yes, not now 9 = Unknown	contra G3C0196
Have you ever tried to become pregnant for a year or more without becoming pregnant? |__|	0 = No; 1 = Yes, 9 = Unknown	pregtry G3C0197
Have you ever used infertility treatment? |__|	0 = No; 1 = Yes, 9 = Unknown	infertrt G3C0198
Have you been pregnant since your last exam? |__|	0 = No; 1 = Yes, 9 = Unknown	preg G3C0199
If "Yes"		

Number of pregnancies? |__|	1 = One pregnancy 2 = Two pregnancies 3 = Three pregnancies 4 = Four pregnancies 5 = Five pregnancies 6 = Six pregnancies 7 = Seven pregnancies	pregnum G3C0200
During any of these pregnancies, were you told you had high blood pressure or hypertension? |__|	0 = No; 1 = Yes, 9 = Unknown	preghbp G3C0201
During any of these pregnancies, were you told you had eclampsia, pre-eclampsia (toxemia)? |__|	0 = No; 1 = Yes, 9 = Unknown	pregeclamp G3C0202
During any of these pregnancies, were you told you had high blood sugar or diabetes? |__|	0 = No; 1 = Yes, 9 = Unknown	pregdiabetes G3C0203
Have you had any live births since your last exam? |__|	0 = No; 1 = Yes	chcknobirth G3C0204
If "Yes"		

Number of live births since your last exam |__|	1 = One baby 2 = Two babies 3 = Three babies 4 = Four babies	birthnum G3C0205

Questions about babies (born since last exam)

Baby

Full term? |__|	0 = Less than 37 weeks 1 = 37 weeks or more 9 = Unknown	full1 G3C0206 full2 G3C0211 full3 G3C0216 full4 G3C0221
Birth weight - (pounds) |__|__|	99 = Unknown	birthlbs1 G3C0207 birthlbs2 G3C0212 birthlbs3 G3C0217 birthlbs4 G3C0222
Birth weight - (ounces) |__|__|	99 = Unknown	birthoz1 G3C0208 birthoz2 G3C0213 birthoz3 G3C0218 birthoz4 G3C0223

Female Reproductive History – Pregnancy (cont)

Did you breast feed? (include expressed breast milk) |__|	0 = No; 1 = Yes, 9 = Unknown	brfeed1 G3C0209 brfeed2 G3C0214 brfeed3 G3C0219 brfeed4 G3C0224
If "Yes"		
How long? |__|	1 = Less than 6 weeks 2 = 6 to 11 weeks 3 = 3 to 6 months 4 = More than 6 months 9 = Unknown	brfeedlen1 G3C0210 brfeedlen2 G3C0215 brfeedlen3 G3C0220 brfeedlen4 G3C0225

Block of questions (“Full term?” to “How long?”) repeats 3 more times

Additional Comments

Female Reproductive History - Pregnancy

acom_preg
G3C0226

Female Reproduction History - Menopause and Surgery (M06)

Participant is male. Select "Save and go to Next Form"

Check here to confirm study participant is female. Check box	1 = Yes, female	m06_female G3C0227
If “Yes”		

Menopause

What is the best way to describe your periods? |__| (Check the BEST answer)	1 = Not stopped 2 = Periods stopped due to pregnancy, breast feeding, or hormonal contraceptive (for example: depo-provera, progestin releasing IUD, extended release birth control pill) 3 = Periods stopped due to low body weight, heavy exercise, or due to medication or health condition such as thyroid disease, pituitary tumor, hormone imbalance, stress 4 = Periods stopped for less than 1 year (premenopausal) 5 = Periods stopped for 1 year or more 6 = Periods stopped, but now have periods induced by hormones	menopause G3C0228
If selected 3 above		
Write in **CAUSE** why periods stopped _____	Character field	stopcause G3C0229
If selected 4 above		
NUMBER OF MONTHS since last period |__|__|	99 = Unknown	moslast G3C0230
If selected 6 above		
NUMBER OF MONTHS periods stopped before hormones started |__|__|	99 = Unknown	mosbfrhorm G3C0231
If selected 1 or 2 or 3 or 4 above		
WHEN was the first day of your last menstrual period? (If first day of last menstrual period is unknown, enter 1/1/1900) |__|__|/|__|__|/|__|__|__|__|	1/1/1900 = Unknown	lastperdate G3C0232
HOW MANY periods have you had in past 12 months? |__|__|	99 = Unknown	pernum G3C0233
If selected 4 or 5 or 6 above		
AGE when periods stopped |__|__| (If periods now induced by hormones, code age when periods naturally stopped. If perimenopausal, code age when periods stopped or became irregular.)	99 = Unknown	ageperstop G3C0234
Was your menopause natural or the result of surgery, chemotherapy, or radiation? |__| (If periods stopped for less than a year choose best answer.)	1 = Natural 2 = Surgical 3 = Chemo or radiation 4 = Other 9 = Unknown	causemeno G3C0235

Female Reproduction History - Menopause and Surgery (cont)

Have you since your last exam taken **HORMONE REPLACEMENT THERAPY** (estrogen or progesterone) or a selective estrogen receptor modulator (such as evista or raloxifene)? |__|__|	0 = No 1 = Yes, now 2 = Yes, not now 9 = Unknown	hrtserm G3C0236

Surgery History		
Since your last exam have you had a hysterectomy (uterus or womb removed)? |__|	0 = No; 1 = Yes; 9 = Unknown	hyster G3C0237
If "Yes"		
Age at hysterectomy? |__|__|	99=Unknown	agehyster G3C0238
Date of hysterectomy – Year |__|__|__|__|	2002-2021; 9999 = Unknown	datehysteryr G3C0239
Date of hysterectomy – Month |__|__|	1-12; 99 = Unknown	datehystermo G3C0240
Since your last exam have you had an operation to remove one or both of your ovaries? |__|	0 = No; 1 = Yes; 9 = Unknown	ovrem G3C0241
If "Yes"		
Age when ovaries removed? (If more than one surgery, use age at last surgery.) |__|__|	99=Unknown	ageovrem G3C0242
Number of ovaries removed? |__|	1 = One ovary 2 = Two ovaries 4 = Part of an ovary 3 = Unknown number of ovaries	numovrem G3C0243

Additional Comments

Female Reproduction History - Menopause and Surgery

acom_meno
G3C0244

Smoking (M07)

Cigarettes

Since your last exam have you smoked cigarettes regularly? |__|	0 = No; 1 = Yes; 9 = Unknown	smoke G3C0245
If "Yes"		
Have you smoked cigarettes regularly in the LAST YEAR? |__|	0 = No or less than 1 cigarette a day per year 1 = Yes 9 = Unknown	regular G3C0246
Do you now smoke cigarettes (as of 1 month ago)? |__|	0 = No; 1 = Yes; 9 = Unknown	now G3C0247
How many cigarettes do you smoke per day now? |__|__|	99 = Unknown	howmany G3C0248
Questions below refer to "whole lifetime"		
On the average of the entire time you smoked, how many cigarettes did you smoke per day? |__|__|	99 = Unknown	avgcigs G3C0249
How old were you when you first started regular cigarette smoking? |__|__|	99 = Unknown	agestart G3C0250
If you have stopped smoking cigarettes completely, how old were you when you stopped? |__|__|	00 = Not stopped, 99 = Unknown	agestop G3C0251
When you were smoking, did you ever stop smoking for more than 6 months? |__|	0 = No; 1 = Yes; 9 = Unknown	stop6 G3C0252
If "Yes"		
For how many years in total did you stop smoking cigarettes? |__|__|	# of years 1 = 6 months - 12 months 99 = Unknown	stoptot G3C0253

Pipes or Cigars

Since your last exam have you regularly smoked a pipe or cigar? |__|	0 = No; 1 = Yes; 9 = Unknown	pipecigar G3C0254
If "Yes"		
Do you smoke a pipe or cigar now? |__|	0 = No; 1 = Yes; 9 = Unknown	pipecigarnow G3C0255

E-cigarettes

E-cigarettes are battery-powered and produce vapor instead of smoke.		
Have you ever tried an e-cigarette? |__|	0 = No; 1 = Yes; 9 = Unknown	ecig G3C0256
If "Yes"		
Have you ever been a regular user of e-cigarettes? |__| (at least once per week)	0 = No; 1 = Yes; 9 = Unknown	ecigreg G3C0257
If "Yes"		
How long did you use e-cigarettes? – months |__|__|__|	999 = Unknown	ecigmo G3C0258
How many days per week, on average, did you use e-cigarettes while you were a regular user? |__|	# of days per week 1 = 1 day or less per week 9 = Unknown	ecigavdays G3C0259

Smoking (cont)

In the past 5 days, including today, on how many days did you smoke an e-cigarette? |__|	0 = 0 days 1 = 1 day 2 = 2 days 3 = 3 days 4 = 4 days 5 = 5 days 7 = Refused to answer 9 = Don't know	ecigpast5 G3C0260

Additional Comments

Smoking

acom_smoke
G3C0261

Alcohol Consumption (M08)

Now I will ask you questions regarding your alcohol use.

Do you drink beer at least once a month? |__| (serving 12 oz. bottle, glass, can)	0 = No; 1 = Yes; 9 = Unknown	beerqmo G3C0262
If "Yes"		
Do you drink beer at least once week? |__|	0 = No; 1 = Yes; 9 = Unknown	beerqwk G3C0263
If "Yes"		
Number of beers per week |__|__|__|	999 = Unknown	beerwk G3C0264
If "No"		
Number of beers per month |__|__|__|	999 = Unknown	beermo G3C0265
Do you drink wine at least once a month? (serving red or white, 4oz. glass) |__|	0 = No; 1 = Yes; 9 = Unknown	wineqmo G3C0266
If "Yes"		
Do you drink wine at least once a week? |__|	0 = No; 1 = Yes; 9 = Unknown	wineqwk G3C0267
If "Yes"		
Number of glasses of wine per week |__|__|__|	999 = Unknown	winewk G3C0268
If "No"		
Number of glasses of wine per month |__|__|__|	999 = Unknown	winemo G3C0269
Do you drink liquor or spirits at least once a month? (serving 1 oz. cocktail or highball) |__|	0 = No; 1 = Yes; 9 = Unknown	liqqmo G3C0270
If "Yes"		
Do you drink liquor or spirits at least once per week? |__|	0 = No; 1 = Yes; 9 = Unknown	liqqwk G3C0271
If "Yes"		
Number of liquor or spirit drinks per week? |__|	999 = Unknown	liqwk G3C0272
If "No"		
Number of liquor or spirit drinks per month |__|__|__|	999 = Unknown	liqmo G3C0273
At what age did you stop drinking alcohol? 00 = IF NOT STOPPED 888 = NEVER DRINKER |__|__|__|	00 = If not stopped 888 = Never drinker 999 = Unknown	alc_agestop G3C0274
Over the past year, on average, on how many days per week did you drink an alcoholic beverage of any type? |__|	0 = No days 1 = 1 day or less 9 = Unknown	daysperwk G3C0275
Over the past year, on a typical day when you drink, how many drinks do you have? |__|__|	0 = No drinks 1 = 1 or less 99 = Unknown	numperdy G3C0276
What was the maximum number of drinks you had in a 24 hour period during the past month? |__|__|	0 = No drinks 1 = 1 or less 99 = Unknown	maxperdy G3C0277

Alcohol Consumption (cont)

Since your last exam has there been a time when you drank 5 or more alcoholic drinks of any kind almost daily? |__|	0 = No; 1 = Yes; 9 = Unknown	five G3C0278
Examiner Opinion: Over the past year, does participant report drinking less than one alcoholic drink of any type per month? |__| **check box** (include current non-drinkers)	1 = Yes	chklessalc G3C0279

Additional Comments

Alcohol Consumption

acom_alc
G3C0280

Respiratory Symptoms (M09)

Cough

Do you usually have a cough? |__| - Exclude clearing of the throat	0 = No; 1 = Yes; 9 = Unknown	cough G3C0281
Do you usually have a cough at all on getting up or first thing in the morning? |__|	0 = No; 1 = Yes; 9 = Unknown	coumorning G3C0282
If "Yes" to either of the two questions directly above		
Do you cough like this on most days for three consecutive months or more during the past year? |__|	0 = No; 1 = Yes; 9 = Unknown	coumostdy G3C0283
How many years have you had this cough? |__|__|	Number of years 1 = 1 year or less 99 = Unknown	coudur G3C0284

Phlegm

Do you usually bring up phlegm from your chest? |__|	0 = No; 1 = Yes; 9 = Unknown	phlegm G3C0285
Do you usually bring up phlegm at all on getting up or first thing in the morning? |__|	0 = No; 1 = Yes; 9 = Unknown	phlmorning G3C0286
If "Yes" to either of the two questions directly above		
Do you bring up phlegm from your chest on most days for three consecutive months or more during the year? |__|	0 = No; 1 = Yes; 9 = Unknown	phlmostdy G3C0287
How many years have you had trouble with phlegm? |__|__|	Number of years 1 = 1 year or less 99 = Unknown	phldur G3C0288

Wheeze

In the past 12 months…		
Have you had wheezing or whistling in your chest at any time? |__|	0 = No; 1 = Yes; 9 = Unknown	wheeze G3C0289
If “Yes”		
How often have you had this wheezing or whistling? |__|	1 = MOST days or nights 2 = A few days or nights a WEEK 3 = A few days or nights a MONTH 4 = A few days or nights a YEAR or less 9 = Unknown	wheezefreq G3C0290
Have you had this wheezing or whistling in the chest when you had a cold? |__|	0 = No; 1 = Yes; 9 = Unknown	wheezecold G3C0291
Have you had this wheezing or whistling in the chest apart from colds? |__|	0 = No; 1 = Yes; 9 = Unknown	wheezenocold G3C0292
Have you had an attack of wheezing or whistling in the chest that made you feel short of breath? |__|	0 = No; 1 = Yes; 9 = Unknown	wheezesob G3C0293

Additional Comments

Respiratory Symptoms	acom_resp G3C0294

Sleep Apnea and CHF Opinion (M09b)

Sleep Related Symptoms (days/ nights)

In the past 12 months….		
On average how many nights a week did you snore? |__|	0 = Never 1 = Rarely (1-2 nights/week) 2 = Occasionally (3-4 nights/week) 3 = Frequently (5 or more nights/week) 8 = I don't know 9 = Unknown	snore G3C0295
On average, how many nights a week do you snort, gasp, or stop breathing while you are asleep? |__|	0 = Never 1 = Rarely (1-2 nights/week) 2 = Occasionally (3-4 nights/week) 3 = Frequently (5 or more nights/week) 8 = I don't know 9 = Unknown	snort G3C0296
On average, how many days a week have you had excessive (too much) daytime sleepiness? |__|	0 = Never 1 = Rarely (1-2 nights/week) 2 = Occasionally (3-4 nights/week) 3 = Frequently (5 or more nights/week) 8 = I don't know 9 = Unknown	excsleep G3C0297

Nocturnal Chest Symptoms

Since your last exam . . .		
Have you been awakened by shortness of breath? |__|	0 = No; 1 = Yes; 9 = Unknown	sleepsob G3C0298
Have you been awakened by coughing? |__|	0 = No; 1 = Yes; 9 = Unknown	sleepcough G3C0299

Shortness of Breath

Since your last exam . . .		
Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? |__|	0 = No; 1 = Yes; 9 = Unknown	sob G3C0300
If “Yes”		
Do you have to walk slower than people of your age on level ground because of shortness of breath? |__|	0 = No; 1 = Yes; 9 = Unknown	sobslow G3C0301
Do you have to stop for breath when walking at your own pace on level ground? |__|	0 = No; 1 = Yes; 9 = Unknown	sobstop G3C0302
Do you have to stop for breath after walking 100 yards (or after a few minutes) on level ground? |__|	0 = No; 1 = Yes; 9 = Unknown	sob100 G3C0303
Do you or have you needed to sleep on two or more pillows to help you breathe (orthopnea)? |__|	0 = No; 1 = Yes; 9 = Unknown	orthop G3C0304
Have you had swelling in both your ankles (ankle edema)? |__|	0 = No; 1 = Yes; 9 = Unknown	ankedema G3C0305
Have you been told by your doctor you had heart failure or congestive heart failure? |__|	0 = No; 1 = Yes; 9 = Unknown	chfdiag G3C0306
If “Yes”		

Sleep Apnea and CHF Opinion (cont)

Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	chfdetails G3C0307
If "No"		
Name of doctor _____	Character field	chfmd G3C0308
Location of doctor _____	Character field	chfmdloc G3C0309
Date of visit – year |__|__|__|__|	9999 = Unknown	chfvisityr G3C0310
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	chfvisitdatetext G3C0311
Have you been hospitalized or visited the E.R. for heart failure? |__|	0 = No; 1 = Yes; 9 = Unknown	chfhosp G3C0312
If "Yes"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	chfhospdetails G3C0313
If "No"		
Name of hospital _____	Character field	chfhospname G3C0314
Location of hospital _____	Character field	chfhosploc G3C0315
Date of hospitalization – year |__|__|__|__|	9999 = Unknown	chfhospyr G3C0316
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	chfhospdatetext G3C0317

CHF First Examiner Opinion

First Examiner believes CHF |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	**chf G3C0318**

Additional Comments

Sleep Apnea and CHF Opinion

acom_slpap G3C0319

Blood Pressure 1st Reading (M10)

BP cuff size |__|		0 = Pediatric 1 = Regular adult 2 = Large adult 3 = Thigh 9 = Unknown	cuff1 G3C0320
Protocol modification |__|		0 = No; 1 = Yes; 9 = Unknown	prtmod1 G3C0321
If “Yes”			
	Comments for protocol modification _____	Character field	prtmod1comm G3C0322
Systolic (to nearest 2 mmHg) |__|__|__|		999 = Unknown	sys1 G3C0323
Diastolic (to nearest 2 mmHg) |__|__|__|		999 = Unknown	dia1 G3C0324

Additional Comments

Blood Pressure 1st MD Reading	acom_bp1 G3C0325

Chest Discomfort and CHD Opinion (M11)

Since you last provided medical information...

Have you experienced any CHEST DISCOMFORT? |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	discom G3C0326
If "Yes" or "Maybe"		

In addition to answering the questions, provide narrative comments in box below.

Chest discomfort with exertion or excitement |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	exertion G3C0327
Chest discomfort when quiet or resting |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	quiet G3C0328

Chest Discomfort Characteristics

Date of onset – year |__|__|__|__|	2002-2021, 9999 = Unknown	onsetyr G3C0329
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	onsetmo G3C0330
Usual duration (minutes) |__|__|__|	1 = 1 min or less 900 = 15 hrs or more 999 = Unknown	usualdur G3C0331
Longest duration (minutes) |__|__|__|	1 = 1 min or less 900 = 15 hrs or more 999 = Unknown	longestdur G3C0332
Location |__|	0 = No 1 = Central sternum and upper chest 2 = Left upper quadrant 3 = Left lower ribcage 4 = Right Chest 5 = Other 6 = Combination	loc_cd G3C0333
Radiation |__|	0 = No 1 = Left shoulder or left arm 2 = Neck 3 = Right shoulder or right arm 4 = Back 5 = Abdomen 6 = Other 7 = Combination 9 = Unknown	radiation G3C0334
Number of episodes of chest pain in past month |__|__|__|	999 = Unknown	freqmo G3C0335
Number of episodes of chest pain in past year |__|__|__|	999 = Unknown	freqyr G3C0336
Type |__|	1 = Pressure, heavy, vise 2 = Sharp 3 =Dull 4 = Other 9 = Unknown	discomtype G3C0337

One choice per line	0 = No	1 = Yes	8 = Not tried	9 = Unknown	
Relief by nitroglycerin in < 15 minutes	|__|	|__|	|__|	|__|	relnitro G3C0338
Relief by rest in < 15 minutes	|__|	|__|	|__|	|__|	relrest G3C0339
Relief spontaneously in < 15 minutes	|__|	|__|	|__|	|__|	relspon G3C0340
Relief by other cause in < 15 minutes	|__|	|__|	|__|	|__|	relother G3C0341

Chest Discomfort and CHD Opinion (cont)

Since you last provided medical information...

Have you been told by a doctor you had a heart attack, myocardial infarction or angina? |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	hami G3C0342
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	hamidetails G3C0343
If "No"		
Name of doctor _____	Character field	hamimd G3C0344
Location of doctor _____	Character field	hamimdloc G3C0345
Date of visit - year |__|__|__|__|	2002-2021, 9999 = Unknown	mivisityr G3C0346
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	mivisitdatetext G3C0347

Since you last provided medical information...

Have you been to a hospital or visited the ER for a heart attack, myocardial infarction or angina? |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	hamihosp G3C0348
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	hamihospdetails G3C0349
If "No"		
Name of hospital _____	Character field	hamihospname G3C0350
Location of hospital _____	Character field	hamihosploc G3C0351
Date - year |__|__|__|__|	2002-2021, 9999 = Unknown	mihospyr G3C0352
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	mihospdatetext G3C0353

CHD First Examiner Opinions

Angina pectoris |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	ap_op1 G3C0354
If "Yes" or "Maybe"		
Angina pectoris since revascularization procedure? |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	aprevasc G3C0355
Coronary insufficiency |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	ci_op1 G3C0356
Myocardial infarct |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	mi_op1 G3C0357

Additional Comments

Chest Discomfort and CHD Opinion

acom_cd G3C0358

Atrial Fibrillation, Syncope & Syncope Opinion (M12)

Atrial Fibrillation

Since your last provided medical information ….		
Have you been told you have or have had atrial fibrillation (or atrial flutter)? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	af G3C0359
If “Yes” or “Maybe”		
Year of first episode |__|__|__|__|	2002-2021, 9999 = Unknown	af1epyr G3C0360
DATE details of first episode (e.g. 10/2, April, Summer, August-Nov., Unknown etc.) _____	Character field	af1epdatetext G3C0361
Hospitalized, ER or saw M.D. |__|	0 = No 1 = Hospitalized or ER 2 = Saw M.D. 9 = Unknown	afhosp G3C0362
If "Hospitalized or ER" or "Saw M.D."		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	afdetails G3C0363
If “No”		
Name of hospital _____	Character field	afhname G3C0364
Location of hospital _____	Character field	afhloca G3C0365
Name of doctor _____	Character field	afmdname G3C0366
Location of doctor _____	Character field	afmdloca G3C0367
Year |__|__|__|__|	2002-2021, 9999 = Unknown	afyr G3C0368
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	afhospdatetext G3C0369

Syncope

Since your last exam …		
Have you fainted or lost consciousness? (If event immediately preceded by head injury or accident, code as "No") |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	loc G3C0370
If “Yes” or “Maybe”		
Year of first episode |__|__|__|__|	2002-2021, 9999 = Unknown	loc1epyr G3C0371
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	loc1epdatetext G3C0372
Number of episodes in the past two years |__|__|__|	999=Unknown	locfreq G3C0373
Usual duration of loss of consciousness – minutes |__|__|__|	1=1 min or less; 999=Unknown	locdur G3C0374
Did you have any injury caused by the event? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	injury G3C0375

Atrial Fibrillation, Syncope & Syncope Opinion (cont-1)

Hospitalized, ER or saw M.D. for fainting or loss of consciousness |__|	0 = No 1 = Hospitalized or ER 2 = Saw M.D. 9 = Unknown	lochosp G3C0376
If "Hospitalized or ER" or "Saw M.D."		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	locdetails G3C0377
If “No”		
Name of hospital _____	Character field	lochname G3C0378
Location of hospital _____	Character field	lochloca G3C0379
Name of M.D. _____	Character field	locmdname G3C0380
Location of doctor _____	Character field	locmdloca G3C0381
Year |__|__|__|__|	2002-2021, 9999 = Unknown	locyr G3C0382
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	lochospdatetext G3C0383
Have you had a head injury with loss of consciousness? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	head G3C0384
If “Yes” or “Maybe”		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	headdetails G3C0385
If “No”		
Year |__|__|__|__|	2002-2021, 9999 = Unknown	headyr G3C0386
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	headdatetext G3C0387
Have you had a seizure? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	seiz G3C0388
If “Yes” or “Maybe”		
Year of most recent seizure |__|__|__|__|	2002-2021, 9999 = Unknown	szlastyr G3C0389
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	szlastdatetext G3C0390
Hospitalized, ER or saw M.D. |__|	0 = No 1 = Hospitalized or ER 2 = Saw M.D. 9 = Unknown	seizhosp G3C0391
If "Hospitalized or ER" or "Saw M.D."		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	seizdetails G3C0392
If “No”		
Name of hospital _____	Character field	szhname G3C0393
Location of hospital _____	Character field	szhloca G3C0394

Atrial Fibrillation, Syncope & Syncope Opinion (cont-2)

	Name of doctor _____	Character field	szmdname G3C0395
	Location of doctor _____	Character field	szmdloca G3C0396
	Year |__|__|__|__|	2002-2021, 9999 = Unknown	seizyr G3C0397
	DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	szhospdatetext G3C0398
Are you being treated for a seizure disorder? |__|		0 = No 1 = Yes 2 = Maybe 9 = Unknown	seizrx G3C0399

Syncope First Examiner Opinion

Syncope |__|		0 = No 1 = Yes 2 = Maybe 3 = Presyncope 9 = Unknown	syncope G3C0400
If “Yes” or “Maybe”			
	Cardiac syncope |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	cardsyncope_op1 G3C0401
	Vasovagal syncope |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	vasosyncope G3C0402
	Other syncope |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	othersyncope G3C0403
	If “Yes” or “Maybe”		
	Specify other syncope _____	Character field	othersyncopesp G3C0404

Additional Comments

Atrial Fibrillation, Syncope & Syncope Opinion

acom_af
G3C0405

Cerebrovascular Disease and Opinion (M13)

Cerebrovascular Disease

Since you last provided medical information have you had . . .					
One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Sudden muscular weakness	|__|	|__|	|__|	|__|	weakness G3C0406
Sudden speech difficulty	|__|	|__|	|__|	|__|	speech_diff G3C0407
Sudden visual defect	|__|	|__|	|__|	|__|	visdefect G3C0408
Sudden double vision	|__|	|__|	|__|	|__|	doublevis G3C0409
Sudden loss of vision in one eye	|__|	|__|	|__|	|__|	eyeone G3C0410
Sudden numbness, tingling	|__|	|__|	|__|	|__|	numb G3C0411

If “Yes” or “Maybe”		
Numbness and tingling is positional |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	positional G3C0412
HEAD **CT** scan OTHER THAN FOR THE FHS |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	hdct G3C0413

If “Yes” or “Maybe”		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	hdctdetails G3C0414
If “No”		
Name of facility _____	Character field	hdctfacname G3C0415
Location of facility _____	Character field	hdctfacloc G3C0416
Date - year |__|__|__|__|	2002-2021, 9999 = Unknown	hdctyr G3C0417
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	hdctdatetext G3C0418
HEAD **MRI** scan OTHER THAN FOR THE FHS |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	hdmri G3C0419

If “Yes” or “Maybe”		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	hdmridetails G3C0420
If “No”		
Name of facility _____	Character field	hdmrifacname G3C0421
Location of facility _____	Character field	hdmrifacloc G3C0422
Date - year |__|__|__|__|	2002-2021, 9999 = Unknown	hdmriyr G3C0423

Cerebrovascular Disease and Opinion (cont-1)

	DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	hdmridatetext G3C0424
Seen by neurologist |__|		0 = No 1 = Yes 2 = Maybe 9 = Unknown	neuro G3C0425
If “Yes” or “Maybe”			
	Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	neurodetails G3C0426
	If “No”		
	Name of neurologist _____	Character field	neuroname G3C0427
	Location of neurologist _____	Character field	neuroloc G3C0428
	Date - year |__|__|__|__|	2002-2021, 9999 = Unknown	neuroyr G3C0429
	DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	neurodatetext G3C0430

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Have you been told by a doctor you had a **STROKE** or **TIA** (transient ischemic attack, mini-stroke)?	|__|	|__|	|__|	|__|	toldtia G3C0431
Have you been told by a doctor you have **PARKINSON'S disease**?	|__|	|__|	|__|	|__|	toldparkinson G3C0432
Have you been told by a doctor you have **MEMORY** problems, **DEMENTIA** or **ALZHEIMER'S** disease?	|__|	|__|	|__|	|__|	tolddementia G3C0433
Do you feel or do other people think that you have memory problems that **PREVENT** you from doing things you've done in the past?	|__|	|__|	|__|	|__|	memoryprb G3C0434
Do you feel your memory is becoming **WORSE**?	|__|	|__|	|__|	|__|	memworse G3C0435

Cerebrovascular Disease First Examiner Opinion

TIA or STROKE took place |__|		0 = No 1 = Yes 2 = Maybe 9 = Unknown	stroketia G3C0436
If “Yes” or “Maybe”			
	Date of TIA or STROKE – year |__|__|__|__|	2002-2021, 9999 = Unknown	strokeyr G3C0437
	DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	strokemo G3C0438
	Observed by _____	Character field	strokeobserv G3C0439
	Total duration of TIA or STROKE = # days + # hours + # minutes		
	Duration - number of days |__|__|	99 = Unknown	strokedays G3C0440
	Duration - number of hours |__|__|	0 - 23; 99 = Unknown	strokehrs G3C0441
	Duration - number of minutes |__|__|	0 - 59; 99 = Unknown	strokemins G3C0442

Cerebrovascular Disease and Opinion (cont-2)

Hospitalized, ER or saw M.D. |__|	0 = No 1 = Hospitalized or ER 2 = Saw M.D. 9 = Unknown	strokehosp G3C0443
If "Hospitalized or ER" or "Saw M.D."		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	strokedetails G3C0444
If “No”		
Name of hospital _____	Character field	strokehospname G3C0445
Location of hospital _____	Character field	strokehosploc G3C0446
Name of doctor _____	Character field	strokemdname G3C0447
Location of doctor _____	Character field	strokemdloc G3C0448
Date - year |__|__|__|__|	2002-2021, 9999 = Unknown	strokemdyr G3C0449
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	strokemdtext G3C0450

Additional Comments

Cerebrovascular Disease and Opinion

acom_cere
G3C0451

Venous and Peripheral Arterial Disease and Intermittent Claudication Opinion (M14)

Venous Disease

Since your last provided medical information have you had . . .		
Deep vein thrombosis - DVT (blood clots in legs or arms) |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	thrombosis G3C0452
Pulmonary embolus - PE (blood clot in lungs) |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	embolus G3C0453

Peripheral Arterial Disease

Since your last provided medical information . . .		
Do you get discomfort in either leg on walking? |__|	0= No; 1 = Yes; 9 = Unknown	lldisc G3C0454
If "Yes"		
Does this discomfort ever begin when you are standing still or sitting? |__|	0= No; 1 = Yes; 9 = Unknown	lldiscsit G3C0455
When walking at an ordinary pace on level ground, how many city blocks until symptoms develop? (where 10 blocks = 1 mile) |__|	0 = more than 98 blocks required to develop symptoms 1 = 1 block or less 99 = Unknown	blocks G3C0456

Claudication Symptoms

Discomfort while walking...

One choice per line	0 = No	1 = Yes	9 = Unknown	
CALF - left	|__|	|__|	|__|	lcalf G3C0457
CALF - right	|__|	|__|	|__|	rcalf G3C0458
NOT CALF – left lower extremity	|__|	|__|	|__|	lnotcalf G3C0459
NOT CALF – right lower extremity	|__|	|__|	|__|	rnotcalf G3C0460

If "Yes" discomfort **NOT CALF** - left or right

Write in site of discomfort _____	Character field	discomfsite G3C0461
Occurs with first steps (code worse leg) |__|	0= No; 1 = Yes; 9 = Unknown	firststep G3C0462
Do you get the discomfort when you walk up a hill or hurry? |__|	0= No; 1 = Yes; 9 = Unknown	lldischill G3C0463
Does the discomfort ever disappear while you are still walking? |__|	0= No; 1 = Yes; 9 = Unknown	lldiscdisapp G3C0464
What do you do if you get discomfort when you are walking? |__|	1 = Stop 2 = Slow down 3 = Continue at same pace 9 = Unknown	lldiscact G3C0465

Venous and Peripheral Arterial Disease and Intermittent Claudication Opinion (cont)

Time for discomfort to be relieved by stopping (minutes) |__|	0 = No relief with stopping 999 = Unknown	timestop G3C0466
Number of days per month of lower limb discomfort |__|__|	1 = 1 day/month or less 99 = Unknown	lldiscfreq G3C0467
Since your last exam have you been told by a doctor you have intermittent claudication or peripheral artery disease? |__|	0= No; 1 = Yes; 9 = Unknown	ic_pad G3C0468
If "Yes"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	icdetails G3C0469
If “No”		
Name of doctor _____	Character field	icmd G3C0470
Location of doctor _____	Character field	icmdloc G3C0471
Date of visit - Year |__|__|__|__|	2002-2021, 9999 = Unknown	icvisityr G3C0472
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	icvisitdatetext G3C0473
Since your last exam have you been told by a doctor you have spinal stenosis? |__|	2002-2021, 9999 = Unknown	stenosis G3C0474

Intermittent Claudication First Examiner Opinion

Intermittent claudication |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	ic G3C0475

Additional Comments

Venous and Peripheral Arterial Disease and Intermittent Claudication Opinion	acom_pad G3C0476

CVD Procedures (M15)

Since you last provided medical information . . .

Did you have any of the following cardiovascular procedures? (if procedure was repeated, code only **FIRST** and provide narrative)			
Heart valvular surgery	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	valve G3C0477
If “Yes” or “Maybe”			
YEAR - Heart valvular surgery	|__|__|__|__|	2002 – 2021; 9999 = Unknown	valveyr G3C0478
Exercise stress test or other type of cardiac stress test	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	ett G3C0479
If “Yes” or “Maybe”			
YEAR - Exercise stress test	|__|__|__|__|	2002 – 2021; 9999 = Unknown	ettyr G3C0480
Coronary arteriogram	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	corarterio G3C0481
If “Yes” or “Maybe”			
YEAR - Coronary artery angioplasty or stent	|__|__|__|__|	2002 – 2021; 9999 = Unknown	corarterioyr G3C0482
Coronary artery angioplasty or stent	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	corangio G3C0483
If “Yes” or “Maybe”			
YEAR - Coronary artery angioplasty or stent	|__|__|__|__|	2002 – 2021; 9999 = Unknown	corangioyr G3C0484
Coronary bypass surgery	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	cabg G3C0485
If “Yes” or “Maybe”			
YEAR - Coronary bypass surgery	|__|__|__|__|	2002 – 2021; 9999 = Unknown	cabgyr G3C0486
Permanent pacemaker insertion	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	pacer G3C0487
If “Yes” or “Maybe”			
YEAR - Permanent pacemaker insertion	|__|__|__|__|	2002 – 2021; 9999 = Unknown	paceryr G3C0488
Carotid artery surgery or stent	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	carotid G3C0489
If “Yes” or “Maybe”			
YEAR - Carotid artery surgery or stent	|__|__|__|__|	2002 – 2021; 9999 = Unknown	carotidyr G3C0490

CVD Procedures (cont)

Thoracic aorta surgery |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	thoracic G3C0491
If “Yes” or “Maybe”		
YEAR - Thoracic aorta surgery |__|__|__|__|	2002 – 2021; 9999 = Unknown	thoracicyr G3C0492
Abdominal aorta surgery |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	abdaorta G3C0493
If “Yes” or “Maybe”		
YEAR - Abdominal aorta surgery |__|__|__|__|	2002 – 2021; 9999 = Unknown	abdaortayr G3C0494
Femoral or lower extremity surgery |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	femoral G3C0495
If “Yes” or “Maybe”		
YEAR - Femoral or lower extremity surgery |__|__|__|__|	2002 – 2021; 9999 = Unknown	femoralyr G3C0496
Lower extremity amputation |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	le_amp G3C0497
If “Yes” or “Maybe”		
YEAR - Lower extremity amputation |__|__|__|__|	2002 – 2021; 9999 = Unknown	le_ampyr G3C0498
Other cardiovascular procedure (specify below) |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	othcvproc G3C0499
If “Yes” or “Maybe”		
YEAR - Other cardiovascular procedure |__|__|__|__|	2002 – 2021; 9999 = Unknown	othcvprocyr G3C0500
Specify other cardiovascular procedure _____	Character field	othcvprocdes G3C0501
Write in other procedures, year done, location if more than one. ____	Character field	othprocedure G3C0502

Additional Comments

CVD Procedures

acom_cvd
G3C0503

Blood Pressure 2nd Reading (M16)

BP cuff size |__|		0 = Pediatric 1 = Regular adult 2 = Large adult 3 = Thigh 9 = Unknown	cuff2 G3C0504
Protocol modification |__|		0 = No; 1 = Yes; 9 = Unknown	prtmod2 G3C0505
If “Yes”			
	Comments for protocol modification _____	Character field	prtmod2comm G3C0506
Systolic (to nearest 2 mmHg) |__|__|__|		999 = Unknown	sys2 G3C0507
Diastolic (to nearest 2 mmHg) |__|__|__|		999 = Unknown	dia2 G3C0508

Additional Comments

Blood Pressure 2nd MD Reading

acom_bp2
G3C0509

Cancer (M17)

Since your last provided medical information have you had a cancer or tumor? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	cancer G3C0510
If "Yes" or "Maybe"		
Cancer or tumor |__|__|	15 = Bladder 17 = Brain 11 = Breast 12 = Cervix / Uterus 3 = Colon / Rectum 1 = Esophagus 16 = Kidney 7 = Larynx 9 = Leukemia 18 = Lymphoma 13 = Ovary 6 = Pancreas 14 = Prostate 10 = Skin 2 = Stomach 4 = Thyroid 8 = Trachea / Bronchus / Lung 19 = Other	cancersite1 G3C0511 cancersite2 G3C0525 cancersite3 G3C0539 cancersite4 G3C0553 cancersite5 G3C0567
Cancer or tumor site for "Other" _____	Character field	cancersiteoth1 G3C0512 cancersiteoth2 G3C0526 cancersiteoth3 G3C0540 cancersiteoth4 G3C0554 cancersiteoth5 G3C0568
Diagnosis |__|	1 = Cancer 2 = Maybe cancer 3 = Benign	cancerdiag1 G3C0513 cancerdiag2 G3C0527 cancerdiag3 G3C0541 cancerdiag4 G3C0555 cancerdiag5 G3C0569
Have medical encounter details been entered on M01 Medical Encounters |__|	0 = No; 1 = Yes	cancermdenctr1 G3C0514 cancermdenctr2 G3C0528 cancermdenctr3 G3C0542 cancermdenctr4 G3C0556 cancermdenctr5 G3C0570
If “No”		
Year first diagnosed |__|__|__|__|	2002-2021 9999 = Unknown	canceryr1 G3C0515 canceryr2 G3C0529 canceryr3 G3C0543 canceryr4 G3C0557 canceryr5 G3C0571
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	cancerdatedet1 G3C0516 cancerdatedet2 G3C0530 cancerdatedet3 G3C0544 cancerdatedet4 G3C0558 cancerdatedet5 G3C0572
Name of MD _____	Character field	cancermd1 G3C0517 cancermd2 G3C0531 cancermd3 G3C0545 cancermd4 G3C0559 cancermd5 G3C0573
Location of MD _____	Character field	cancerloc1 G3C0518 cancerloc2 G3C0532 cancerloc3 G3C0546 cancerloc4 G3C0560 cancerloc5 G3C0574
Was a diagnostic biopsy done at a different location? |__|	0 = No; 1 = Yes	biopsy1 G3C0519 biopsy2 G3C0533 biopsy3 G3C0547 biopsy4 G3C0561 biopsy5 G3C0575

Cancer (cont)

If “Yes”			
	Year of biopsy |__|__|__|__|	2002-2021 9999 = Unknown	biopsyyr1 G3C0520 biopsyyr2 G3C0534 biopsyyr3 G3C0548 biopsyyr4 G3C0562 biopsyyr5 G3C0576
	DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	biopsydatedet1 G3C0521 biopsydatedet2 G3C0535 biopsydatedet3 G3C0549 biopsydatedet4 G3C0563 biopsydatedet5 G3C0577
	Name of MD for biopsy _____	Character field	biopsymd1 G3C0522 biopsymd2 G3C0536 biopsymd3 G3C0550 biopsymd4 G3C0564 biopsymd5 G3C0578
	Location of biopsy _____	Character field	biopsyloc1 G3C0523 biopsyloc2 G3C0537 biopsyloc3 G3C0551 biopsyloc4 G3C0565 biopsyloc5 G3C0579
Have you had a second cancer or tumor? |__|		0 = No 1 = Yes 2 = Maybe 9 = Unknown	cancerquest2 G3C0524 cancerquest3 G3C0538 cancerquest4 G3C0552 cancerquest5 G3C0566

Block of questions (“Cancer or tumor” to “Have you had a second cancer or tumor”) repeats 4 more times

Additional Comments

Cancer — acom_can G3C0580

ECG (M18)

For OFFSITE exams

- ECG is completed by MD after exam form is returned to FHS site.
- TECH ONLY if exam is OFFSITE, select "SAVE and go to Next Form".

OFFSITE ONLY

MD ID# _____ Select from drop down	Character field	ecgmdid G3C0581

Rates and Intervals

Ventricular rate per minute	999=Unk.	G3C1076
P-R Interval (milliseconds)	999=Fully Paced, Atrial Fib, or Unk.	G3C1077
QRS interval (milliseconds)	999=Fully Paced, Unk.	G3C1078
Q-T interval (milliseconds)	999=Fully Paced, Unk.	G3C1079
QRS angle (put plus or minus as needed)	e.g. -045 for minus 45 degrees, +090, for plus 90 9999=Fully paced or unk.	G3C1080

Rhythm

Rhythm - predominant | |	0 = Normal sinus (including s. tach, s. brady, s. arrhy, 1 degree AV block) 3 = 2nd degree AV block, Mobitz I (Wenckebach) 4 = 2nd degree AV block, Mobitz II 5 = 3rd degree AV block / AV dissociation 6 = Atrial fibrillation / atrial flutter 7 = Nodal 8 = Paced 9 = Other or combination of above (list)	Rhythm G3C0582
If "Other or combination of above (list)"		
Specify combination _____	Character field	othrhythm G3C0583

Ventricular Conduction Abnormalities

IV block |__|	0, No 1, Yes 9, Fully paced or Unknown	ivblock G3C0584
If “Yes”		
Pattern |__|	1 = Left 2 = Right 3 = Indeterminate 9 = Unknown	ivbpattern G3C0585

IV block complete or incomplete |__|	1 = Incomplete (QRS interval < .12 sec) 2 = Complete (QRS interval >= .12 sec) 9 = Unknown	ivbcomp G3C0586
Hemiblock |__|	0 = No 1 = Left anterior 2 = Left posterior 9 = Fully paced or Unknown	hemiblock G3C0587
WPW syndrome |__|	0 = No 1 = Yes 2 = Maybe 9 = Fully paced or Unknown	wpw G3C0588

Arrhythmias

Atrial premature beats |__|	0 = No 1 = Atrial 2 = Atrial aberrant 9 = Unknown	apb G3C0589
Ventricular premature beats |__|	0 = No 1 = Simple 2 = Multifoc. 3 = Pairs 4 = Run 5 = R on T 9 = Unknown	vpb G3C0590
Number of ventricular premature beats in 10 seconds | | | (see 10 second rhythm strip)	99 = Unknown	numvpb G3C0591

Myocardial Infarction Location

Anterior |__|	0 = No 1 = Yes 2 = Maybe 9 = Fully paced or Unknown	ami G3C0592
Inferior |__|	0 = No 1 = Yes 2 = Maybe 9 = Fully paced or Unknown	imi G3C0593
True posterior |__|	0 = No 1 = Yes 2 = Maybe 9 = Fully paced or Unknown	pmi G3C0594

ECG (cont-1)

Hypertrophy, Enlargement, and Other ECG Diagnoses

Nonspecific S-T segment abnormality |__|	0, No 1, S-T depression 2, S-T flattening 3, Other 9, Fully paced or Unknown	stseg G3C0595
Nonspecific T-wave abnormality | |	0 = No 1 = T inversion 2 = T flattening 3 = Other 9 = Fully paced or Unknown	twave G3C0596
Atrial enlargement |__|	0 = None 1 = Left 2 = Right 3 = Both 9 = Atrial fibrillation or Unknown	atrialenlar G3C0597
RVH |__| If complete RBBB or LBBB present, code RVH = Unknown	0 = No 1 = Yes 2 = Maybe 9 = Fully paced or Unknown	rvh G3C0598
LVH |__| If complete LBBB present, code LVH = Unknown LVH VOLTAGE CRITERIA R > 20mm in any limb lead R > 11mm in AVL R in lead I plus S in lead III >= 25mm R in V5 or V6 --- S in V1 or V2 R >= 25mm S >= 25mm R or S >= 30mm R + S >= 35mm	0 = No 1 = LVH with strain 2 = LVH with mild S-T segment abnormality 3 = LVH by voltage only 9 = Fully paced or Unknown	lvh G3C0599

Additional Comments

ECG

acom_ecg
G3C0600

Clinical Diagnostic Impression (M19)

Heart Diagnoses

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Aortic valve disease	|__|	|__|	|__|	|__|	aorticvalve G3C0601
Mitral valve disease	|__|	|__|	|__|	|__|	mitralvalve G3C0602

Neurological Disease

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Dementia	|__|	|__|	|__|	|__|	dementia G3C0603
Parkinson's Disease	|__|	|__|	|__|	|__|	parkinson G3C0604
Adult seizure disorder	|__|	|__|	|__|	|__|	seizure G3C0605
Migraine	|__|	|__|	|__|	|__|	migraine G3C0606
Other neurological disease	|__|	|__|	|__|	|__|	othneuro G3C0607
If “Other neurological disease” = “Yes” or “Maybe”					
Specify other neurological disease _____			Character field		othneurosp G3C0608
Additional comments for neurological disease _____			Character field		neurocom G3C0609

Endocrine

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Thyroid disease	|__|	|__|	|__|	|__|	thyroid G3C0610
Diabetes Mellitus	|__|	|__|	|__|	|__|	diab G3C0611
Other endocrine disorders	|__|	|__|	|__|	|__|	othendo G3C0612
If “Other endocrine disorders” = “Yes” or “Maybe”					
Specify other endocrine disorders _____			Character field		othendosp G3C0613

GU/GYN

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Renal disease	|__|	|__|	|__|	|__|	renal G3C0614
If “Yes” or “Maybe”					
Specify renal disease _____			Character field		renalsp G3C0615
If “Male”					
One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Prostate disease	|__|	|__|	|__|	|__|	prostate G3C0616

If “Female”					
One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Gynecological problems	|__|	|__|	|__|	|__|	gyn G3C0617
If “Yes” or “Maybe”					
Specify gynecological problems _____	Character field				gynsp G3C0618

Pulmonary

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Emphysema	|__|	|__|	|__|	|__|	emphysema G3C0619
Pneumonia	|__|	|__|	|__|	|__|	pneumonia G3C0620
Asthma	|__|	|__|	|__|	|__|	asthma_cdi G3C0621
Obstructive sleep apnea	|__|	|__|	|__|	|__|	obssleep G3C0622
Other pulmonary disease	|__|	|__|	|__|	|__|	othpulm G3C0623
If “Other pulmonary disease” = “Yes” or “Maybe”					
Specify other pulmonary disease _____	Character field				othpulmsp G3C0624

Rheumatologic Disorders

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Gout	|__|	|__|	|__|	|__|	gout G3C0625
Degenerative joint disease	|__|	|__|	|__|	|__|	joint G3C0626
Rheumatoid arthritis	|__|	|__|	|__|	|__|	arthritis G3C0627
Other muscular or connective tissue disease	|__|	|__|	|__|	|__|	othrheuma G3C0628
If “Other muscular or connective tissue disease” = “Yes” or “Maybe”					
Specify other muscular or connective tissue disease _____	Character field				othrheumasp G3C0629

GI

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Gallbladder disease	|__|	|__|	|__|	|__|	gallbladder G3C0630
GERD/ ulcer disease	|__|	|__|	|__|	|__|	ulcer G3C0631
Liver disease	|__|	|__|	|__|	|__|	liver G3C0632
Other GI disease	|__|	|__|	|__|	|__|	othgi G3C0633
If “Other GI disease” = “Yes” or “Maybe”					
Specify other GI disease _____	Character field				othgisp G3C0634

Blood

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Hematologic disorder	|__|	|__|	|__|	|__|	hema G3C0635
Bleeding disorder	|__|	|__|	|__|	|__|	bleed G3C0636

Infectious Disease

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Infectious disease	|__|	|__|	|__|	|__|	infect G3C0637
If "Yes" or "Maybe"					
Specify infectious disease _____		Character field			infectsp G3C0638

Mental Health

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Depression	|__|	|__|	|__|	|__|	depress G3C0639
Anxiety	|__|	|__|	|__|	|__|	anxiety G3C0640
Other mental health condition	|__|	|__|	|__|	|__|	othmh G3C0641
If "Other mental health condition" = "Yes" or "Maybe"					
Specify other mental health condition _____		Character field			othmhsp G3C0642

Other

One choice per line	0 = No	1 = Yes	2 = Maybe	9 = Unknown	
Eye	|__|	|__|	|__|	|__|	eye G3C0643
Ear, nose and throat (ENT)	|__|	|__|	|__|	|__|	ent G3C0644
Skin	|__|	|__|	|__|	|__|	skin G3C0645
Other Eye, ENT or Skin	|__|	|__|	|__|	|__|	othother G3C0646
If "Other Eye, ENT or Skin" = "Yes" or "Maybe"					
Specify other Eye, ENT or Skin _____		Character field			othothersp G3C0647

Additional Comments

Clinical Diagnostic Impression — acom_cdi G3C0648

Second Examiner Opinions (M20)

Cerebrovascular Disease

For OFFSITE exams this form is not completed.
Choose "**Save and go to Next Form**" to continue.

NO SECOND EXAMINER OPINIONS are required for this participant.
Choose "**Save and go to Next Form**" to continue.

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkse G3C0649
Reason why form was left blank _____	Character field	blnksewhy G3C0650
Second examiner ID number _____ Select from drop down		secexid G3C0651

FOR ALL SECOND OPINIONS

Provide initiators, qualities, radiation, severity, timing, presence after procedures done

Coronary Heart Disease

Congestive heart failure |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	chfop2 G3C0652
Angina pectoris |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	ap G3C0653
Coronary insufficiency |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	ci G3C0654
Myocardial infarct |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mi G3C0655
Provide initiators, qualities, radiation, severity, timing, presence after procedures done for **Coronary Heart Disease Opinion** _____	Character field	chd_com G3C0656

Intermittent Claudication

Intermittent claudication |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	icop2 G3C0657
Provide initiators, qualities, radiation, severity, timing, presence after procedures done for **Intermittent Claudication Opinion** _____	Character field	ic_com G3C0658

Cerebrovascular Disease

Stroke |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	strokeop2 G3C0659
TIA |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	tia G3C0660
Provide initiators, qualities, radiation, severity, timing, presence after procedures done for **Cerebrovascular Disease Opinion** _____	Character field	ceredis_com G3C0661

Additional Comments

Second Examiner Opinions

acom_secop
G3C0662

Referral Tracking (M21)

Further Medical Evaluation

Was further medical evaluation recommended for this participant? |__|	0 = No; 1 = Yes; 9 = Unknown	eval G3C0663
If “Yes”		

Result			
Check ALL that apply			
Blood pressure – on screen blood pressures are shown |__|		1 = Yes	evalbp G3C0664
Phone call if SBP >= 200 or DBP >= 110 Expedite if SBP >= 180 or DBP >= 100 Elevated if SBP >= 140 or DBP >= 90			
ECG abnormality |__|		1 = Yes	evalecg G3C0665
	Specify abnormality _____	Character field	ecgabn G3C0666
Clinic physician identified medical problem |__|		1 = Yes	evalphys G3C0667
	Specify medical problem _____	Character field	physprb G3C0668
Other |__|		1 = Yes	evaloth G3C0669
	Specify other _____	Character field	evalothprb G3C0670

Method Used to Inform Participant

Check ALL that apply	1 = Yes	
Face-to-face in clinic	|__|	partface G3C0671
Phone call	|__|	partphone G3C0672
Result letter	|__|	partletter G3C0673
Other	|__|	partoth G3C0674

Method Used to Inform Participant's Personal Physician

Check ALL that apply	1 = Yes	
Phone call	|__|	mdphone G3C0675
Result letter mailed	|__|	mdmail G3C0676
Result letter FAX'd - inform staff if FAX needed	|__|	mdfax G3C0677
Other method - Physician	|__|	mdoth G3C0678

Referral Date and Other Information

Date referral made |__|__|/|__|__|/|__|__|__|__|	Date calendar	refdate G3C0679
ID number of person completing referrel _____ select from dropdown	Character field	refid G3C0680
Notes documenting conversation with participant or participant's personal physician	Character field	convrsnote G3C0681
For Omni participants only: Which language was primarily used in conversing with the participant? |__|	1 = English 2 = Spanish 3 = Mixed 9 = Unknown	language G3C0682

Additional Comments

Referral Tracking

acom_ref
G3C0683

Demographic and Anthropometrics (T01)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkbase G3C0684
Reason why form was left blank _____	Character field	blnkbasewhy G3C0685
Technician Number _____ Select from drop down		techidbi G3C0686

If form was intentionally left blank none of the following questions would be asked.

Basic Information

What state do you reside in? |__|__| If resides outside the USA, code ZZ. If plans to wear accelerometer while visiting USA, code state of visit.	AL = AL = Alabama AK = AK = Alaska AZ = AZ = Arizona AR = AR = Arkansas CA = CA = California CO = CO = Colorado CT = CT = Connecticut DC = DC = Washington DC DE = DE = Delaware FL = FL = Florida GA = GA = Georgia HI = HI = Hawaii ID = ID = Idaho IL = IL = Illinois IN = IN = Indiana IA = IA = Iowa KS = KS = Kansas KY = KY = Kentucky LA = LA = Louisiana ME = ME = Maine MD = MD = Maryland MA = MA = Massachusetts MI = MI = Michigan MN = MN = Minnesota MS = MS = Mississippi MO = MO = Missouri MT = MT = Montana NE = NE = Nebraska NV = NV = Nevada NH = NH = New Hampshire NJ = NJ = New Jersey NM = NM = New Mexico NY = NY = New York NC = NC = North Carolina ND = ND = North Dakota OH = OH = Ohio OK = OK = Oklahoma OR = OR = Oregon PA = PA = Pennsylvania RI = RI = Rhode Island SC = SC = South Carolina SD = SD = South Dakota TN = TN = Tennessee TX = TX = Texas UT = UT = Utah VT = VT = Vermont VA = VA = Virginia WA = WA = Washington WV = WV = West Virginia WI = WI = Wisconsin WY = WY = Wyoming ZZ = ZZ = Outside United	state G3C0687

Anthropometry

Weight |__|__|__|	To the nearest pound 400 = 400 or more 888 = Refused 999 = Not done or Unknown	wgt G3C0688
Protocol modification - Weight |__|	1 = Yes	prtmodwgt G3C0689
If “Yes”		
Comments protocol modification – Weight _____	Character field	cmtprtmodwgt G3C0690
Height |__|__|.|__|__|	Inches, to next lower 1/4 inch 88.88 = Refused 99.99 = Not done or Unknown	hgt G3C0691
Protocol modification - Height |__|	1 = Yes	prtmodhgt G3C0692
If “Yes”		
Comments protocol modification – Height _____	Character field	cmtprtmodhgt G3C0693
Waist girth at umbilicus |__|__|.|__|__|	Inches, to next lower 1/4 inch 88.88 = Refused 99.99 = Not done or Unknown	wstumbilicus G3C0694
Protocol modification - Waist girth |__|	1 = Yes	prtmodumb G3C0695
If “Yes”		
Comments protocol modification – Waist girth _____	Character field	cmtprtmodumb G3C0696
Hip girth |__|__|	Inches, to next lower 1/4 inch 88.88 = Refused 99.99 = Not done or Unknown	hip G3C0697
Protocol modification - Hip girth |__|	1 = Yes	prtmodhip G3C0698
If “Yes”		
Comments protocol modification – Hip girth _____	Character field	cmtprtmodhip G3C0699

Additional Comments

Basic Information and Anthropometry	acom_anthro G3C0700

Hand Grip Test (T01b)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkobper1 G3C0701
Reason why form was left blank _____	Character field	blnkobper1why G3C0702
Technician Number _____ Select from drop down		obperexid1 G3C0703

If form was intentionally left blank none of the following questions would be asked.

Right Hand		
Trial 1 |__|__|	Nearest kilogram 99 = Unknown	grip1r G3C0704
Trial 2 |__|__|	Nearest kilogram 99 = Unknown	grip2r G3C0705
Trial 3 |__|__|	Nearest kilogram 99 = Unknown	grip3r G3C0706
Left Hand		
Trial 1 |__|__|	Nearest kilogram 99 = Unknown	grip1l G3C0707
Trial 2 |__|__|	Nearest kilogram 99 = Unknown	grip2l G3C0708
Trial 3 |__|__|	Nearest kilogram 99 = Unknown	grip3l G3C0709
Check only if HAND GRIP test was NOT completed or NOT attempted? |__|	1 = Test NOT completed or NOT attempted	gripcomp G3C0710
If checked		
If "Test NOT completed or NOT attempted" why not? |__|	1 = Physical limitation 2 = Refused 3 = Other 9 = Unknown	gripwhy G3C0711
Other reason test not done _____	Character field	gripoth G3C0712

Additional Comments

Hand Grip Test	acom_grip G3C0713

CES-D (T02)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkcesd G3C0714
Reason why form was left blank _____	Character field	blnkcesdwhy G3C0715
Technician Number _____ Select from drop down		cesdexid G3C0716

If form was intentionally left blank none of the following questions would be asked.

The next questions ask about your feelings.
For each statement, please say how often you felt that way DURING THE PAST WEEK

During the past week, I was bothered by things that don't usually bother me. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	bother G3C0717
I did not feel like eating; my appetite was poor. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	eat G3C0718
I felt that I could not shake off the blues even with the help of my family or friends. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	blues G3C0719
I felt that I was just as good as other people. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	good G3C0720
I had trouble keeping my mind on what I was doing |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	mind G3C0721
During the past week, I felt depressed. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	depressed G3C0722

I felt everything I did was an effort. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	effort G3C0723
I felt hopeful about the future. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	hopeful G3C0724
I thought my life had been a failure. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	failure G3C0725
I felt fearful. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	fearful G3C0726
During the past week, my sleep was restless. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	sleep G3C0727
I was happy. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	happy G3C0728
I talked less than usual. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	talk G3C0729
I felt lonely. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	lonely G3C0730
People were unfriendly. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	unfriendly G3C0731

I enjoyed life. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	enjoy G3C0732
I had crying spells. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	cry G3C0733
I felt sad. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	sad G3C0734
I felt that people disliked me. |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	disliked G3C0735
I could not "get going". |__|	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of the time (3-4 days) 3 = Most or all of the time (5-7 days)	get_going G3C0736

Additional Comments

CES-D

acom_cesd
G3C0737

Rosow-Breslau Questions (T02b)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkrosbres G3C0738
Reason why form was left blank _____	Character field	blnkrosbreswhy G3C0739
Technician Number _____ Select from drop down		rosbresexid G3C0740

If form was intentionally left blank none of the following questions would be asked.

One choice per line	0 = No	1 = Yes	9 = Unknown	
Are you able to do heavy work around the house, like shoveling snow or washing windows, walls, or floors without help?	|__|	|__|	|__|	heavy G3C0741
Are you able to walk half a mile without help? (About 4-6 blocks)	|__|	|__|	|__|	halfmi G3C0742
Are you able to walk up and down one flight of stairs without help?	|__|	|__|	|__|	ablewalk G3C0743

Additional Comments

Rosow-Breslau

acom_rosbres
G3C0744

Physical Activity Index (PAI) (T03)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkpai G3C0745
Reason why form was left blank _____	Character field	blnkpiawhy G3C0746
Technician Number _____ Select from drop down		pai_exid G3C0747

If form was intentionally left blank none of the following questions would be asked.

Rest and Activity for a TYPICAL DAY over the PAST YEAR.
A typical day = most days of the week

SLEEP: Number of hours that you typically sleep? |__|__|	99 = Unknown	pai_sleep G3C0748
SEDENTARY: Number of hours typically sitting? |__|__|	99 = Unknown	pai_sedentary G3C0749
SLIGHT ACTIVITY: Number of hours with activities such as standing, walking? |__|__|	99 = Unknown	pai_slight G3C0750
MODERATE ACTIVITY: Number of hours with activities such as housework (vacuum, dust, yard chores, climbing stairs, light sports such as bowling, golf)? |__|__|	99 = Unknown	pai_moderate G3C0751
HEAVY ACTIVITY: Number of hours with activities such as heavy household work, heavy yard work such as stacking or chopping wood, exercise such as intensive sports, jogging, swimming etc.? |__|__|	99 = Unknown	pai_heavy G3C0752
Rest and Activity Hours - TOTAL:	Calculated value	pai_total G3C0753

Additional Comments

Physical Activity Index (PAI) acom_pai G3C0754

Physical Activity Questionnaire – Vigorous Activities (T04)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkphysact1 G3C0755
Reason why form was left blank _____	Character field	blnkphysact1why G3C0756
Technician Number _____ Select from drop down		act2exid G3C0757

If form was intentionally left blank none of the following questions would be asked.

Now I'll ask you about your physical activities. Only include the time spent actually doing the activity. For example, sitting by the pool does not count as time swimming; sitting in a chair lift does not count for skiing.

First I'll ask about **VIGOROUS ACTIVITIES**. Vigorous activities increase your heart rate, or make you sweat doing them, or make your breathe hard, or raise your body temperature. If you do an activity but not vigorously, please include it later when I ask you about other non-strenuous activities.

For all estimates, round up to nearest whole number.

In the past 12 months for at least one hour total time in any month did you do the following activities? For example, you may have done three 20 minute sessions in the month.

In the past 12 months for at least one hour total time in any month did you do **Vigorous jogging or running?** |__|	0 = No; 1 = Yes; 9 = Unknown	jog G3C0758
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	jognum G3C0759
How many times per month did you do this activity? |__|__|	99 = Unknown	jogt G3C0760
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	jogmin G3C0761
In the past 12 months for at least one hour total time in any month did you do **Vigorous racket sports?** |__|	0 = No; 1 = Yes; 9 = Unknown	racksport G3C0762
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	racksportnum G3C0763
How many times per month did you do this activity? |__|__|	99 = Unknown	racksportt G3C0764
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	racksportmin G3C0765
In the past 12 months for at least one hour total time in any month did you do **Bicycle faster than 10 miles/hour or exercise hard on an exercise bicycle, elliptical, stair-master, treadmill, etc.** |__|	0 = No; 1 = Yes; 9 = Unknown	bike G3C0766
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	bikenum G3C0767
How many times per month did you do this activity? |__|__|	99 = Unknown	biket G3C0768
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	bikemin G3C0769

In the past 12 months for at least one hour total time in any month did you do **Vigorous swimming?** |__|	0 = No; 1 = Yes; 9 = Unknown	swim G3C0770
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	swimnum G3C0771
How many times per month did you do this activity? |__|__|	99 = Unknown	swimt G3C0772
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	swimmin G3C0773
In the past 12 months for at least one hour total time in any month did you do **Vigorous exercise class or vigorous dancing?** |__|	0 = No; 1 = Yes; 9 = Unknown	vigorexer G3C0774
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	vigorexernum G3C0775
How many times per month did you do this activity? |__|__|	99 = Unknown	vigorexert G3C0776
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	vigorexermin G3C0777
In the past 12 months for at least one hour total time in any month did you do **Any vigorous job activities such as lifting, carrying, or digging?** |__|	0 = No; 1 = Yes; 9 = Unknown	vigoract G3C0778
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	vigoractnum G3C0779
How many times per month did you do this activity? |__|__|	99 = Unknown	vigoractt G3C0780
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	vigoractmin G3C0781
In the past 12 months for at least one hour total time in any month did you do **Any home activities such as snow shoveling, moving heavy objects, or weight lifting (including weight training)?** |__|	0 = No; 1 = Yes; 9 = Unknown	weight G3C0782
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	weightnum G3C0783
How many times per month did you do this activity? |__|__|	99 = Unknown	weightt G3C0784
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	weightmin G3C0785
In the past 12 months for at least one hour total time in any month did you do **Other strenuous sports such as basketball, football, skating, skiing, soccer, etc.?** |__|	0 = No; 1 = Yes; 9 = Unknown	strensprt G3C0786
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	strensprtnum G3C0787
How many times per month did you do this activity? |__|__|	99 = Unknown	strensprtt G3C0788
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	strensprtmin G3C0789

Additional Comments

Physical Activity Questionnaire - Vigorous Activities

acom_physact1
G3C0790

Physical Activity Questionnaire – Leisure Activities (T06)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkphysact3 G3C0791
Reason why form was left blank _____	Character field	blnkphysact3why G3C0792
Technician Number _____ Select from drop down		act4exid G3C0793

If form was intentionally left blank none of the following questions would be asked.

Leisure Activities

Now, I'd like to ask you about more **LEISURE ACTIVITIES**.
In the past 12 months for at least one hour total time in any month did you...

In the past 12 months for at least one hour total time in any month did you… **Do non-strenuous sports such as softball, shooting baskets, volleyball, ping pong, or leisurely jogging, swimming or biking, which we haven't included above?** |__|	0 = No; 1 = Yes; 9 = Unknown	nonstrensprt G3C0794
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	nonstrensprtnum G3C0795
How many times per month did you do this activity? |__|__|	99 = Unknown	nonstrensprtt G3C0796
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	nonstrensprtmin G3C0797
In the past 12 months for at least one hour total time in any month did you do **Take walks or hikes or walk to work?** |__|	0 = No; 1 = Yes; 9 = Unknown	walk G3C0798
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	walknum G3C0799
How many times per month did you do this activity? |__|__|	99 = Unknown	walkt G3C0800
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	walkmin G3C0801
In the past 12 months for at least one hour total time in any month did you do **Bowl or play golf?** |__|	0 = No; 1 = Yes; 9 = Unknown	golf G3C0802
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	golfnum G3C0803
How many times per month did you do this activity? |__|__|	99 = Unknown	golft G3C0804
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	golfmin G3C0805
In the past 12 months for at least one hour total time in any month did you do **Do home exercise or calisthenics?** |__|	0 = No; 1 = Yes; 9 = Unknown	homeexer G3C0806
If "Yes"		
How many months did you do this activity? |__|__|	99 = Unknown	homeexernum G3C0807
How many times per month did you do this activity? |__|__|	99 = Unknown	homeexert G3C0808
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	homeexermin G3C0809

In the past 12 months for at least one hour total time in any month did you do **Do home maintenance or gardening, including carpentry, painting, raking, mowing, etc.?** |__|	0 = No; 1 = Yes; 9 = Unknown	homemaint G3C0810
If “Yes”		
How many months did you do this activity? |__|__|	99 = Unknown	homemaintnum G3C0811
How many times per month did you do this activity? |__|__|	99 = Unknown	homemaintt G3C0812
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	homemaintmin G3C0813
In the past 12 months for at least one hour total time in any month did you do **Do non-strenuous weight training including free weights or machines such as Nautilus?** |__|	0 = No; 1 = Yes; 9 = Unknown	nonstrnweight G3C0814
If “Yes”		
How many months did you do this activity? |__|__|	99 = Unknown	nonstrnweightnum G3C0815
How many times per month did you do this activity? |__|__|	99 = Unknown	nonstrnweightt G3C0816
How long did you do this activity on average each time? |__|__|__|	Number of minutes 999 = Unknown	nonstrnweightmin G3C0817

Leisure Time

My next question is about Leisure Time

In the past week, about how many hours per day did you sit and watch TV or videos? |__|	0 = None or < 1 hour 1 = 1 hour 2 = 2 hours 3 = 3 hours 4 = 4 hours 5 = 5 hours or more	tvhrs G3C0818
In the past week, about how many hours per day did you use a computer (for leisure time) or play computer games or play video games? |__|	0 = None or < 1 hour 1 = 1 hour 2 = 2 hours 3 = 3 hours 4 = 4 hours 5 = 5 hours or more	cmptrhrs G3C0819

Additional Comments

Physical Activity Questionnaire - Leisurely Activities

acom_physact3
G3C0820

Physical Activity Questionnaire – Work Activities (T07)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkphysact4 G3C0821
Reason why form was left blank _____	Character field	blnkphysact4why G3C0822
Technician Number _____ Select from drop down		act5exid G3C0823

If form was intentionally left blank none of the following questions would be asked.

Now, I'd like to ask you about more **WORK ACTIVITIES**.
In the past year….

Do you work? |__|	0 = No; 1 = Yes; 9 = Unknown	worknow G3C0824
If "Yes"		
In the past year... How many hours per week do you work? |__|__|__|	Number of hours 999 = Unknown	workhrs G3C0825

For seasonal workers - Answer for the work you do most of the year.

In the past year...	0 = Never (0 hrs)	1 = Seldom	2 = Sometimes	3 = Often	4 = Always	9 = Do not recall	
At work do you **SIT**	|__|	|__|	|__|	|__|	|__|	|__|	worksit G3C0826
At work do you **STAND**	|__|	|__|	|__|	|__|	|__|	|__|	workstand G3C0827
At work do you **WALK**	|__|	|__|	|__|	|__|	|__|	|__|	workwalk G3C0828

Additional Comments

Physical Activity Questionnaire - Work Activities	acom_physact4 G3C0829

Respiratory Disease (T08)

Age at last exam		Calculated variable	age_lastexam
Form is intentionally left blank |__| checked = "Yes"		Check box	blnkrespdiag G3C0830
Reason why form was left blank _____		Character field	blnkrespdiagwhy G3C0831
Technician Number _____ Select from drop down			respexid G3C0832

If form was intentionally left blank none of the following questions would be asked.

Respiratory Diagnoses

Since your last exam….

Have you had asthma? |__|	0 = No; 1 = Yes; 9 = Unknown	asthma G3C0833
If "Yes"			
Do you still have asthma? |__|	0 = No; 1 = Yes; 9 = Unknown	asthmastill G3C0834
Was the asthma diagnosed by a doctor or other health care professional? |__|	0 = No; 1 = Yes; 9 = Unknown	asthmadiag G3C0835
If asthma started since your last exam, at what age did it start? |__|__|__|	Age in years 888 = If asthma started before last exam 999 = Unknown	asthmastart G3C0836
If you no longer have asthma, at what age did it stop? |__|__|__|	Age in years 888 = Still have it 999 = Unknown	asthmastop G3C0837
Have you received medical treatment for this in the past 12 months? |__|	0 = No; 1 = Yes; 9 = Unknown	asthmatreat G3C0838
Have you had any of the following conditions diagnosed by a doctor or other health care professional?			
Chronic Bronchitis |__|	0 = No; 1 = Yes; 9 = Unknown	chronbronch G3C0839
Emphysema |__|	0 = No; 1 = Yes; 9 = Unknown	emph G3C0840
COPD (Chronic Obstructive Pulmonary Disease) |__|	0 = No; 1 = Yes; 9 = Unknown	copd G3C0841
Sleep Apnea |__|	0 = No; 1 = Yes; 9 = Unknown	apnea G3C0842
Pulmonary Fibrosis |__|	0 = No; 1 = Yes; 9 = Unknown	pulmfib G3C0843

Additional Comments

Respiratory Disease	comrespdis G3C0844

Exit Interview and Adverse Events (T12)

Form is intentionally left blank |__| checked = "Yes"	Check box	blnkexit G3C0845
Reason why form was left blank _____	Character field	blnkexitwhy G3C0846
Technician Number _____ Select from drop down		exitexid G3C0847

If form was intentionally left blank none of the following questions would be asked.

Exit Interview

Removed and placed bar code label in chart? |__|	0 = No 1 = Yes 2 = Bar code label not used 9 = Unknown	barcode G3C0848
Referral sheet reviewed? |__|	0 = No; 1 = Yes; 9 = Unknown	refreview G3C0849
Dietary questionnaire brought to Research Center? |__|	0 = No (refused or forgot to bring at time of exam) 1 = Yes 2 = Sent home 9 = Unknown	dietquest G3C0850
Left center with medications and belongings? |__|	0 = No; 1 = Yes; 9 = Unknown	belong G3C0851
Left center with all medications? (hidden in 12-12-2017 version) |__|	0 = No; 1 = Yes; 9 = Unknown	medcheck G3C0852
Left center with accelerometer? |__|	0 = No, refused 1 = Yes 2 = Mailed to participant 9 = Unknown	accelr G3C0853
Left center with stool microbiome kit? |__|	0 = No, refused 1 = Yes 2 = Mail 9 = Unknown	microbiome G3C0854
If "Yes" or "Mail"		
Microbiome id number _____	Character variable	microbiome_num G3C0855
FHS Study ID for Broad (hidden - does not show up on screen)		broad_id G3C0856
IPHONE - Left center with eFHS app? |__|	0 = No, refused 2 = No, no iPhone 1 = Yes 3 = Will return later for set up 9 = Unknown	efhs G3C0857
ANDROID - Left center with eFHS app? |__|	0 = No, refused 2 = No, no Android 1 = Yes 3 = Will return later for set up 9 = Unknown	efhs_android G3C0857A
Left center with TBI survey information? |__|	0 = No, refused 1 = Yes 9 = Unknown	tbi G3C0858

Feedback

Check all that apply and supply comments

Feedback – NONE |__| checked = "Yes"	Check box	feedback_none G3C0859
Feedback – POSITIVE |__| checked = "Yes"	Check box	feedback_pos G3C0860
Comment _____	Character field	feedback_pos_comm G3C0861

Feedback – NEGATIVE |__| checked = "Yes"	Check box	feedback_neg G3C0862
Comment _____	Character field	feedback_neg_comm G3C0863
Feedback – OTHER |__| checked = "Yes"	Check box	feedback_oth G3C0864
Comment _____	Character field	feedback_oth_comm G3C0865

Adverse Events
(not requiring further medical evaluation)

Technician Number _____ Select from drop down	Character field	evaltechid G3C0866
Was there an adverse event in center that does not require further medical evaluation? |__|	0 = No; 1 = Yes; 9 = Unknown	aenoeval G3C0867
If "Yes"		
Adverse Event comments _____	Character field	aenoevalcom G3C0868
Technician who reviewed that all REDCap form questions were completed _____ Select from drop down	Character field	techidreview G3C0869

Additional Comments

Exit Interview and Adverse Events

acom_exit
G3C0870

Your exam today was for **research purposes only** and is not designed to make a medical diagnosis.

The exam **cannot identify all serious heart and health issues**.

It is important that you **continue regular follow-up** with your physician or your health care provider.

Tonometry Worksheet (V01)

Tonometry Worksheet Questions

Have you had any caffeinated drinks in the last 6 hours? |__|	0 = No; 1 = Yes; 9 = Unknown	cafdrink G3C0871
If “Yes”		
How many cups? |__|	99 = Unknown	cafcups G3C0872
Have you eaten anything else including fat free pretzels this morning? |__|	0 = No; 1 = Yes; 9 = Unknown	food G3C0873
Have you smoked cigarettes in the last 6 hours? |__|	0 = No; 1 = Yes; 9 = Unknown	cig6hr G3C0874
If “Yes”		
Example: 6 ½ hours = 6 hours, 30 minutes		
How many hours since your last cigarette? - hour portion |__|__|	99 = Unknown	cighour G3C0875
How many minutes since your last cigarette? - minute portion |__|__|	99 = Unknown	cigmin G3C0876

Tonometry Test Status

Tonometry Sonographer ID _____ Select from drop down	Character field	tonsonid G3C0877
Date of tonometry scan? |__|__|/|__|__|/|__|__|__|__|	Date calendar	tonodate G3C0878
Was tonometry done? |__|	0 = No, test was not attempted or done 1 = Yes, test was done, even if all 4 pulses could not be acquired and recorded	tondone G3C0879
If “No”		
Reason why (check all that apply):		
Subject refusal |__|	1 = Yes	refuse G3C0880
Subject discomfort |__|	1 = Yes	discomf G3C0881
Time constraint |__|	1 = Yes	time G3C0882
Equipment problem |__|	1 = Yes	equip G3C0883
If “Yes”		
Specify equipment problem _____	Character field	equipspec G3C0884
Other |__|	1 = Yes	other G3C0885
If “Yes”		
Specify other problem _____	Character field	othspec G3C0886

Additional Comments

Tonometry Worksheet	acom_tonom G3C0887

General Information (Sociodemographic) - Self-Administered (S01)

What is your current marital status? |__|	1 = Single or never married 2 = Married or living as married or living with partner 3 = Separated 4 = Divorced 5 = Widowed 9 = Prefer not to answer	marital G3C0888
What is the HIGHEST degree or level of school you have completed? If currently enrolled, mark the highest grade completed or degree received. |__|	0 = No schooling 1 = Grades 1-8 2 = Grades 9-11 3 = Completed high school (12th grade) or GED 4 = Some college but no degree 5 = Technical school certificate 6 = Associate degree (Junior college AA = AS) 7 = Bachelor's degree (BA = AB = BS) 8 = Graduate or professional (master's = doctorate = MD etc.) 9 = Prefer not to answer	education G3C0889
Please choose which of the following best describes your current employment status? |__|__|	0 = Homemaker = not working outside the home 1 = Employed (or self-employed) **full time** 2 = Employed (or self-employed) **part time** 3 = Employed = but **on leave for health reasons** 4 = Employed = but **temporarily away from my job** 5 = Unemployed or **laid off** 6 = Retired from usual occupation and **not working** 7 = Retired from usual occupation but **working for pay** 8 = Retired from usual occupation but **volunteering** 10 = Unemployed due to **disability** 11 = Full-time student 9 = Prefer not to answer	employ G3C0890
What is your current occupation? _____	Character field	currwork G3C0891

General Information (Sociodemographic) (cont)

From the drop down menu, please choose the code that **BEST** describes your occupation. |__|__|	11 = Administrative (e.g. Personnel) 21 = Artist / Graphic Designer / Craftsperson 09 = Banker / Accountant 30 = Clergy (Minister = Priest = Rabbi) 12 = Educator 08 = Engineer / Computer Science 24 = Factory / Assembly 28 = General Labor (e.g. Custodian = Delivery = Mailman = Truck driver) 29 = Heavy Labor (e.g. Construction = Landscaping) 01 = Homemaker 14 = Laboratory Technician 05 = Lawyer / Judge 04 = M.D. / Dentist 10 = Manager / Consultant (e.g. Production Manager) 25 = Mechanic 22 = Musician 13 = Nurse / Medical Personnel 15 = Physical / Occupational / Speech Therapist 23 = Police / Fire / Security / Military 06 = Psychologist / Social Worker / Mental Health Counselor 19 = Realtor 26 = Restaurant / Food worker 17 = Retail / Cashier 02 = Retired 18 = Sales / Marketing / Insurance 07 = Scientist / Research 16 = Secretary / Clerk / Data Entry 03 = Self Employed Business Owner 27 = Skilled Labor (e.g. Plumber = Carpenter = Painter Hairdresser) 31 = Sports Pro / Coach / Exercise Instructor 32 = Statistician 33 = Student 20 = Writer/Editor 88 = Other	workcode G3C0892
Please select the income group that best represents your combined family income for the past 12 months. |__|	1 = Under $20,000 2 = $20,000 - $34,999 3 = $35,000 - $54,999 4 = $55,000 - $74,999 5 = $75,000 - $100,000 6 = Over $100,000 9 = Prefer not to answer	income G3C0893
How many people are supported by this income? |__|	Number (e.g. 1, 2, 3, . . .)	numpeople G3C0894

Health Insurance and Medications - Self-Administered (S02)

Health Insurance

Do you currently have health insurance? |__|	0 = No 1 = Yes 8 = Prefer not to answer 9 = Don't know	hlthins G3C0895
If “Yes”, check all that apply		
	1 = Yes	
Blue Cross Blue Shield	|__|	bcbsins G3C0896
Harvard-Pilgrim	|__|	harvins G3C0897
Tufts	|__|	tuftsins G3C0898
Aetna	|__|	aetnains G3C0899
United Health Care	|__|	uhcins G3C0900
Medicare	|__|	medicare G3C0901
Medicaid	|__|	medicaid G3C0902
Military or Veterans Administration sponsored	|__|	va G3C0903
Other health insurance	|__|	othcare G3C0904
Do you have prescription drug coverage? |__|	0 = No 1 = Yes 8 = Prefer not to answer 9 = Don't know	drugcover G3C0905

Medication

Do you take any medications? |__|	0 = No 1 = Yes 9 = Don't know			noselfmeds G3C0906
If “Yes”				
The questions below refer to medication recommended to you by your doctor or health care provider.				
	0 = No	1 = Yes	9 = Unknown	
Did you ever forget to take your medicine?	|__|	|__|	|__|	fogetmeds G3C0907
Are you careless at times about taking your medicine?	|__|	|__|	|__|	careless G3C0908
When you feel better do you stop taking your medicine?	|__|	|__|	|__|	stoptake G3C0909
Sometimes if you feel worse when you take the medicine, do you stop taking it?	|__|	|__|	|__|	fellworse G3C0910
How often do you forget to take your medicine? |__|	1 = Never 2 = More than once per week 3 = Once per week 4 = More than once per month 5 = Once per month 6 = Less than once per month 9 = Unknown			fogettake G3C0911

Health Survey (SF-12) part 1 - Self-Administered (S03)

This questionnaire asks for your views about your health.

Please answer every question by marking one box.
If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: |__|	4 = Excellent 3 = Very Good 2 = Good 1 = Fair 0 = Poor	health G3C0912

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?		
2. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf |__|	2 = Yes, limited a lot 1 = Yes, limited a little 0 = No, not limited at all	activity G3C0913
3. Climbing **several** flights of stairs |__|	2 = Yes, limited a lot 1 = Yes, limited a little 0 = No, not limited at all	stairs G3C0914

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?		
4. **Accomplished less** than you would like |__|	1 = Yes 0 = No	accomp_ph G3C0915
5. Were limited in the **kind** of work or other activities |__|	1 = Yes 0 = No	limit G3C0916

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?		
6. **Accomplished less** than you would like |__|	1 = Yes 0 = No	accomp_mh G3C0917
7. Didn't do work or other activities **as carefully as usual** |__|	1 = Yes 0 = No	careful G3C0918

Health Survey (SF-12) part 2 - Self-Administered (S04)

8. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)? |__|	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely	pain G3C0919

These questions are about how you feel and how things have been with you during the past 4 weeks.
For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks….

	5 = **All** of the time	4 = **Most** of the time	3 = **A good bit** of the time	2 = **Some** of the time	1 = **A little** of the time	0 = **None** of the time	
9. Have you felt calm and peaceful?	|__|	|__|	|__|	|__|	|__|	|__|	calm G3C0920
10. Did you have a lot of energy?	|__|	|__|	|__|	|__|	|__|	|__|	energy G3C0921
11. Have you felt downhearted and blue?	|__|	|__|	|__|	|__|	|__|	|__|	blue G3C0922

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? |__|	4 = All of the time 3 = Most of the time 2 = Some of the time 1 = A little of the time 0 = None of the time	social G3C0923

Bleeding History - Self-Administered (S05)

Have you been diagnosed with a bleeding disorder? |__|	0 = No; 1 = Yes; 9 = Don't know	disorderbld G3C0924
If “Yes”		
What is the name of the bleeding disorder? |__|	1 = von Willebrand disease 2 = Hemophilia A 3 = Hemophilia B 4 = Platelet function disorder 5 = Immune thrombocytopenia (ITP) 6 = Other	namedisorderbld G3C0925
If "Other" write in _____	Character field	otherbld G3C0926
Your age at diagnosis _____ If unsure, write "unsure"	Character field	agediagbld G3C0927
Name of treating doctor _____ If unsure, write "unsure"	Character field	mddiagbld G3C0928
Name of hospital or practice and location (city, state) _____ If unsure, write "unsure"	Character field	diaghospbld G3C0929

Does ANYONE in your family have a history of BLEEDING problems or complications? For example: frequent or prolonged nosebleeds, prolonged or excessive bleeding or bruising after cuts or trauma, excessive bleeding after dental, other medical or surgical procedures, heavy bleeding with periods or after delivery of a baby	0 = No; 1 = Yes; 9 = Don't know	fambld G3C0930
If “Yes”		
1. Please indicate if any biologically-related family members have or have had bleeding problems.		
Mother |__|	0 = No; 1 = Yes; 9 = Don't know	motherbld G3C0931
Mother's side – Grandmother |__|	0 = No; 1 = Yes; 9 = Don't know	matgrdmotbld G3C0932
Mother's side – Grandfather |__|	0 = No; 1 = Yes; 9 = Don't know	matgrdfatbld G3C0933
Father |__|	0 = No; 1 = Yes; 9 = Don't know	fatherbld G3C0934
Father's side – Grandmother |__|	0 = No; 1 = Yes; 9 = Don't know	patgrdmotbld G3C0935
Father's side – Grandfather |__|	0 = No; 1 = Yes; 9 = Don't know	patgrdfatbld G3C0936
2. Please indicate the *number* of biologically-related family members you have and if any of them have or have had bleeding problems.		
Total number of biologically-related brothers (**WITH** or **WITHOUT** bleeding problems) |__|	0 = No brothers 1 = 1 brother 2 = 2 brothers 3 = 3 brothers 4 = 4 brothers 5 = 5 or more brothers 9 = Don't know	numbro G3C0937

Bleeding History (cont 1)

Total number of biologically-related brothers **WITH** bleeding problems |__|	0 = No brothers 1 = 1 brother 2 = 2 brothers 3 = 3 brothers 4 = 4 brothers 5 = 5 or more brothers 9 = Don't know	brobld G3C0938
Total number of biologically-related sisters (**WITH** or **WITHOUT** bleeding problems) |__|	0 = No sisters 1 = 1 sister 2 = 2 sisters 3 = 3 sisters 4 = 4 sisters 5 = 5 or more sisters 9 = Don't know	numsis G3C0939
Total number of biologically-related sisters **WITH** bleeding problems |__|	0 = No sisters 1 = 1 sister 2 = 2 sisters 3 = 3 sisters 4 = 4 sisters 5 = 5 or more sisters 9 = Don't know	sisbld G3C0940
Mother's side:		
Mother's side - Total number of biologically-related aunts (**WITH** or **WITHOUT** bleeding problems) |__|	0 = No aunts 1 = 1 aunt 2 = 2 aunts 3 = 3 aunts 4 = 4 aunts 5 = 5 or more aunts 9 = Don't know	numauntmot G3C0941
Mother's side - Total number of biologically-related aunts **WITH** bleeding problems |__|	0 = No aunts 1 = 1 aunt 2 = 2 aunts 3 = 3 aunts 4 = 4 aunts 5 = 5 or more aunts 9 = Don't know	matauntbld G3C0942
Mother's side - Total number of biologically-related uncles (**WITH** or **WITHOUT** bleeding problems) |__|	0 = No uncles 1 = 1 uncle 2 = 2 uncles 3 = 3 uncles 4 = 4 uncles 5 = 5 or more uncles 9 = Don't know	numunclemot G3C0943
Mother's side - Total number of biologically-related uncles **WITH** bleeding problems |__|	0 = No uncles 1 = 1 uncle 2 = 2 uncles 3 = 3 uncles 4 = 4 uncles 5 = 5 or more uncles 9 = Don't know	matunclebld G3C0944
Father's side:		
Father's side - Total number of biologically-related aunts (**WITH** or **WITHOUT** bleeding problems) |__|	0 = No aunts 1 = 1 aunt 2 = 2 aunts 3 = 3 aunts 4 = 4 aunts 5 = 5 or more aunts 9 = Don't know	numauntfat G3C0945

Bleeding History (cont 2)

Fatherr's side - Total number of biologically-related aunts **WITH** bleeding problems |__|	0 = No aunts 1 = 1 aunt 2 = 2 aunts 3 = 3 aunts 4 = 4 aunts 5 = 5 or more aunts 9 = Don't know	patauntbld G3C0946
Father's side - Total number of biologically-related uncles (**WITH** or **WITHOUT** bleeding problems) |__|	0 = No uncles 1 = 1 uncle 2 = 2 uncles 3 = 3 uncles 4 = 4 uncles 5 = 5 or more uncles 9 = Don't know	numunclefat G3C0947
Father's side - Total number of biologically-related uncles **WITH** bleeding problems |__|	0 = No uncles 1 = 1 uncle 2 = 2 uncles 3 = 3 uncles 4 = 4 uncles 5 = 5 or more uncles 9 = Don't know	patunclebld G3C0948
3. Describe the type(s) of bleeding problems or bleeding complications in your family. _____	Character field	typebld G3C0949

Have YOU ever required medical attention due to a nosebleed that was not associated with a trauma, or had a nosebleed lasting more than 10 minutes? |__|	0 = No; 1 = Yes; 9 = Don't know	nosebld G3C0950
Have YOU ever experienced frequent or heavy bruising (raised bruise or a bruise greater than the size of a quarter) not caused by a trauma OR out of proportion to the size of the trauma? |__|	0 = No; 1 = Yes; 9 = Don't know	hvybruisebld G3C0951
Have YOU ever experienced prolonged bleeding (more than 5 minutes) when you bit yourself on the lip, cheek or tongue? |__|	0 = No; 1 = Yes; 9 = Don't know	prolngbld G3C0952
Have YOU ever experienced prolonged bleeding (more than 5 minutes) with minor bodily cuts? |__|	0 = No; 1 = Yes; 9 = Don't know	prolong2 G3C0953
During or after a dental visit, have YOU ever experienced prolonged bleeding that required serious medical attention related to a cleaning OR tooth extraction OR other dental procedure? |__|	0 = No; 1 = Yes; 9 = Don't know	dentalbld G3C0954
If "Yes"		
How many dental procedures (including cleaning) have you had in total (**WITH** or **WITHOUT** serious bleeding)? |__|	1 = Less than 3 procedures 2 = 3-10 procedures 3 = 11 or more procedures 9 = Don't know	numdentalbld G3C0955
Of these dental procedures, how many times did you experience a prolonged bleeding problem? _____ Write in a number. If unsure write "unsure"	Character field	dentalprocbld G3C0956
Was a surgical procedure (e.g., stitching, restitching or packing) required to control bleeding? |__|	0 = No; 1 = Yes; 9 = Don't know	controlbld G3C0957
If "Yes"		
Name of treating dentist: _____ If unsure, write "unsure"	Character field	dentistbld G3C0958

Bleeding History (cont 3)

Name of practice and location (city and state):_____ If unsure, write "unsure"	Character field	locdentbld G3C0959

Have YOU ever experienced serious bleeding after a surgical procedure that required medical attention (for example: delay in discharge, extra procedures, restitching, packing, readmission, transfusion)? |__|	0 = No; 1 = Yes; 9 = Don't know	surgbld G3C0960
If "Yes"		
How many total surgeries have you had (with or without serious bleeding)? |__|	1 = 1-2 surgeries 2 = 3-4 surgeries 3 = 5-6 surgeries 4 = 7 or more surgeries 9 = Don't know	totalsurgbld G3C0961
For the surgeries with the most serious bleeding, answer the following questions.		
Age at surgery _____ Write in age. If unsure write "unsure"	Character field	agesurgbld1 G3C0962 agesurgbld2 G3C0973 agesurgbld3 G3C0984 agesurgbld4 G3C0995 agesurgbld5 G3C1006
Type of surgery |__|	1 = Abdominal (belly) 2 = Thoracic (heart or lungs) 3 = Gynecology 4 = Throat/Nose 5 =Tonsillectomy/Adenoids 6 = Other (e.g., orthopedic, spine,CNS: central nervous system)	typesurgbld1 G3C0963 typesurgbld2 G3C0974 typesurgbld3 G3C0985 typesurgbld4 G3C0996 typesurgbld5 G3C1007
If "Other" write in: _____ If unsure, write "unsure"	Character field	othertxtbld1 G3C0964 othertxtbld2 G3C0975 othertxtbld3 G3C0986 othertxtbld4 G3C0997 othertxtbld5 G3C1008
Were any action(s) taken to control the bleeding |__|	0 = No; 1 = Yes; 9 = Don't know	acttakenbld1 G3C0965 acttakenbld2 G3C0976 acttakenbld3 G3C0987 acttakenbld4 G3C0998 acttakenbld5 G3C1009
If "Yes"		

One choice per line	0 = No	1 = Yes	9 = Unknown	
Restitching or surgical	|__|	|__|	|__|	restitcontrolbld1 G3C0966 restitcontrolbld2 G3C0977 restitcontrolbld3 G3C0988 restitcontrolbld4 G3C0999 restitcontrolbld5 G3C1010
Blood transfusion	|__|	|__|	|__|	transcontrolbld1 G3C0967 transcontrolbld2 G3C0978 transcontrolbld3 G3C0989 transcontrolbld4 G3C1000 transcontrolbld5 G3C1011
Other (clotting medication, etc.)	|__|	|__|	|__|	othcontrolbld1 G3C0968 othcontrolbld2 G3C0979 othcontrolbld3 G3C0990 othcontrolbld4 G3C1001 othcontrolbld5 G3C1012

If "Other" write in - _____ If unsure, write "unsure"	Character field	othcontrolwibld1 G3C0969 othcontrolwibld2 G3C0980 othcontrolwibld3 G3C0991 othcontrolwibld4 G3C1002 othcontrolwibld5 G3C1013
If "Yes" to "Restitching or surgical" OR "Blood transfusion" OR "Other"		

Bleeding History (cont 4)

Name of treating doctor: _____ If unsure, write "unsure"	Character field	mdsurgbld1 G3C0970 mdsurgbld2 G3C0981 mdsurgbld3 G3C0992 mdsurgbld4 G3C1003 mdsurgbld5 G3C1014
Name of practice and location (city and state):___ If unsure, write "unsure"	Character field	locsurgbld1 G3C0971 locsurgbld2 G3C0982 locsurgbld3 G3C0993 locsurgbld4 G3C1004 locsurgbld5 G3C1015
Did you have 2nd (3rd, 4th, 5th) surgery with bleeding problems? |__|	0 = No; 1 = Yes	prob2bld G3C0972 prob3bld G3C0983 prob4bld G3C0994 prob5bld G3C1005

Block of questions ("Age at surgery" to "Did you have 2nd (3rd, 4th, 5th) surgery with bleeding problems?") repeats 4 more times

Have YOU ever been told by a doctor or healthcare provider to stop using a medication because you had bleeding problems? |__|	0 = No; 1 = Yes; 9 = Don't know	stopmedbld G3C1016
If "Yes"		
What was the name of the medication(s) you were told to stop taking due to bleeding problems? _____ If unsure, write "unsure"	Character field	mednamestopbld G3C1017
Name(s) of treating doctor who told you to stop: _____ If unsure, write "unsure"	Character field	stopmedmdbld G3C1018
Name of hospital or practice and location (city, state): _____ If unsure, write "unsure"	Character field	stopmedlocbld G3C1019

Have YOU ever experienced OR been told you have any of the following?		
Skin bleeding tiny purple spots particularly on the legs (petechiae) |__|	0 = No; 1 = Yes; 9 = Don't know	skinbld G3C1020
If "Yes"		
How many times do you experience this per *year*? |__|	0 = Less than 1 time 1 = 1-5 times 2 = 6-12 times 3 = More than 12 times	timeskinbld G3C1021
Spontaneous gum or mouth bleeding (do not include bleeding with tooth brushing, flossing or trauma, or gum bleeding related to gum disease) |__|	0 = No; 1 = Yes; 9 = Don't know	gumbld G3C1022
If "Yes"		
How many times do you experience this per year? |__|	0 = Less than 1 time 1 = 1-5 times 2 = 6-12 times 3 = More than 12 times	timesgumbld2 G3C1023

Questions for females

Have you had excessive bleeding with your period (menorrhagia) **that required medical attention or treatment**? |__|	0 = No; 1 = Yes; 9 = Don't know	perbld G3C1024
If "Yes"		

As a result of excessive bleeding did you have any of the following treatments?

	0 = No	1 = Yes	9 = Don't know	
Office visit or consultation	|__|	|__|	|__|	consultbld G3C1025

Bleeding History (cont 5)

Hormonal contraception (pill or injection)	|__|	|__|	|__|	oralbld G3C1026
Hormonal IUD (e.g., Mirena, Skyla, Liletta)	|__|	|__|	|__|	iudbld G3C1027
Non-hormonal IUD (copper-ParaGard)	|__|	|__|	|__|	noniudbld G3C1028
Iron supplement for anemia	|__|	|__|	|__|	ironbld G3C1029
Hysterectomy	|__|	|__|	|__|	hysterbld G3C1030
Endometrial ablation	|__|	|__|	|__|	endombld G3C1031
Antifibrinolytic (e.g., Amicar-aminocaproic, Lysteda-tranexamic acid)	|__|	|__|	|__|	antifibbld G3C1032
Blood transfusion (including platelets or plasma only)	|__|	|__|	|__|	transbld G3C1033
Other	|__|	|__|	|__|	excessothbld G3C1034
If "Other" write in _____ If unsure, write "unsure"	Character field			textexcessothbld G3C1035
What was your age when you had your first excessive bleeding problem with your period that required medical attention? _____ Write in age. If unsure, write "unsure"	Character field			ageprobbld G3C1036
Have you had excessive bleeding with or after the delivery of a baby **requiring medical intervention (post-partum hemorrhage)**? |__|	0 = No; 1 = Yes; 9 = Don't know			delvrybld G3C1037
If "Yes"				
How many deliveries have you had in total? _____ Write in a number. If unsure, write "unsure"	Character field			deliveriesbld G3C1038
How many vaginal deliveries have you had in total? _____ Write in a number. If unsure, write "unsure"	Character field			vagdeliveriesbld G3C1039
How many caesarean sections have you had in total? _____ Write in a number. If unsure, write "unsure"	Character field			csecdeliveriesbld G3C1040
Answer the following questions about your vaginal deliveries that had excessive bleeding requiring medical intervention.				
Was any instrumentation used in the delivery (e.g. forceps)? |__|	0 = No 1 = Yes 9 = Don't know			instrdeliverybld1 G3C1041 instrdeliverybld2 G3C1048 instrdeliverybld3 G3C1055 instrdeliverybld4 G3C1062 instrdeliverybld5 G3C1069
Age at delivery? _____ Write in age. If unsure, write "unsure"	Character field			agedeliverybld1 G3C1042 agedeliverybld2 G3C1049 agedeliverybld3 G3C1056 agedeliverybld4 G3C1063 agedeliverybld5 G3C1070
Was surgical treatment required to control the bleeding? |__|	0 = No 1 = Yes 9 = Don't know			surgcontrolbld1 G3C1043 surgcontrolbld2 G3C1050 surgcontrolbld3 G3C1057 surgcontrolbld4 G3C1064 surgcontrolbld5 G3C1071
Did you receive a blood transfusion? |__|	0 = No 1 = Yes 9 = Don't know			rectransbld1 G3C1044 rectransbld2 G3C1051 rectransbld3 G3C1058 rectransbld4 G3C1065 rectransbld5 G3C1072
If "Yes" to surgical treatment to control bleeding OR blood transfusion				

Bleeding History (cont 6)

Name of treating doctor _____ If unsure, write "unsure"	Character field	deliverydocbld1 G3C1045 deliverydocbld2 G3C1052 deliverydocbld3 G3C1059 deliverydocbld4 G3C1066 deliverydocbld5 G3C1073
Name of hospital or practice and location (city, state) ___ If unsure, write "unsure"	Character field	deliverlocbld1 G3C1046 deliverlocbld2 G3C1053 deliverlocbld3 G3C1060 deliverlocbld4 G3C1067 deliverlocbld5 G3C1074
Did you have a 2nd (3rd, 4th, 5th) vaginal delivery with excess bleeding that required medical intervention? |__|	0 = No 1 = Yes 9 = Don't know	vagdelexcessbld2 G3C1047 vagdelexcessbld3 G3C1054 vagdelexcessbld4 G3C1061 vagdelexcessbld5 G3C1068

Block of questions ("Was any instrumentation used in the delivery (e.g. forceps)? " to "Did you have a 2nd (3rd, 4th, 5th) vaginal delivery with excess bleeding that required medical intervention?") repeats 4 more times

Do you have any other comments about <u>your own</u> bleeding history OR <u>your family's</u> bleeding history? _____	Character field	commentsbld G3C1075