(A01)

Participant Information

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

Additional Comments			
Participant Information	_____	Character field	acom_pi

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	|__|__|	1 = Offspring 7 = Omni Gen 1	idtype
ID |__|__|__|__|		FHS ID (4-digit)	id
Sex	|__|	1 = Male 2 = Female	sex
Date of last exam	|__|__|__|__|	Date calendar	lastexamdate
Year of last exam	|__|__|__|__|	Calculated – last exam year	lastexamyr
Date of last medical health update |__|__|__|__|		Date calendar	lastmhudate
Date of last medical information |__|__|__|__|		Date calendar	lastmedinfodate
Premenopausal (using exam 8 menopause dataset)	|__|	0 = No 1 = Yes	nenopause_ind

(A01)

Participant Information

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

Additional Comments			
Participant Information	_____	Character field	acom_pi

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	|__|__|	1 = Offspring 7 = Omni Gen 1	idtype
ID |__|__|__|__|		FHS ID (4-digit)	id
Sex	|__|	1 = Male 2 = Female	sex
Date of last exam	|__|__|__|__|	Date calendar	lastexamdate
Year of last exam	|__|__|__|__|	Calculated – last exam year	lastexamyr
Date of last medical health update |__|__|__|__|		Date calendar	lastmhudate
Date of last medical information |__|__|__|__|		Date calendar	lastmedinfodate
Premenopausal (using exam 8 menopause dataset)	|__|	0 = No 1 = Yes	nenopause_ind

(M01)

Medical Encounters

1st Examiner ID _____ Select from drop down	Character field	exid1
Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkme
If "Other"		
Reason why form was left blank _____	Character field	blnkmewhy

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

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

Hospitalizations (not E.R.)? |__|	0 = No; 1 = Yes; 9 = Unknown	mehosp01
If "Yes"		
Hospitalization		
Reason _____	Character field	mehospreason01 mehospreason02 mehospreason03 mehospreason04 mehospreason05
Year |__|__|__|__| 4 digit year	9999 = Unknown	mehospy01 mehospy02 mehospy03 mehospy04 mehospy05
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	mehospdatetext01 mehospdatetext02 mehospdatetext03 mehospdatetext04 mehospdatetext05
Name of hospital _____	Character field	mehospname01 mehospname02 mehospname03 mehospname04 mehospname05
Location of hospital _____	Character field	mehosploc01 mehosploc02 mehosploc03 mehosploc04 mehosploc05
Check here for additional comments | | checked = "Yes"	Check box	mehospcbox1 mehospcbox2 mehospcbox3 mehospcbox4 mehospcbox5
_____	Character field	mehospcomment1 mehospcomment2 mehospcomment3 mehospcomment4 mehospcomment5
Have you had another hospitalization? |__|	0 = No; 1 = Yes; 9 = Unknown	mehosp02 mehosp03 mehosp04 mehosp05
If "Yes"		

Block of questions ("Reason" to "Have you had another hospitalization") repeats 4 more times

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

(M01)

If "Yes"		
E.R. Visit		
Reason _____	Character field	meerreason01 meerreason02 meerreason03 meerreason04 meerreason05
Year |__|__|__|__| 4 digit year	9999 = Unknown	meery01 meery02 meery03 meery04 meery05
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	meerdatetext01 meerdatetext02 meerdatetext03 meerdatetext04 meerdatetext05
Name of hospital _____	Character field	meerhospname01 meerhospname02 meerhospname03 meerhospname04 meerhospname05
Location of hospital _____	Character field	meerhosploc01 meerhosploc02 meerhosploc03 meerhosploc04 meerhosploc05
Check here for additional comments | | checked = "Yes"	Check box	meerhospcbox1 meerhospcbox2 meerhospcbox3 meerhospcbox4 meerhospcbox5
_____	Character field	meerhospcomment1 meerhospcomment2 meerhospcomment3 meerhospcomment4 meerhospcomment5
Have you had another E.R. visit? |__|	0 = No; 1 = Yes; 9 = Unknown	meer02 meer03 meer04 meer05
If "Yes"		

Block of questions ("Reason" to "Have you had another E.R. Visit") repeats 4 more times

Medical Encounters (cont-1)

Day surgery? |__|	0 = No; 1 = Yes; 9 = Unknown	medsurg01
If "Yes"		
Day Surgery		
Reason _____	Character field	medsurgreason01 medsurgreason02 medsurgreason03 medsurgreason04 medsurgreason05
Year |__|__|__|__| 4 digit year	9999 = Unknown	medsurgy01 medsurgy02 medsurgy03 medsurgy04 medsurgy05
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	medsurgdatetext01 medsurgdatetext02 medsurgdatetext03 medsurgdatetext04 medsurgdatetext05

(M01)

Name of hospital or doctor _____	Character field	medsurgname01 medsurgname02 medsurgname03 medsurgname04 medsurgname05

Location of hospital or doctor _____	Character field	medsurgloc01 medsurgloc02 medsurgloc03 medsurgloc04 medsurgloc05
Check here for additional comments | | checked = "Yes"	Check box	medsurgcbox1 medsurgcbox2 medsurgcbox3 medsurgcbox4 medsurgcbox5
_____	Character field	medsurgcomment1 medsurgcomment2 medsurgcomment3 medsurgcomment4 medsurgcomment5
Have you had another day surgery? |__|	0 = No; 1 = Yes; 9 = Unknown	medsurg02 medsurg03 medsurg04 medsurg05
If "Yes"		

Block of questions ("Reason" to "Have you had another day surgery") repeats 4 more times

Major illness with visit to doctor? |__|	0 = No; 1 = Yes; 9 = Unknown	meill01
If "Yes"		
Major Illness		
Reason _____	Character field	meillreason01 meillreason02 meillreason03 meillreason04 meillreason05
Year |__|__|__|__| 4 digit year	9999 = Unknown	meilly01 meilly02 meilly03 meilly04 meilly05
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	meilldatetext01 meilldatetext02 meilldatetext03 meilldatetext04 meilldatetext05
Name of doctor _____	Character field	meillmdname01 meillmdname02 meillmdname03 meillmdname04 meillmdname05
Doctor's office location _____	Character field	meillmdloc01 meillmdloc02 meillmdloc03 meillmdloc04 meillmdloc05
Check here for additional comments | | checked = "Yes"	Check box	meilmdcbox1 meilmdcbox2 meilmdcbox3 meilmdcbox4 meilmdcbox5
_____	Character field	meilmdcomment1 meilmdcomment2 meilmdcomment3 meilmdcomment4 meilmdcomment5

(M01)

Have you had another major illness with visit to doctor? |__|	0 = No; 1 = Yes; 9 = Unknown	meill02 meill03 meill04 meill05
If "Yes"		

Block of questions ("Reason" to "Have you had another major illness with visit to doctor") repeats 4 more times

Medical Encounters (cont-2)

Checkup or office visit with doctor or other health care provider? |__|	0 = No; 1 = Yes; 9 = Unknown	meckup01
If "Yes"		
Checkup or office visit		
Reason _____	Character field	meckupreason01 meckupreason02 meckupreason03 meckupreason04 meckupreason05
Year |__|__|__|__| 4 digit year	9999 = Unknown	meckupy01 meckupy02 meckupy03 meckupy04 meckupy05
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	meckupdatetext01 meckupdatetext02 meckupdatetext03 meckupdatetext04 meckupdatetext05
Name of hospital or doctor _____	Character field	meckupmdname01 meckupmdname02 meckupmdname03 meckupmdname04 meckupmdname05
Location of hospital or doctor _____	Character field	meckupmdloc01 meckupmdloc02 meckupmdloc03 meckupmdloc04 meckupmdloc05
Check here for additional comments | | checked = "Yes"	Check box	meckupmdcbox1 meckupmdcbox2 meckupmdcbox3 meckupmdcbox4 meckupmdcbox5
_____	Character field	meckupmdcomment1 meckupmdcomment2 meckupmdcomment3 meckupmdcomment4 meckupmdcomment5
Have you had another checkup or office visit with doctor or other health care provider? |__|	0 = No; 1 = Yes; 9 = Unknown	meckup02 meckup03 meckup04 meckup05
If "Yes"		

Block of questions("Reason" to "Have you had another checkup or office visit with doctor or other health care provider") repeats 4 more times

Additional Comments

Medical Encounters acom_me

(M02)

Aspirin, Diagnoses and Treatment Questions

Aspirin

Do you take aspirin REGULARLY? |__|	0 = No; 1 = Yes; 9 = Unknown	aspirin
If "Yes"		
How many aspirin? |__|__|__|	999 = Unknown	numaspirin
How often do you take this many aspirin? |__|	1 = Day 2 = Week 3 = Month 4 = Year 9 = Unknown	freqaspirin
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
If dose of aspirin is "Other" |__|__|__|	Aspirin dose in mg	doseaspirin_other

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
Are you CURRENTLY TAKING MEDICATION for high blood pressure or hypertension? |__|	0 = No; 1 = Yes; 9 = Unknown	hbpmed

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
Are you CURRENTLY TAKING MEDICATION for high blood cholesterol or high triglycerides? |__|	0 = No; 1 = Yes; 9 = Unknown	cholmed

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
Are you CURRENTLY TAKING MEDICATION for high blood sugar or diabetes? |__|	0 = No; 1 = Yes; 9 = Unknown	diabetesmed

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

Additional Comments

Aspirin, Diagnoses and Treatment Questions acom_asp

(M03)

Medications

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
If "Yes"		
Medication bag with medications brought to exam? |__|	0 = No; 1 = Yes	medbag
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
Able to select up to 30 different medications _____	Character field	medname02 – medname30
Are there any medications that you could not find on the drop down list (code aspirin only on prior page M02)? |__|	0 = No; 1 = Yes	mednew
If "Yes"		
Medication name - not in drop down list _____	Character field	mednamen01
Add up to 20 different medications not from drop down list _____	Character field	mednamen02 – mednamen20

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
Please answer all over the counter questions below	0 = No	1 = Yes	
Vitamins	|__|	|__|	otc_vit
Other	|__|	|__|	otc_oth

Vaccinations

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

Additional Comments

Medications acom_med

(M04)

Female Reproduction History - Menopause and Surgery

Participant is male. Select "Save and go to Next Form" branching logic [sex] = '1'

~~Check here to confirm study participant is female.~~ ~~Check box~~	~~1 = Yes, female~~	~~m06_female~~
~~If "Yes"~~		

Menopause

Branching logic [sex] = '2' and [menopause_ind] = "yes" 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
If selected 3 above		
Write in **CAUSE** why periods stopped	Character field	stopcause
If selected 4 above		
NUMBER OF MONTHS since last period |__|__|	99 = Unknown	moslast
If selected 6 above		
NUMBER OF MONTHS periods stopped before hormones started |__|__|	99 = Unknown	mosbfrhorm
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
HOW MANY periods have you had in past 12 months? |__|__|	99 = Unknown	pernum
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
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

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

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

Additional Comments

Female Reproduction History - Menopause and Surgery acom_meno

(M05)

Smoking

Cigarettes

Since your last exam have you smoked cigarettes regularly? |__|	0 = No; 1 = Yes; 9 = Unknown	smoke
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
Do you now smoke cigarettes (as of 1 month ago)? |__|	0 = No; 1 = Yes; 9 = Unknown	now
How many cigarettes do you smoke per day now? |__|__|	99 = Unknown	howmany
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
How old were you when you first started regular cigarette smoking? |__|__|	99 = Unknown	agestart
If you have stopped smoking cigarettes completely, how old were you when you stopped? |__|__|	00 = Not stopped, 99 = Unknown	agestop
When you were smoking, did you ever stop smoking for more than 6 months? |__|	0 = No; 1 = Yes; 9 = Unknown	stop6
If "Yes"		
For how many years in total did you stop smoking cigarettes? |__|__|	# of years 1 = 6 months - 12 months 99 = Unknown	stoptot

Pipes or Cigars

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

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
If "Yes"		
Have you ever been a regular user of e-cigarettes? (at least once per week) |__|	0 = No; 1 = Yes; 9 = Unknown	ecigreg
If "Yes"		
How long did you use e-cigarettes? – months |__|__|__|	999 = Unknown	ecigmo

(M05)

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

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 or more days 7 = Refused to answer 9 = Don't know	ecigpast5

Additional Comments

Smoking acom_smoke

(M06)

Alcohol Consumption

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
If "Yes"		
Do you drink beer at least once week? |__|	0 = No; 1 = Yes; 9 = Unknown	beerqwk
If "Yes"		
Number of beers per week |__|__|__|	999 = Unknown	beerwk
If "No"		
Number of beers per month |__|__|__|	999 = Unknown	beermo
Do you drink wine at least once a month? (serving red or white, 4oz. glass) |__|	0 = No; 1 = Yes; 9 = Unknown	wineqmo
If "Yes"		
Do you drink wine at least once a week? |__|	0 = No; 1 = Yes; 9 = Unknown	wineqwk
If "Yes"		
Number of glasses of wine per week |__|__|__|	999 = Unknown	winewk
If "No"		
Number of glasses of wine per month |__|__|__|	999 = Unknown	winemo
Do you drink liquor or spirits at least once a month? (serving 1 oz. cocktail or highball) |__|	0 = No; 1 = Yes; 9 = Unknown	liqqmo
If "Yes"		
Do you drink liquor or spirits at least once per week? |__|	0 = No; 1 = Yes; 9 = Unknown	liqqwk
If "Yes"		
Number of liquor or spirit drinks per week? |__|	0 = No; 1 = Yes; 9 = Unknown	liqwk
If "No"		
Number of liquor or spirit drinks per month |__|__|__|	999 = Unknown	liqmo
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
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
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
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

(M06)

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
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

Additional Comments

Alcohol Consumption acom_alc

(M07)

Respiratory Symptoms

Cough

Do you usually have a cough? - Exclude clearing of the throat |__|	0 = No; 1 = Yes; 9 = Unknown	cough
Do you usually have a cough at all on getting up or first thing in the morning? |__|	0 = No; 1 = Yes; 9 = Unknown	coumorning
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
How many years have you had this cough? |__|__|	Number of years 1 = 1 year or less 99 = Unknown	coudur

Phlegm

Do you usually bring up phlegm from your chest? |__|	0 = No; 1 = Yes; 9 = Unknown	phlegm
Do you usually bring up phlegm at all on getting up or first thing in the morning? |__|	0 = No; 1 = Yes; 9 = Unknown	phlmorning
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
How many years have you had trouble with phlegm? |__|__|	Number of years 1 = 1 year or less 99 = Unknown	phldur

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
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
Have you had this wheezing or whistling in the chest when you had a cold? |__|	0 = No; 1 = Yes; 9 = Unknown	wheezecold
Have you had this wheezing or whistling in the chest apart from colds? |__|	0 = No; 1 = Yes; 9 = Unknown	wheezenocold
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

Additional Comments

Respiratory Symptoms acom_resp

(M08)

Sleep Apnea and CHF Opinion

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
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
On average, how many days a week have you had excessive (too much) daytime sleepiness? |__|	0 = Never 1 = Rarely (1-2 days/week) 2 = Occasionally (3-4 days/week) 3 = Frequently (5 or more days/week) 8 = I don't know 9 = Unknown	excsleep

Nocturnal Chest Symptoms

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

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
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
Do you have to stop for breath when walking at your own pace on level ground? |__|	0 = No; 1 = Yes; 9 = Unknown	sobstop
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
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
Have you had swelling in both your ankles (ankle edema)? |__|	0 = No; 1 = Yes; 9 = Unknown	ankedema
Have you been told by your doctor you had heart failure or congestive heart failure? |__|	0 = No; 1 = Yes; 9 = Unknown	chfdiag

(M08)

If “Yes”		

Sleep Apnea and CHF Opinion (cont)

Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	chfdetails
If “No”		
Name of doctor _____	Character field	chfmd
Doctor’s office location _____	Character field	chfmdloc
Date of visit – year |__|__|__|__|	1971-2022 9999 = Unknown	chfvisityr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	chfvisitdatetext
Check here for additional comments | | checked = “Yes”	Check box	chfcbox1
_____	Character field	chfcbox1a
Have you been hospitalized or visited the E.R. for heart failure? |__|	0 = No; 1 = Yes; 9 = Unknown	chfhosp
If “Yes”		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	chfhospdetails
If “No”		
Name of hospital _____	Character field	chfhospname
Location of hospital _____	Character field	chfhosploc
Date of hospitalization – year |__|__|__|__|	1971-2022 9999 = Unknown	chfhospyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	chfhospdatetext
Check here for additional comments | | checked = “Yes”	Check box	chfcbox2
_____	Character field	chfcbox2a

CHF First Examiner Opinion

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

Additional Comments

Sleep Apnea and CHF Opinion acom_slpap

(M09)

Blood Pressure 1st MD/Nurse Practitioner Reading

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

Additional Comments

Blood Pressure 1st MD Reading acom_bp1

(M10)

Chest Discomfort and CHD Opinion

Since you last provided medical information...

Have you experienced any CHEST DISCOMFORT? |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	discom
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
Chest discomfort when quiet or resting |__|	0 = No; 1 = Yes; 2 = Maybe; 9 = Unknown	quiet

Chest Discomfort Characteristics

Date of onset – year |__|__|__|__|	1971-2022, 9999 = Unknown	onsetyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	onsetmo
Usual duration (minutes) |__|__|__|	1 = 1 min or less 900 = 15 hrs or more 999 = Unknown	usualdur
Longest duration (minutes) |__|__|__|	1 = 1 min or less 900 = 15 hrs or more 999 = Unknown	longestdur
Location |__|	0 = No 1 = Central sternum and upper chest 2 = Left upper quadrant 3 = Left lower ribcage 4 = Right chest 5 = Other	loc_cd
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
Number of episodes of chest pain in past month |__|__|__|	999 = Unknown	freqmo
Number of episodes of chest pain in past year |__|__|__|	999 = Unknown	freqyr
Type |__|	1 = Pressure, heavy, vise 2 = Sharp 3 =Dull 4 = Other 9 = Unknown	discomtype

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

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
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	hamidetails
If "No"		
Name of doctor _____	Character field	hamimd
Doctor's office location _____	Character field	hamimdloc
Date of visit - year |__|__|__|__|	1971-2022, 9999 = Unknown	mivisityr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	mivisitdatetext
Check here for additional comments | | checked = "Yes"	Check box	hamicbox1
_____	Character field	hamicbox1a

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
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	hamihospdetails
If "No"		
Name of hospital _____	Character field	hamihospname
Location of hospital _____	Character field	hamihosploc
Date - year |__|__|__|__|	1971-2022, 9999 = Unknown	mihospyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	mihospdatetext
Check here for additional comments | | checked = "Yes"	Check box	hamihcbox2
_____	Character field	hamihcbox2a

(M10)

CHD First Examiner Opinions

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

Additional Comments

Chest Discomfort and CHD Opinion acom_cd

(M11)

Atrial Fibrillation, Syncope & Syncope Opinion

Atrial Fibrillation

Have you been told you have or have had atrial fibrillation (or atrial flutter)? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	af
If “Yes” or “Maybe”		
Year of first episode |__|__|__|__|	1971-2022, 8888 = If first episode started before [lastmedinfodate] 9999 = Unknown	af1epyr
DATE details of first episode (e.g. 10/2, April, Summer, August-Nov., Unknown etc.) _____	Character field 8888 = If first episode started before [lastmedinfodate]	af1epdatetext
For the atrial fibrillation questions below, please code procedures and events since [lastmedinfodate]		
Hospitalized, ER or saw M.D. |__|	0 = No 1 = Hospitalized or ER 2 = Saw M.D. 9 = Unknown	afhosp
If "Hospitalized or ER" or "Saw M.D."		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	afdetails
If “No”		
Name of hospital _____	Character field	afhname
Location of hospital _____	Character field	afhloca
Name of doctor _____	Character field	afmdname
Doctor’s office location _____	Character field	afmdloca
Year |__|__|__|__|	1971-2022, 9999 = Unknown	afyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	afhospdatetext
Check here for additional Comments |__| checked = “Yes”	Check box	afcbox1
_____	Character field	afcbox1a
Have you had a cardioversion for your atrial fibrillation of flutter? |__|	0 = No 1 = Yes 9 = Unknown	afcardioversion
If "Yes"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	afcdetails
If “No”		

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

Name of hospital _____	Character field	afchname
Location of hospital _____	Character field	afchloca
Name of doctor _____	Character field	afcmdname
Doctor's office location _____	Character field	afcmdloca
Year |__|__|__|__|	1971-2022, 9999 = Unknown	afcyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	afchospdatetext
Check here for additional Comments |__| checked = "Yes"	Check box	afccbox1
_____	Character field	afccbox1a
Have you had a cardiac ablation (e.g. cryoablation, pulmonary vein isolation, PVI, cavo-tricuspid isthmus ablation) for your atrial fibrillation or flutter? |__|	0 = No 1 = Yes, catheter 9 = Unknown	afcablation
If "Yes"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	afcadetails
If "No"		
Name of hospital _____	Character field	afcahname
Location of hospital _____	Character field	afcahloca
Name of doctor _____	Character field	afcamdname
Doctor's office location _____	Character field	afcamdloca
Year |__|__|__|__|	1971-2022, 9999 = Unknown	afcayr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	afcahospdatetext
Check here for additional Comments |__| checked = "Yes"	Check box	afcacbox1
_____	Character field	afcacbox1a
Have you had a surgical cardiac ablation (e.g. Maze procedure) for your atrial fibrillation or flutter? |__|	0 = No 1 = Yes 9 = Unknown	afscablation
If "Yes"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	afscadetails
If "No"		
Name of hospital _____	Character field	afscahname
Location of hospital _____	Character field	afscahloca

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

Name of doctor _____	Character field	afscamdname
Doctor's office location _____	Character field	afscamdloca
Year |__|__|__|__|	1971-2022, 9999 = Unknown	afscayr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	afscahospdatetext
Check here for additional Comments |__| checked = "Yes"	Check box	afscacbox1
_____	Character field	afscacbox1a
Have you had an AV node ablation to treat your atrial fibrillation or flutter? |__|	0 = No 1 = Yes 9 = Unknown	afavnodeablation
If "Yes"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	afavnadetails
If "No"		
Name of hospital _____	Character field	afavnahname
Location of hospital _____	Character field	afavnahloca
Name of doctor _____	Character field	afavnamdname
Doctor's office location _____	Character field	afavnamdloca
Year |__|__|__|__|	1971-2022, 9999 = Unknown	afavnayr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	afavnahospdatetext
Check here for additional Comments |__| checked = "Yes"	Check box	afavnacbox1
_____	Character field	afavnacbox1a

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
If "Yes" or "Maybe"		
Year of first episode |__|__|__|__|	1971-2022, 9999 = Unknown	loc1epyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	loc1epdatetext
Number of episodes in the past two years |__|__|__|	999=Unknown	locfreq

Atrial Fibrillation, Syncope & Syncope Opinion (cont-3)

Usual duration of loss of consciousness – minutes |__|__|__|	1=1 min or less; 999=Unknown	locdur
Did you have any injury caused by the event? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	injury
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
If "Hospitalized or ER" or "Saw M.D."		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	locdetails
If "No"		
Name of hospital _____	Character field	lochname
Location of hospital _____	Character field	lochloca
Name of doctor _____	Character field	locmdname
Doctor's office location _____	Character field	locmdloca
Year |__|__|__|__|	1971-2022, 9999 = Unknown	locyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	lochospdatetext
Check here for additional Comments |__| checked = "Yes"	Check box	lochcbox1
_____	Character field	lochcbox1a
Have you had a head injury with loss of consciousness? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	head
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	headdetails
If "No"		
Name of hospital _____	Character field	headhname
Location of hospital _____	Character field	headhloca
Name of doctor _____	Character field	headmdname
Doctor's office location _____	Character field	headmdloca
Year |__|__|__|__|	1971-2022, 9999 = Unknown	headyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	headdatetext
Check here for additional comments | | checked = "Yes"	Check box	headcbox1

Atrial Fibrillation, Syncope & Syncope Opinion (cont-4)

_____	Character field	headcbox1a
Have you had a seizure? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	seiz
If “Yes” or “Maybe”		
Did you bite your tongue, lose urine or stool during the event? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	bitetongue
Year of most recent seizure |__|__|__|__|	1971-2022, 9999 = Unknown	szlastyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	szlastdatetext
Hospitalized, ER or saw M.D. |__|	0 = No 1 = Hospitalized or ER 2 = Saw M.D. 9 = Unknown	seizhosp
If "Hospitalized or ER" or "Saw M.D."		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	seizdetails
If “No”		
Name of hospital _____	Character field	szhname
Location of hospital _____	Character field	szhloca
Name of doctor _____	Character field	szmdname
Doctor’s office location _____	Character field	szmdloca
Year |__|__|__|__|	1971-2022, 9999 = Unknown	seizyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	szhospdatetext
Check here for additional Comments |__| checked = “Yes”	Check box	seizcbox1
_____	Character field	seizcbox1a
Are you being treated for a seizure disorder? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	seizrx

Syncope First Examiner Opinion

Syncope |__|	0 = No 1 = Yes 2 = Maybe 3 = Presyncope 9 = Unknown	syncope
If “Yes” or “Maybe”		

(M11)

Atrial Fibrillation, Syncope & Syncope Opinion (cont-5)

Cardiac syncope |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	cardsyncope_op1
Vasovagal syncope |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	vasosyncope
Other syncope |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	othersyncope
If “Yes” or “Maybe”		
Specify other syncope _____	Character field	othersyncopesp

Additional Comments

Atrial Fibrillation, Syncope & Syncope Opinion acom_af

(M12)

Cerebrovascular Disease and Opinion

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
Sudden speech difficulty	|__|	|__|	|__|	|__|	speech_diff
Sudden visual defect	|__|	|__|	|__|	|__|	visdefect
Sudden double vision	|__|	|__|	|__|	|__|	doublevis
Sudden loss of vision in one eye	|__|	|__|	|__|	|__|	eyeone
Sudden numbness, tingling	|__|	|__|	|__|	|__|	numb

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

If “Yes” or “Maybe”		
Reason for Head CT _____	Character field	hdctreason
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	hdctdetails

If “No”		
Name of facility _____	Character field	hdctfacname
Location of facility _____	Character field	hdctfacloc
Date - year |__|__|__|__|	1971-2022, 9999 = Unknown	hdctyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	hdctdatetext
Check here for additional comments | | checked = “Yes”	Check box	hdctcbox1
_____	Character field	hdctcbox1a

HEAD **MRI** scan OTHER THAN FOR THE FHS |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	hdmri

If “Yes” or “Maybe”		
Reason for Head MRI _____	Character field	hdmrireason

(M12)

Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	hdmridetails
If "No"		

Cerebrovascular Disease and Opinion (cont-1)

Name of facility _____	Character field	hdmrifacname
Location of facility _____	Character field	hdmrifacloc
Date - year |__|__|__|__|	1971-2022, 9999 = Unknown	hdmriyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	hdmridatetext
Check here for additional comments | | checked = "Yes"	Check box	hdmricbox1
_____	Character field	hdmricbox1a

Seen by neurologist |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	neuro
If "Yes" or "Maybe"		
Reason for seeing a neurologist _____	Character field	neuroreason
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	neurodetails
If "No"		
Name of neurologist _____	Character field	neuroname
Location of neurologist _____	Character field	neuroloc
Date - year |__|__|__|__|	1971-2022, 9999 = Unknown	neuroyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	neurodatetext
Check here for additional comments | | checked = "Yes"	Check box	neurocbox1
_____	Character field	neurocbox1a

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
Have you been told by a doctor you have **PARKINSON'S disease**?	|__|	|__|	|__|	|__|	toldparkinson
Have you been told by a doctor you have **MEMORY** problems, **DEMENTIA** or **ALZHEIMER'S** disease?	|__|	|__|	|__|	|__|	tolddementia
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
Do you feel your memory is becoming **WORSE**?	|__|	|__|	|__|	|__|	memworse

Cerebrovascular Disease and Opinion (cont-2)

Cerebrovascular Disease First Examiner Opinion

TIA or STROKE took place |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	stroketia
If “Yes” or “Maybe”		
Date of TIA or STROKE – year |__|__|__|__|	1971-2022, 9999 = Unknown	strokeyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	strokemo
Observed by _____	Character field	strokeobserv
Total duration of TIA or STROKE = # days + # hours + # minutes		
Duration - number of days |__|__|	99 = Unknown	strokedays
Duration - number of hours |__|__|	0 - 23; 99 = Unknown	strokehrs
Duration - number of minutes |__|__|	0 - 59; 99 = Unknown	strokemins
Hospitalized, ER or saw M.D. |__|	0, No 1, Hospitalized or ER 2, Saw M.D. 9, Unknown	strokehosp
If "Hospitalized or ER" or "Saw M.D."		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	strokedetails
If “No”		
Name of hospital _____	Character field	strokehospname
Location of hospital _____	Character field	strokehosploc
Name of doctor _____	Character field	strokemdname
Doctor’s office location _____	Character field	strokemdloc
Date - year |__|__|__|__|	1971-2022, 9999 = Unknown	strokemdyr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	strokemdtext
Check here for additional Comments |__| checked = “Yes”	Check box	strokecbox2
_____	Character field	strokecbox2a

Additional Comments

(M12)

Cerebrovascular Disease and Opinion acom_cere

(M13)

Venous and Peripheral Arterial Disease and Intermittent Claudication Opinion

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
If "Yes" of "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	thromdetails
If "No"		
Name of hospital _____	Character field	thromhospname
Location of hospital _____	Character field	thromhosploc
Name of doctor _____	Character field	thrommd
Doctor's office location _____	Character field	thrommdloc
Date of visit – year |__|__|__|__|	9999 = Unknown	thromvisityr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	thromvisitdatetext
Check here for additional comments | | checked = "Yes"	Check box	thromcbox1
_____	Character field	thromcbox1a
Pulmonary embolus - PE (blood clot in lungs) |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	embolus
If "Yes" of "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	embdetails
If "No"		
Name of hospital _____	Character field	embhospname
Location of hospital _____	Character field	embhosploc
Name of doctor _____	Character field	embmd
Doctor's office location _____	Character field	embmdloc
Date of visit – year |__|__|__|__|	9999 = Unknown	embvisityr
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	embvisitdatetext
Check here for additional comments | | checked = "Yes"	Check box	embcbox1
_____	Character field	embcbox1a

(M13)

Venous and Peripheral Arterial Disease and Intermittent Claudication Opinion (cont-1)

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
If "Yes"					
Does this discomfort ever begin when you are standing still or sitting? |__|	0= No; 1 = Yes; 9 = Unknown				lldiscsit
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
Claudication Symptoms					
Discomfort while walking...					
One choice per line	0 = No	1 = Yes	9 = Unknown		
CALF - left	|__|	|__|	|__|		lcalf
CALF - right	|__|	|__|	|__|		rcalf
NOT CALF – left lower extremity	|__|	|__|	|__|		lnotcalf
NOT CALF – right lower extremity	|__|	|__|	|__|		rnotcalf
If "Yes" discomfort **NOT CALF** - left or right					
Write in site of discomfort _____	Character field				discomfsite
Occurs with first steps (code worse leg) |__|	0= No; 1 = Yes; 9 = Unknown				firststep
Do you get the discomfort when you walk up a hill or hurry? |__|	0= No; 1 = Yes; 9 = Unknown				lldischill
Does the discomfort ever disappear while you are still walking? |__|	0= No; 1 = Yes; 9 = Unknown				lldiscdisapp
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
Time for discomfort to be relieved by stopping (minutes) |__|	0 = No relief with stopping 999 = Unknown				timestop
Number of days per month of lower limb discomfort |__|__|	1 = 1 day/month or less 99 = Unknown				lldiscfreq
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
If "Yes"					
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes				icdetails

(M13)

Venous and Peripheral Arterial Disease and Intermittent Claudication Opinion (cont-2)

If "No"			
	Name of doctor _____	Character field	icmd
	Doctor's office location _____	Character field	icmdloc
	Date of visit - Year |__|__|__|__|	1971-2022, 9999 = Unknown	icvisityr
	DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	icvisitdatetext
	Check here for additional comments | | checked = "Yes"	Check box	icbcbox1
	_____	Character field	icbcbox1a
Since your last exam have you been told by a doctor you have spinal stenosis? |__|		0= No; 1 = Yes; 9 = Unknown	stenosis

Intermittent Claudication First Examiner Opinion

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

Additional Comments

Venous and Peripheral Arterial Disease and Intermittent Claudication Opinion acom_pad

(M14)

CVD Procedures

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	valve1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	valvedetails1 valvedetails2
If "No"		
Name of hospital _____	Character field	valvehospname1 valvehospname2
Location of hospital _____	Character field	valvehosploc1 valvehosploc2
Name of doctor _____	Character field	valvemd1 valvemd2
Doctor's office location _____	Character field	valvemdloc1 valvemdloc2
YEAR - Heart valvular surgery |__|__|__|__|	1971 – 2022; 9999 = Unknown	valveyr1 valveyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	valvevisitdatetext1 valvevisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	valvecbox1 valvecbox2
_____	Character field	valvecbox1a valvecbox2a
Did you have another heart valvular surgery?	0 = No 1 = Yes 2 = Maybe 9 = Unknown	valve2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Exercise stress test or other type of cardiac stress test |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	ett1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	ettdetails1 ettdetails2
If "No"		
Name of hospital _____	Character field	etthospname1 etthospname2
Location of hospital _____	Character field	etthosploc1 etthosploc2
Name of doctor _____	Character field	ettmd1 ettmd2
Doctor's office location _____	Character field	ettmdloc1 ettmdloc2
YEAR - Exercise stress test |__|__|__|__|	1971 – 2022; 9999 = Unknown	ettyr1 ettyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	ettvisitdatetext1 ettvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	ettcbox1 ettcbox2

CVD Procedures (cont-1)

_____	Character field	ettcbox1a ettcbox2a
Did you have another exercise stress test or other type of cardiac stress test? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	ett2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Coronary arteriogram |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	corarterio1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	corartdetails1 corartdetails2
If "No"		
Name of hospital _____	Character field	coroarthospname1 coroarthospname2
Location of hospital _____	Character field	coroarthosploc1 coroarthosploc2
Name of doctor _____	Character field	coroartmd1 coroartmd2
Doctor's office location _____	Character field	coroartmdloc1 coroartmdloc2
YEAR - **C**oronary arteriogram |__|__|__|__|	1971 – 2022; 9999 = Unknown	coroartyr1 coroartyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	coroartvisitdatetext1 coroartvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	coroartcbox1 coroartcbox2
_____	Character field	coroartcbox1a coroartcbox2a
Did you have another coronary arteriogram? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	corarterio2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Coronary artery angioplasty or stent |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	corangio1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	corangdetails1 corangdetails2
If "No"		
Name of hospital _____	Character field	coranghospname1 coranghospname2
Location of hospital _____	Character field	coranghosploc1 coranghosploc2
Name of doctor _____	Character field	corangmd1 corangmd2
Doctor's office location _____	Character field	corangmdloc1 corangmdloc2

CVD Procedures (cont-2)

YEAR - Coronary artery angioplasty or stent |__|__|__|__|	1971 – 2022; 9999 = Unknown	corangyr1 corangyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	corangvisitdatetext1 corangvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	corangcbox1 corangcbox2
_____	Character field	corangcbox1a corangcbox2a
Did you have another coronary arteriogram? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	corarterio2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Coronary bypass surgery |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	cabg1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	cabgdetails1 cabgdetails2
If "No"		
Name of hospital _____	Character field	cabghospname1 cabghospname2
Location of hospital _____	Character field	cabghosploc1 cabghosploc2
Name of doctor _____	Character field	cabgmd1 cabgmd2
Doctor's office location _____	Character field	cabgmdloc1 cabgmdloc2
YEAR - Coronary bypass surgery |__|__|__|__|	1971 – 2022; 9999 = Unknown	cabgyr1 cabgyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	cabgvisitdatetext1 cabgvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	cabgcbox1 cabgcbox2
_____	Character field	cabgcbox1a cabgcbox2a
Did you have another coronary bypass surgery? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	cabg2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Permanent pacemaker insertion |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	pacer1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	pacerdetails1 pacerdetails2
If "No"		

(M14)

CVD Procedures (cont-3)

Name of hospital _____	Character field	pacerhospname1 pacerhospname2
Location of hospital _____	Character field	pacerhosploc1 pacerhosploc2
Name of doctor _____	Character field	pacermd1 pacermd2
Doctor's office location _____	Character field	pacermdloc1 pacermdloc2
YEAR - Permanent pacemaker insertion |__|__|__|__|	1971 – 2022; 9999 = Unknown	paceryr1 paceryr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	pacervisitdatetext1 pacervisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	pacercbox1 pacercbox2
_____	Character field	pacercbox1a pacercbox2a
Did you have another permanent pacemaker insert**ion**? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	pacer2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Carotid artery surgery or stent |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	carotid1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	carotiddetails1 carotiddetails2
If "No"		
Name of hospital _____	Character field	carotidhospname1 carotidhospname2
Location of hospital _____	Character field	carotidhosploc1 carotidhosploc2
Name of doctor _____	Character field	carotidmd1 carotidmd2
Doctor's office location _____	Character field	carotidmdloc1 carotidmdloc2
YEAR - Carotid artery surgery or stent |__|__|__|__|	1971 – 2022; 9999 = Unknown	carotidyr1 carotidyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	carotidvisitdatetext1 carotidvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	carotidcbox1 carotidcbox2
_____	Character field	carotidcbox1a carotidcbox2a
Did you have another carotid artery surgery or stent? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	carotid2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

CVD Procedures (cont-4)

Thoracic aorta surgery |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	thoracic1
If "Yes" of "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	thoracicdetails1 thoracicdetails2
If "No"		
Name of hospital _____	Character field	thoracichospname1 thoracichospname2
Location of hospital _____	Character field	thoracichosploc1 thoracichosploc2
Name of doctor _____	Character field	thoracicmd1 thoracicmd2
Doctor's office location _____	Character field	thoracicmdloc1 thoracicmdloc2
YEAR - Thoracic aorta surgery |__|__|__|__|	1971 – 2022; 9999 = Unknown	thoracicyr1 thoracicyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	thoracicvisitdatetext1 thoracicvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	thoracicbox1 thoracicbox2
_____	Character field	thoracicbox1a thoracicbox2a
Did you have another thoracic aorta surgery? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	thoracic2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Abdominal aorta surgery |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	abdaorta1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	abddetails1 abddetails2
If "No"		
Name of hospital _____	Character field	abdhospname1 abdhospname2
Location of hospital _____	Character field	abdhosploc1 abdhosploc2
Name of doctor _____	Character field	abdmd1 abdmd2
Doctor's office location _____	Character field	abdmdloc1 abdmdloc2
YEAR - Abdominal aorta surgery |__|__|__|__|	1971 – 2022; 9999 = Unknown	abdyr1 abdyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	abdvisitdatetext1 abdvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	abdcbox1 abdcbox2
_____	Character field	abdcbox1a abdcbox1a

CVD Procedures (cont-5)

Did you have another abdominal aorta surgery? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	abdaorta2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Femoral or lower extremity surgery |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	femoral1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	femdetails1 femdetails2
If "No"		
Name of hospital _____	Character field	femhospname1 femhospname2
Location of hospital _____	Character field	femhosploc1 femhosploc2
Name of doctor _____	Character field	femmd1 femmd2
Doctor's office location _____	Character field	femmdloc1 femmdloc2
YEAR - Femoral or lower extremity surgery |__|__|__|__|	1971 – 2022; 9999 = Unknown	femyr1 femyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	femvisitdatetext1 femvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	femcbox1 femcbox2
_____	Character field	femcbox1a femcbox2a
Did you have another femoral or lower extremity surgery? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	femoral2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Lower extremity amputation |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	le_amp1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	le_ampdetails1 le_ampdetails2
If "No"		
Name of hospital _____	Character field	le_amphospname1 le_amphospname2
Location of hospital _____	Character field	le_amphosploc1 le_amphosploc2
Name of doctor _____	Character field	le_ampmd1 le_ampmd2
Doctor's office location _____	Character field	le_ampmdloc1 le_ampmdloc2
YEAR - Lower extremity amputation |__|__|__|__|	1971 – 2022; 9999 = Unknown	le_ampyr1 le_ampyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	le_ampvisitdatetext1 le_ampvisitdatetext2

(M14)

CVD Procedures (cont-6)

Check here for additional comments | | checked = "Yes"	Check box	le_ampcbox1 le_ampcbox2
_____	Character field	le_ampcbox1a le_ampcbox2a
Did you have another lower extremity amputation? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	le_amp2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Other cardiovascular procedure (specify below) |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	othcvproc1
If "Yes" or "Maybe"		
Have medical encounter details been entered on M01 Medical Encounters? |__|	0 = No; 1 = Yes	othcvpdetails1 othcvpdetails2
If "No"		
Name of hospital _____	Character field	othcvphospname1 othcvphospname2
Location of hospital _____	Character field	othcvphosploc1 othcvphosploc2
Name of doctor _____	Character field	othcvpmd1 othcvpmd2
Doctor's office location _____	Character field	othcvpmdloc1 othcvpmdloc2
YEAR - Other cardiovascular procedure |__|__|__|__|	1971 – 2022; 9999 = Unknown	othcvpyr1 othcvpyr2
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	othcvpvisitdatetext1 othcvpvisitdatetext2
Check here for additional comments | | checked = "Yes"	Check box	othcvpcbox1 othcvpcbox2
_____	Character field	othcvpcbox1a othcvpcbox2a
Did you have other cardiovascular procedure? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	othcvproc2
If "Yes" or "Maybe"		

Block of questions ("Have medical encounter details…." to "Comment Box") repeats one more time

Specify other cardiovascular procedure _____	Character field	othcvprocdes1 othcvprocdes2
Write in other procedures, year done, location if more than one. ____	Character field	othprocedure

Additional Comments

CVD Procedures acom_cvd

(M15)

Blood Pressure 2nd MD/Nurse Practitioner Reading

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

Additional Comments

Blood Pressure 2nd MD Reading acom_bp2

(M16)

Cancer

Since your last provided medical information have you had a cancer or tumor? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	cancer
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 cancersite2 cancersite3 cancersite4 cancersite5
Cancer or tumor site for "Other" _____	Character field	cancersiteoth1 cancersiteoth2 cancersiteoth3 cancersiteoth4 cancersiteoth5
Diagnosis |__|	1 = Cancer 2 = Maybe cancer 3 = Benign	cancerdiag1 cancerdiag2 cancerdiag3 cancerdiag4 cancerdiag5
Have medical encounter details been entered on M01 Medical Encounters |__|	0 = No; 1 = Yes	cancermdenctr1 cancermdenctr2 cancermdenctr3 cancermdenctr4 cancermdenctr5
If “No”		
Year first diagnosed |__|__|__|__|	1971-2022 9999 = Unknown	canceryr1 canceryr2 canceryr3 canceryr4 canceryr5
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	cancerdatedet1 cancerdatedet2 cancerdatedet3 cancerdatedet4 cancerdatedet5
Name of doctor _____	Character field	cancermd1 cancermd2 cancermd3 cancermd4 cancermd5
Doctor’s office location _____	Character field	cancerloc1 cancerloc2 cancerloc3 cancerloc4 cancerloc5

(M16)

Was a diagnostic biopsy done at a different location? |__|	0 = No; 1 = Yes	biopsy1 biopsy2 biopsy3 biopsy4 biopsy5

Cancer (cont)

If "Yes"		
Year of biopsy |__|__|__|__|	1971-2022 9999 = Unknown	biopsyyr1 biopsyyr2 biopsyyr3 biopsyyr4 biopsyyr5
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	biopsydatedet1 biopsydatedet2 biopsydatedet3 biopsydatedet4 biopsydatedet5
Name of doctor for biopsy _____	Character field	biopsymd1 biopsymd2 biopsymd3 biopsymd4 biopsymd5
Location of biopsy _____	Character field	biopsyloc1 biopsyloc2 biopsyloc3 biopsyloc4 biopsyloc5
Have you had a second cancer or tumor? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	cancerquest2 cancerquest3 cancerquest4 cancerquest5

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

Additional Comments

Cancer acom_can

(M17)

ECG

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".

ECG not done | | checked = "Yes"	Check box	ecg_notdone
If "ECG not done"		
Reason ECG not done	Character field	ecg_notdonereason

OFFSITE ONLY

MD/Nurse Practitioner ID# _____ Select from drop down	Character field	ecgmdid

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
If "Other or combination of above (list)"		
Specify combination _____	Character field	othrhythm

Ventricular Conduction Abnormalities

IV block |__|	0, No 1, Yes 9, Fully paced or Unknown	ivblock
If "Yes"		
Pattern |__|	1 = Left 2 = Right 3 = Indeterminate 9 = Unknown	ivbpattern
IV block complete or incomplete |__|	1 = Incomplete (QRS interval < .12 sec) 2 = Complete (QRS interval >= .12 sec) 9 = Unknown	ivbcomp

(M17)

Hemiblock |__|	0 = No 1 = Left anterior 2 = Left posterior 9 = Fully paced or Unknown	hemiblock
WPW syndrome |__|	0 = No 1 = Yes 2 = Maybe 9 = Fully paced or Unknown	wpw

ECG (cont-1)

Arrhythmias

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

Myocardial Infarction Location

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

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
Nonspecific T-wave abnormality |__|	0 = No 1 = T inversion 2 = T flattening 3 = Other 9 = Fully paced or Unknown	twave
Atrial enlargement |__|	0 = None 1 = Left 2 = Right 3 = Both 9 = Atrial fibrillation or Unknown	atrialenlar

(M17)

RVH |__| If complete RBBB or LBBB present, code RVH = Unknown	0 = No 1 = Yes 2 = Maybe 9 = Fully paced or Unknown	rvh
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	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

ECG (cont-2)

Additional Comments

ECG acom_ecg

(M18)

Review of Health History Based on Examiner Interview

Heart Diagnoses

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

Neurological Disease

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

Endocrine

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

GU/GYN

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

(M18)

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

Pulmonary

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

Rheumatologic Disorders

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

GI

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

Blood

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

Infectious Disease

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

Mental Health

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

Other

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

Additional Comments

Clinical Diagnostic Impression acom_cdi

(M19)

Second Examiner Opinions

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 |__|		1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkse
If “Other”			
	Reason why form was left blank _____	Character field	blnksewhy
Second examiner ID number _____ Select from drop down		Character field	secexid

FOR ALL SECOND OPINIONS

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

Congestive Heart Failure

Congestive heart failure |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	chfop2

Coronary Heart Disease

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

Intermittent Claudication

Intermittent claudication |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	icop2

(M19)

Provide initiators, qualities, radiation, severity, timing, presence after procedures done for **Intermittent Claudication Opinion**_____	Character field	ic_com

Cerebrovascular Disease

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

Additional Comments

Second Examiner Opinions acom_secop

(M20)

Referral Tracking

Further Medical Evaluation

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

Result		
Check ALL that apply		
Blood pressure – on screen blood pressures are shown |__|	1 = Yes	evalbp
Phone call if SBP >= 200 or DBP >= 110 Expedite if SBP >= 180 or DBP >= 100 Elevated if SBP >= 130 or DBP >= 80		
ECG abnormality |__|	1 = Yes	evalecg
Specify abnormality _____	Character field	ecgabn
Clinic physician identified medical problem |__|	1 = Yes	evalphys
Specify medical problem _____	Character field	physprb
Other |__|	1 = Yes	evaloth
Specify other _____	Character field	evalothprb

Method Used to Inform Participant

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

Method Used to Inform Participant's Personal Physician

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

(M20)

Referral Date and Other Information

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

Additional Comments

Referral Tracking acom_ref

(M22)

Medical Portion Date

Medical portion complete |__|	0 = No 1 = Yes 2 = Partial 9 = Other	md_yn
Medical portion completed on |__|__|/|__|__|/|__|__|__|__|	Date calendar	date_md
Medical portion completed by _____ Select from drop down	Character field	Id_md
Comments for medical completion date	Character field	acom_medcom

(S01)

General Information (Sociodemographic)

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
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
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
What is your current occupation? _____	Character field	currwork

(S01)

General Information (Sociodemographic) (cont)

From the drop down menu, please choose the code that **BEST** describes your occupation. |__|__|	1 = 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
Please select the income group that best represents your combined family income for the past 12 months. |__| *Income includes, working for wages, social security benefits, pensions, retirement planning funds, and any other type of benefits.*	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
How many people are supported by this income? |__|	Number (e.g. 1, 2, 3, . . .)	numpeople

(S02)

Health Insurance and Medications

Health Insurance

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

Medication

Do you take any medications? |__|	0 = No 1 = Yes 9 = Don't know			noselfmeds
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
Are you careless at times about taking your medicine?	|__|	|__|	|__|	careless
When you feel better do you stop taking your medicine?	|__|	|__|	|__|	stoptake
Sometimes if you feel worse when you take the medicine, do you stop taking it?	|__|	|__|	|__|	fellworse
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

(S03)

Health Survey (SF-12) part 1

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

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
3. Climbing **several** flights of stairs |__|	2 = Yes, limited a lot 1 = Yes, limited a little 0 = No, not limited at all	stairs

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
5. Were limited in the **kind** of work or other activities |__|	1 = Yes 0 = No	limit

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
7. Didn't do work or other activities **as carefully as usual** |__|	1 = Yes 0 = No	careful

(S04)

Health Survey (SF-12) part 2

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

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
10. Did you have a lot of energy?	|__|	|__|	|__|	|__|	|__|	|__|	energy
11. Have you felt downhearted and blue?	|__|	|__|	|__|	|__|	|__|	|__|	blue

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

(S05)

Bleeding History

Have you been diagnosed with a bleeding disorder? |__|	0 = No; 1 = Yes; 9 = Don't know	disorderbld
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
If "Other" write in _____	Character field	otherbld
Your age at diagnosis _____ If unsure, write "unsure"	Character field	agediagbld
Name of treating doctor _____ If unsure, write "unsure"	Character field	mddiagbld
Name of hospital or practice and location (city, state) _____ If unsure, write "unsure"	Character field	diaghospbld

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 Note: Being prescribed or taking an anti-coagulant medication such as coumadin/warfarin does not constitute a bleeding problem for you or your family member, unless a bleeding issue was experienced while on such medication.	0 = No; 1 = Yes; 9 = Don't know	fambld
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
Mother's side – Grandmother |__|	0 = No; 1 = Yes; 9 = Don't know	matgrdmotbld
Mother's side – Grandfather |__|	0 = No; 1 = Yes; 9 = Don't know	matgrdfatbld
Father |__|	0 = No; 1 = Yes; 9 = Don't know	fatherbld
Father's side – Grandmother |__|	0 = No; 1 = Yes; 9 = Don't know	patgrdmotbld
Father's side – Grandfather |__|	0 = No; 1 = Yes; 9 = Don't know	patgrdfatbld

(S05)

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

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
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
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
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
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
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

Bleeding History (cont-2)

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
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
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	pataauntbld
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
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
3. Describe the type(s) of bleeding problems or bleeding complications in your family. _____	Character field	typebld
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
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
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
Have YOU ever experienced prolonged bleeding (more than 5 minutes) with minor bodily cuts? |__|	0 = No; 1 = Yes; 9 = Don't know	prolong2
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

Bleeding History (cont-3)

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
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
Was a surgical procedure (e.g., stitching, restitching or packing) required to control bleeding? |__|	0 = No; 1 = Yes; 9 = Don't know	controlbld
If “Yes”		
Name of treating dentist: _____ If unsure, write "unsure"	Character field	dentistbld
Name of practice and location (city and state):_____ If unsure, write "unsure"	Character field	locdentbld

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
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
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 agesurgbld2 agesurgbld3 agesurgbld4 agesurgbld5
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 typesurgbld2 typesurgbld3 typesurgbld4 typesurgbld5
If "Other" write in: _____ If unsure, write "unsure"	Character field	othertxtbld1 othertxtbld2 othertxtbld3 othertxtbld4 othertxtbld5
Were any action(s) taken to control the bleeding |__|	0 = No; 1 = Yes; 9 = Don't know	acttakenbld1 acttakenbld2 acttakenbld3 acttakenbld4 acttakenbld5
If “Yes”		

One choice per line	0 = No	1 = Yes	9 = Unknown	

Bleeding History (cont-4)

Restitching or surgical	|__|	|__|	|__|	restitcontrolbld1 restitcontrolbld2 restitcontrolbld3 restitcontrolbld4 restitcontrolbld5
Blood transfusion	|__|	|__|	|__|	transcontrolbld1 transcontrolbld2 transcontrolbld3 transcontrolbld4 transcontrolbld5
Other (clotting medication, etc.)	|__|	|__|	|__|	othcontrolbld1 othcontrolbld2 othcontrolbld3 othcontrolbld4 othcontrolbld5
If "Other" write in - _____ If unsure, write "unsure"	Character field			othcontrolwibld1 othcontrolwibld2 othcontrolwibld3 othcontrolwibld4 othcontrolwibld5
If "Yes" to "Restitching or surgical" OR "Blood transfusion" OR "Other"				
Name of treating doctor: _____ If unsure, write "unsure"	Character field			mdsurgbld1 mdsurgbld2 mdsurgbld3 mdsurgbld4 mdsurgbld5
Name of practice and location (city and state):___ If unsure, write "unsure"	Character field			locsurgbld1 locsurgbld2 locsurgbld3 locsurgbld4 locsurgbld5
Did you have 2nd (3rd, 4th, 5th) surgery with bleeding problems? |__|	0 = No; 1 = Yes			prob2bld prob3bld prob4bld prob5bld

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
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
Name(s) of treating doctor who told you to stop: _____ If unsure, write "unsure"	Character field	stopmedmdbld
Name of hospital or practice and location (city, state): _____ If unsure, write "unsure"	Character field	stopmedlocbld

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
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

Bleeding History (cont-5)

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
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

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
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
Hormonal contraception (pill or injection)	|__|	|__|	|__|	oralbld
Hormonal IUD (e.g., Mirena, Skyla, Liletta)	|__|	|__|	|__|	iudbld
Non-hormonal IUD (copper-ParaGard)	|__|	|__|	|__|	noniudbld
Iron supplement for anemia	|__|	|__|	|__|	ironbld
Hysterectomy	|__|	|__|	|__|	hysterbld
Endometrial ablation	|__|	|__|	|__|	endombld
Antifibrinolytic (e.g., Amicar-aminocaproic, Lysteda-tranexamic acid)	|__|	|__|	|__|	antifibbld
Blood transfusion (including platelets or plasma only)	|__|	|__|	|__|	transbld
Other	|__|	|__|	|__|	excessothbld
If "Other" write in _____ If unsure, write "unsure"	Character field			textexcessothbld
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
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
If "Yes"				
How many deliveries have you had in total? _____ Write in a number. If unsure, write "unsure"	Character field			deliveriesbld
How many vaginal deliveries have you had in total? _____ Write in a number. If unsure, write "unsure"	Character field			vagdeliveriesbld
How many caesarean sections have you had in total? _____ Write in a number. If unsure, write "unsure"	Character field			csecdeliveriesbld

Answer the following questions about your vaginal deliveries that had excessive bleeding requiring medical intervention.

(S05)

Bleeding History (cont-6)

Was any instrumentation used in the delivery (e.g. forceps)? |__|	0 = No 1 = Yes 9 = Don't know	instrdeliverybld1 instrdeliverybld2 instrdeliverybld3 instrdeliverybld4 instrdeliverybld5
Age at delivery? _____ Write in age. If unsure, write "unsure"	Character field	agedeliverybld1 agedeliverybld2 agedeliverybld3 agedeliverybld4 agedeliverybld5
Was surgical treatment required to control the bleeding? |__|	0 = No 1 = Yes 9 = Don't know	surgcontrolbld1 surgcontrolbld2 surgcontrolbld3 surgcontrolbld4 surgcontrolbld5
Did you receive a blood transfusion? |__|	0 = No 1 = Yes 9 = Don't know	rectransbld1 rectransbld2 rectransbld3 rectransbld4 rectransbld5
If "Yes" to surgical treatment to control bleeding <u>OR</u> blood transfusion		
Name of treating doctor _____ If unsure, write "unsure"	Character field	deliverydocbld1 deliverydocbld2 deliverydocbld3 deliverydocbld4 deliverydocbld5
Name of hospital or practice and location (city, state) ___ If unsure, write "unsure"	Character field	deliverlocbld1 deliverlocbld2 deliverlocbld3 deliverlocbld4 deliverlocbld5
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 vagdelexcessbld3 vagdelexcessbld4 vagdelexcessbld5

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

(S06)

Sleep Questionnaire

(NEW ORDER OF QUESTIONS as of 11/27/2019 - note is for us)

In the past 7 days...

My sleep quality was |__|	5 = Very poor 4 = Poor 3 = Fair 2 = Good 1 = Very good	sleepquality
My sleep was refreshing |__|	5 = Not at all 4 = A little bit 3 = Somewhat 2 = Quite a bit 1 = Very Much	refreshing
I had a problem with my sleep	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very Much	sleepproblem
I had difficulty falling asleep |__|	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very Much	difficulty

S07 - Cannabis Questionnaire

The following questions are about cannabis use. There are many other terms from cannabis and cannabis-containing products. These include marijuana, pot, weed and grass. Cannabis may be consumed in different forms, including smoked (cigarettes, joints, or pipe), vaped, edibles (mixed in food products or brewed), or by skin (creams or oils). Forms of cannabis contained in oil or creams may be called hash oil, THC oil, or butane hash oil.

Have you ever, even once, used cannabis? |__|	0 = No 1 = Yes 8 = Prefer not to answer	marijuana
If "Yes"		
How old were you the first time you used cannabis? |__||__||__|	Age in years 5-105 999 = Unknown	marijuanaage
Have you used cannabis in the past year?	0 = No 1 = Yes 8 = Prefer not to answer	marijlastyr
If "Yes"		
What are the reasons you used cannabis in the past year? |__|	1 = Non-medical reasons only (for example: for relaxation) 2 = Medical reasons only (for example: for pain, muscle spasms, for conditions such as multiple sclerosis, Parkinson's Disease, etc.) 3 = Both medical and nonmedical reasons 8 = Prefer not to answer	marijuanareason
If "Medical reasons" or "Both medical and nonmedical reasons"		

For what symptoms do you use cannabis?

	0=No	1 = Yes	8 = Prefer not to answer	
Pain	|__|	|__|	|__|	use_pain
Sleep	|__|	|__|	|__|	use_sleep
Nausea	|__|	|__|	|__|	use_nausea
Appetite	|__|	|__|	|__|	use_appetite
Other	|__|	|__|	|__|	use_other
If "Other"				

_____	Character field	use_othersymp

For what medical conditions do you use cannabis?

	0=No	1 = Yes	8 = Prefer not to answer	
Glaucoma	|__|	|__|	|__|	use_glaucoma
Cancer	|__|	|__|	|__|	use_cancer
Multiple Sclerosis	|__|	|__|	|__|	use_ms
ALS	|__|	|__|	|__|	use_als
Parkinson's Disease	|__|	|__|	|__|	use_parkisons
Other	|__|	|__|	|__|	use_otherdis

If "Other"

_____	Character field	use_othermed

How often did you use cannabis in the past year? |__|	1 = Less than once per month 2 = Once or twice per month 3 = Once or twice per week 4 = Daily (or almost daily) 5 = More than once per day 8 = Prefer not to answer	canpastyear

When you used cannabis in the past year, what methods(s) did you use?

	0=No	1 = Yes	8 = Prefer not to answer	
Smoke cannabis flower or bud (e.g. joint, pipe)	|__|	|__|	|__|	use_smokebud
Smoke cannabis concentrate (e.g., vape pen or e-device)	|__|	|__|	|__|	use_smokevape
Edible form (including food, gels, gummies, teas, and other drinks)	|__|	|__|	|__|	use_edible
Creams or oils/topical/skin/patch	|__|	|__|	|__|	use_cream
Other	|__|	|__|	|__|	use_othermethod

If "Other"

_____	Character field	use_othercan

What type of cannabis did you use?					
	0=No	1 = Yes	9 = Not sure	8 = Prefer not to answer	
Equal parts THC/CBD (equal parts)	|__|	|__|	|__|	|__|	use_eqthc
Low THC/ high CBD (e.g. CBD oil or high CBD products)	|__|	|__|	|__|	|__|	use_lowthc
High THC/ low CBD	|__|	|__|	|__|	|__|	use_highthc

If “Yes” or “No” to Have you used cannabis in the past year?		
Prior to last year, how often did you use cannabis? |__|	1 = Less than once per month 2 = Once or twice per month 3 = Once or twice per week 4 = Daily (or almost daily) 5 = More than once a day 8 = Prefer not to answer	cannabis_prior
Prior to last year and since the time you started using cannabis at age [marijuanaage],did you ever stop using cannabis for more than a year? |__|	0 = No 1 = Yes 8 = Prefer not to answer	canstopyr

(T01)

Basic Information and Anthropometrics

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkbase
If “Other”		
Reason why form was left blank _____	Character field	blnkbasewhy
Technician Number _____ Select from drop down	Character field	techidbi

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 States	state

Basic Information and Anthropometrics (cont)

Anthropometry

Weight |__|__|__|	To the nearest pound 400 = 400 or more 888 = Refused 999 = Not done or Unknown	wgt
Protocol modification - Weight |__|	1 = Yes	prtmodwgt
If “Yes”		
Comments protocol modification – Weight _____	Character field	cmtprtmodwgt

(T01)

In the past year, have you lost more than 10 pounds?		0 = No 1 = Yes, unintentionally, NOT due to dieting or exercise 2 = Yes, intentionally, due to dieting or exercise	wgtlost
Height |__|__|.|__|__|		Inches, to next lower 1/4 inch 88.88 = Refused 99.99 = Not done or Unknown	hgt
	Protocol modification - Height |__|	1 = Yes	prtmodhgt
	If “Yes”		
	Comments protocol modification – Height _____	Character field	cmtprtmodhgt
Waist girth at umbilicus |__|__|.|__|__|		Inches, to next lower 1/4 inch 88.88 = Refused 99.99 = Not done or Unknown	wstumbilicus
	Protocol modification - Waist girth |__|	1 = Yes	prtmodumb
	If “Yes”		
	Comments protocol modification – Waist girth _____	Character field	cmtprtmodumb
Hip girth |__|__|		Inches, to next lower 1/4 inch 88.88 = Refused 99.99 = Not done or Unknown	hip
	Protocol modification - Hip girth |__|	1 = Yes	prtmodhip
	If “Yes”		
	Comments protocol modification – Hip girth _____	Character field	cmtprtmodhip

Additional Comments

Basic Information and Anthropometry acom_anthro

(T02)

CES-D

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkcesd
If “Other”		
Reason why form was left blank _____	Character field	blnkcesdwhy
Technician Number _____ Select from drop down	Character field	cesdexid

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
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
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
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
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
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

(T02)

CES-D (cont-1)

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
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
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
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
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
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
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
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

(T02)

CES-D (cont-2)

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
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
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
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
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
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

Additional Comments

CES-D acom_cesd

(T03)

Rosow-Breslau Questions and Katz ADLS

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkrosbres
If “Other”		
Reason why form was left blank _____	Character field	blnkrosbreswhy
Technician Number _____ Select from drop down	Character field	rosbresexid

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

Rosow_Breslau Questions

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
Are you able to walk half a mile without help? (About 4-6 blocks)	|__|	|__|	|__|	halfmi
If “No” or “Unknown				
Are you able to walk a quarter of a mile without help? (About 2-3 blocks)	|__|	|__|	|__|	quartmi
Are you able to walk up and down one flight of stairs without help?	|__|	|__|	|__|	ablewalk

Katz ADLS

During the Course of a Normal Day, can you do the following activities independently or do you need help from another person or use special equipment or a device?

Dressing (undressing and redressing) Devices such as: Velcro, elastic laces |__|	0 = No help needed, independent 1 = Uses device, independent 2 = Human assistant needed, minimall dependent 3 = Dependent 4 = Do not do during a normal day 9 = Unknown	katzdress
Bathing (including getting in and out of tub or shower) |__| Devices such as: bath chair, long handled sponge, hand held shower, safery bars	0 = No help needed, independent 1 = Uses device, independent 2 = Human assistant needed, minimall dependent 3 = Dependent 4 = Do not do during a normal day 9 = Unknown	katzbath

(T03)

Eating |__| Devices sush as: rocking knife, spork, long straw, plate quard	0 = No help needed, independent 1 = Uses device, independent 2 = Human assistant needed, minimall dependent 3 = Dependent 4 = Do not do during a normal day 9 = Unknown	katzeat

Transferring (getting in and out of a chair) |__| Devices such as: sliding board, grab bars, special seat	0 = No help needed, independent 1 = Uses device, independent 2 = Human assistant needed, minimall dependent 3 = Dependent 4 = Do not do during a normal day 9 = Unknown	katztransfer
Toileting Activities (using bathroom facilities and handle clothing) |__| Devices such as: special toilet seat, commode	0 = No help needed, independent 1 = Uses device, independent 2 = Human assistant needed, minimall dependent 3 = Dependent 4 = Do not do during a normal day 9 = Unknown	katztoilet

Additional Comments

Rosow-Breslau_Katz ADLS acom_rosbres

(T04)

Physical Activity Index (PAI)

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkpai
If “Other”		
Reason why form was left blank _____	Character field	blnkpiawhy
Technician Number _____ Select from drop down	Character field	pai_exid

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
SEDENTARY: Number of hours typically sitting? |__|__|	99 = Unknown	pai_sedentary
SLIGHT ACTIVITY: Number of hours with activities such as standing, walking? |__|__|	99 = Unknown	pai_slight
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
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
Rest and Activity Hours - TOTAL:	Calculated value	pai_total

Over the past 7 days, how often did you participate in SITTING ACTIVITIES such as reading, watching TV, using the computer, or doing handcrafts?	0 = Never 1 = Seldom/1-2 days 2 = Sometimes/3-4 days 3 = Often/5-7 days 8 = Refused 9 = Don’t know/unknown	pai_sitactivity
Over the past 7 days, how many hours per day did you engage in these sitting activities?	1 = Less than 1 hous 2 = 1 hour but less then 2 hours 3 = 2-4 hours 4 = More than 4 hours 8 = Refused 9 = Don’t know/unknown	pai_sitactivityhrs

Additional Comments

Physical Activity Index (PAI) acom_pai

(T05)

Nagi Questionnaire

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnknagi
If “Other”		
Reason why form was left blank _____	Character field	blnknagiwhy
Technician Number _____ Select from drop down	Character field	nagiexid

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

Nagi Questions

For each activity tell me whether you have:

Pulling or pushing large objects like a living room chair |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don’t do on MD orders 9 = Unknown	nagichair
Either stooping, crouching, or kneeling |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don’t do on MD orders 9 = Unknown	nagistoop
Reaching or extending arms below shoulder level |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don’t do on MD orders 9 = Unknown	nagibelow
Reaching or extending arms above shoulder level |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don’t do on MD orders 9 = Unknown	nagiabove
Either writing, or handling, or fingering small objects |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don’t do on MD orders 9 = Unknown	nagismall

(T05)

Standing in one place for long periods, say 15 minutes |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don't do on MD orders 9 = Unknown	nagistand

Nagi Questions (cont-1)

Sitting for long periods, say 1 hour |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don't do on MD orders 9 = Unknown	nagisit
Lifting or carrying weights under 10 pounds (like a bag of potatoes) |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don't do on MD orders 9 = Unknown	nagiunder10
Lifting or carrying weights over 10 pounds (like a very heavy bag of groceries) |__|	0 = No difficulty 1 = A little difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Don't do on MD orders 9 = Unknown	nagiover10

Additional Comments

Nagi Questions acom_nagi

(T06)

Socio-demographic Questionnaire

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnksocio
If “Other”		
Reason why form was left blank _____	Character field	blnksociowhy
Technician Number _____ Select from drop down	Character field	socioexid

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

Socio-demographics

Where do you live? |__|	0 = Private residence (own/rent) 2 = Other setting, such as an assisted living facility (i.e., no longer able to live independently) 1 = Nursing home 9 = Unknown	sociolive
Does anyone live with you? |__| Code Nursing Home Residents as NO	0 = No 1 = Yes 9 = Unknown	socioanylive
If “Yes”		
Spouse |__|	0 = No 1 = Yes, more than 3 months per year 2 = Yes, less than 3 months per year 9 = Unknown	sociospouse
Significant Other / Partner |__|	0 = No 1 = Yes, more than 3 months per year 2 = Yes, less than 3 months per year 9 = Unknown	sociosign
Children |__|	0 = No 1 = Yes, more than 3 months per year 2 = Yes, less than 3 months per year 9 = Unknown	sociochild
Friend |__|	0 = No 1 = Yes, more than 3 months per year 2 = Yes, less than 3 months per year 9 = Unknown	sociofriend

(T06)

Socio-demographics (cont-1)

Relative |__|	0 = No 1 = Yes, more than 3 months per year 2 = Yes, less than 3 monthe per year 9 = Unknown	sociorelative

Use of Nursing and Community Services

Have you been admitted to a nursing home (or skilled facility) in the past year? |__|	0 = No 1 = Yes 9 = Unknown	nursecom
In the past year, have you been visited by a nursing service, or used home, community or outpatient programs? |__|	0 = No 1 = Yes 9 = Unknown	nurseserv

Additional Comments

Socio-demographic Questionnaire acom_socio

(T07)

Physical Activity Questionnaire

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkpaq
If “Other”		
Reason why form was left blank _____	Character field	blnkpaqwhy
Technician Number _____ Select from drop down	Character field	paq_exid

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

I am going to read a list of activities. Please tell me which activities you have done in the past year.

During the past year did you do Walking for exercise |__| (walking to work, walking the dog, walking in the mall)	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_walk
If “Yes”		
In a typical 2 week period of time, how often do you walk for exercise? |__|__|	99 = Unknown	paq_walktime
Average time each session – hours |__|__|	99 = Unknown	paq_walkhrs
Average time each session – minutes |__|__|	99 = Unknown	paq_walkmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_walkmon
During the past year did you do Calisthenics/general exercise |__| (yoga, pilates)	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_cal
If “Yes”		
In a typical 2 week period of time, how often do you do calisthenics/general exercise? |__|__|	99 = Unknown	paq_caltime
Average time each session – hours |__|__|	99 = Unknown	paq_calhrs
Average time each session – minutes |__|__|	99 = Unknown	paq_calmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_calmon
During the past year did you use an Exercise cycle, ski or stair machine |__| (treadmill, elliptical, stair master, etc.)	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_machine
If “Yes”		

(T07)

In a typical 2 week period of time, how often do you use an exercise cycle, ski or stair machine? |__|__|	99 = Unknown	paq_machinetime
Average time each session – hours |__|__|	99 = Unknown	paq_machinehrs
Average time each session – minutes |__|__|	99 = Unknown	paq_machinemin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_machinemon
During the past year did you do Exercises to increase muscle strength or endurance |__| (weight training, (free weights, machines))	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_strength
If "Yes"		
In a typical 2 week period of time, how often do you exercise to increase muscle strength or endurance? |__|__|	99 = Unknown	paq_strengthtime
Average time each session – hours |__|__|	99 = Unknown	paq_strengthhrs
Average time each session – minutes |__|__|	99 = Unknown	paq_strengthmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_strengthmon
During the past year did you do Moderate strenuous household chores |__| (vacuuming, scrubbing floors, washing windows, carrying wood)	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_chores
If "Yes"		
In a typical 2 week period of time, how often do you do moderate strenuous household chores? |__|__|	99 = Unknown	paq_chorestime
Average time each session – hours |__|__|	99 = Unknown	paq_choreshrs
Average time each session – minutes |__|__|	99 = Unknown	paq_choresmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_choresmon
During the past year did you go Jogging |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_jogging
If "Yes"		
In a typical 2 week period of time, how often do you jog? |__|__|	99 = Unknown	paq_joggingtime
Average time each session – hours |__|__|	99 = Unknown	paq_jogginghrs
Average time each session – minutes |__|__|	99 = Unknown	paq_joggingmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_joggingmon

(T07)

During the past year did you go Biking |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_biking
If “Yes”		
In a typical 2 week period of time, how often do you bike? |__|__|	99 = Unknown	paq_bikingtime
Average time each session – hours |__|__|	99 = Unknown	paq_bikinghrs
Average time each session – minutes |__|__|	99 = Unknown	paq_bikingmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_bikingmon
During the past year did you go Dancing |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_dancing
If “Yes”		
In a typical 2 week period of time, how often do you dance? |__|__|	99 = Unknown	paq_dancingtime
Average time each session – hours |__|__|	99 = Unknown	paq_dancinghrs
Average time each session – minutes |__|__|	99 = Unknown	paq_dancingmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_dancingmon
During the past year did you do Aerobics |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_aerobics
If “Yes”		
In a typical 2 week period of time, how often do you do aerobics? |__|__|	99 = Unknown	paq_aerobicstime
Average time each session – hours |__|__|	99 = Unknown	paq_aerobicshrs
Average time each session – minutes |__|__|	99 = Unknown	paq_aerobicsmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_aerobicsmon
During the past year did you go Swimming |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_swim
If “Yes”		
In a typical 2 week period of time, how often do you swim? |__|__|	99 = Unknown	paq_swimtime

(T07)

Average time each session – hours |__|__|	99 = Unknown	paq_swimhrs
Average time each session – minutes |__|__|	99 = Unknown	paq_swimmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_swimmon

During the past year did you play Tennis |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_tennis
If "Yes"		
In a typical 2 week period of time, how often do you play tennis? |__|__|	99 = Unknown	paq_tennistime
Average time each session – hours |__|__|	99 = Unknown	paq_tennishrs
Average time each session – minutes |__|__|	99 = Unknown	paq_tennismin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_tennismon
During the past year did you play Golf |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_golf
If "Yes"		
In a typical 2 week period of time, how often do you golf? |__|__|	99 = Unknown	paq_golftime
Average time each session – hours |__|__|	99 = Unknown	paq_golfhrs
Average time each session – minutes |__|__|	99 = Unknown	paq_golfmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_golfmon
During the past year did you do Lawn work or yard care |__| (mowing the lawn, leaf or snow removal)	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_lawnwk
If "Yes"		
In a typical 2 week period of time, how often do you do lawn work or yard care? |__|__|	99 = Unknown	paq_lawnwktime
Average time each session – hours |__|__|	99 = Unknown	paq_lawnwkhrs
Average time each session – minutes |__|__|	99 = Unknown	paq_lawnwkmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_lawnwkmon

(T07)

During the past year did you do Outdoor gardening |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_gardening
If "Yes"		
In a typical 2 week period of time, how often do you do outdoor gardening? |__|__|	99 = Unknown	paq_gardeningtime
Average time each session – hours |__|__|	99 = Unknown	paq_gardeninghrs
Average time each session – minutes |__|__|	99 = Unknown	paq_gardeningmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_gardeningmon
During the past year did you go Hiking |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_hiking
If "Yes"		
In a typical 2 week period of time, how often do you hike? |__|__|	99 = Unknown	paq_hikingime
Average time each session – hours |__|__|	99 = Unknown	paq_hikinghrs
Average time each session – minutes |__|__|	99 = Unknown	paq_hikingmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_hikingmon
During the past year did you do Light sport or recreational activities |__| (bowling, golf with a cart, shuffleboard, fishing, ping-pong)	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_ltsport
If "Yes"		
In a typical 2 week period of time, how often do you do a light sport or recreational activities? |__|__|	99 = Unknown	paq_ltsporttime
Average time each session – hours |__|__|	99 = Unknown	paq_ltsporthrs
Average time each session – minutes |__|__|	99 = Unknown	paq_ltsportmin
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_ltsportmon
During the past year did you do any Other activity |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_other1
If "Yes"		
Name of the "other activity" _____	Character field	paq_nameother1 paq_nameother2 paq_nameother3 paq_nameother4 paq_nameother5

(T07)

In a typical 2 week period of time, how often do you do this other activity? |__|__|	99 = Unknown	paq_other1time paq_other2time paq_other3time paq_other4time paq_other5time
Average time each session – hours |__|__|	99 = Unknown	paq_other1hrs paq_other2hrs paq_other3hrs paq_other4hrs paq_other5hrs
Average time each session – minutes |__|__|	99 = Unknown	paq_other1min paq_other2min paq_other3min paq_other4min paq_other5min
Number of months / year |__|__|	99 = Unknown 0 – 12 months	paq_other1mon paq_other2mon paq_other3mon paq_other4mon paq_other5mon
Do you have any other activites? |__|	0 = No 1 = Yes 8 = Refused 9 = Unknown	paq_other2 paq_other3 paq_other4 paq_other5
If “Yes”		

Block of questions (Name of the “other activity”) to “Do you have an “other activity”) repeats 4 more times

Additional Comments

Physical Activity Questionnaire acom_paq

(T7a)

PASE - Activity Questionnaire

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkpase
If "Other"		
Reason why form was left blank _____	Character field	blnkpasewhy
Technician Number _____ Select from drop down	Character field	pase_exid

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

Leisure Time Activity Questionnaire

This questionnaire asks you questions about activities you may have done in the past seven days. Please answer each question with the response that best describes your activities in each section.

Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts? |__|	0 = Never 1 = Seldom, 1-2 days 2 = Sometimes. 3-4 days 3 = Often, 5-7 days 9 = Unknown	pase_sit
If "Seldom", "Sometimes" or "Often"		
What were these activities? _____	Character field	pase_sitact
On average, how many hours per day did you engage in these sitting activities? |__|	1 = Less than 1 hour 2 = 1 hour but less than 2 hours 3 = 2-4 hours 4 = More than 4 hours 9 = Unknown	pase_sithrs
Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking the dog or walking in a mall, etc.? |__|	0 = Never 1 = Seldom, 1-2 days 2 = Sometimes. 3-4 days 3 = Often, 5-7 days 9 = Unknown	pase_walk
If "Seldom", "Sometimes" or "Often"		
On average, how many hours per day did you spend walking? |__|	1 = Less than 1 hour 2 = 1 hour but less than 2 hours 3 = 2-4 hours 4 = More than 4 hours 9 = Unknown	pase_walktime
Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, woodwork, fishing, ping-pong or other similar activities?	0 = Never 1 = Seldom, 1-2 days 2 = Sometimes. 3-4 days 3 = Often, 5-7 days 9 = Unknown	pase_ltsport
If "Seldom", "Sometimes" or "Often"		
What were these activities? _____	Character field	pase_ltsportact

(T7a)

On average, how many hours per day did you engage in these light sport or recreational activities? |__|	1 = Less than 1 hour 2 = 1 hour but less than 2 hours 3 = 2-4 hours 4 = More than 4 hours 9 = Unknown	pase_ltsporthrs
Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities? |__|	0 = Never 1 = Seldom, 1-2 days 2 = Sometimes. 3-4 days 3 = Often, 5-7 days 9 = Unknown	pase_mdsport
If "Seldom", "Sometimes" or "Often"		
What were these activities? _____	Character field	pase_mdsportact
On average, how many hours per day did you engage in these moderate sport and recreational activities |__|	1 = Less than 1 hour 2 = 1 hour but less than 2 hours 3 = 2-4 hours 4 = More than 4 hours 9 = Unknown	pase_mdsporthrs
Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross-country) or other similar activities? |__|	0 = Never 1 = Seldom, 1-2 days 2 = Sometimes. 3-4 days 3 = Often, 5-7 days 9 = Unknown	pase_stsport
If "Seldom", "Sometimes" or "Often"		
What were these activities? _____	Character field	pase_stsportact
On average, how many hours per day did you engage in these strenuous sport and recreational activities |__|	1 = Less than 1 hour 2 = 1 hour but less than 2 hours 3 = 2-4 hours 4 = More than 4 hours 9 = Unknown	pase_stsporthrs
Over the past 7 days, how often did you do any exercise specifically to increase muscle strength and endurance, such as lifting weights, isometrics or physical therapy with weights, etc? |__|	0 = Never 1 = Seldom, 1-2 days 2 = Sometimes. 3-4 days 3 = Often, 5-7 days 9 = Unknown	pase_exercise
If "Seldom", "Sometimes" or "Often"		
What were these activities? _____	Character field	pase_excercisr
On average, how many hours per day did you engage in exercise to increase muscle strength and endurance? |__|	1 = Less than 1 hour 2 = 1 hour but less than 2 hours 3 = 2-4 hours 4 = More than 4 hours 9 = Unknown	pase_jogginghrs

Household Activity

During the past 7 days, have you done any light housework, such as dusting, washing or drying dishes, or ironing? |__|	0 = No 1 = Yes 9 = Unknown	pase_lthousework
During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood? |__|	0 = No 1 = Yes 9 = Unknown	pase_hvyhousework

(T7a)

During the past 7 days, did you engage in any of the following activities?		
Home repairs like painting, wallpapering, electrical work |__|	0 = No 1 = Yes 9 = Unknown	pase_homerepairs
Lawn work or yard care, including snow or leaf removal, wood chopping, etc. |__|	0 = No 1 = Yes 9 = Unknown	pase_lawnwork
Outdoor gardening |__|	0 = No 1 = Yes 9 = Unknown	pase_gardening
Caring for an other person, such as children, dependent spouse, or an other adult |__|	0 = No 1 = Yes 9 = Unknown	pase_caringothers

Work Related Activity

During the past 7 days, did you work for pay or as a volunteer? |__|	0 = No 1 = Yes 9 = Unknown	pase_wrkvol
If "Yes"		
How many hours per week did you work for pay and/or as a volunteer? |__|__|	# of Hours 0-99 99 = Unknown	pase_hrswrkvol
Which one of the following categories best describes the amount of physical activity required on your job and/or volunteer work?	1 = Mainly sitting with slight arm movements. (Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.) 2 = Sitting or standing with some walking. (Examples: cashier, general office worker, light tool and machinery worker). 3 = Walking, with some handling of materials generally weighing less than 50 pounds. (Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker). 4 = Walking and heavy manual work often requiring handling of materials weighing over 50 pounds. (Examples: lumberjack, stone mason, farm or general laborer). 9 = Unknown	pase_phyactwkvol

Additional Comments

(T08)

Respiratory Disease

Age at last exam	Calculated variable	age_lastexam
Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkrespdiag
If “Other”		
Reason why form was left blank _____	Character field	blnkrespdiagwhy
Technician Number _____ Select from drop down	Character field	respexid

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

Respiratory Diagnoses

Since your last provided medical information…?

Have you had asthma? |__|	0 = No; 1 = Yes; 9 = Unknown	asthma
If “Yes”		
Do you still have asthma? |__|	0 = No; 1 = Yes; 9 = Unknown	asthmastill
Was the asthma diagnosed by a doctor or other health care professional? |__|	0 = No; 1 = Yes; 9 = Unknown	asthmadiag
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
If you no longer have asthma, at what age did it stop? |__|__|__|	Age in years 888 = Still have it 999 = Unknown	asthmastop
Have you received medical treatment for this in the past 12 months? |__|	0 = No; 1 = Yes; 9 = Unknown	asthmatreat
Have you EVER had any of the following conditions diagnosed by a doctor or other health care professional?		
Chronic Bronchitis |__|	0 = No; 1 = Yes; 9 = Unknown	chronbronch
Emphysema |__|	0 = No; 1 = Yes; 9 = Unknown	emph
COPD (Chronic Obstructive Pulmonary Disease) |__|	0 = No; 1 = Yes; 9 = Unknown	copd
Sleep Apnea |__|	0 = No; 1 = Yes; 9 = Unknown	apnea
If “Yes”		
Do you wear a mask (“CPAP”, “BIPAP”) or other device at night to treat sleep apnea? |__|	0 = No; 1 = Yes; 9 = Unknown	sleepmask
Pulmonary Fibrosis or Interstitial Lung Disease |__|	0 = No; 1 = Yes; 9 = Unknown	pulmfib

(T08)

Acute Respiratory Illness Since Last Exam

Since your last exam or medical history update…?

Have you been hospitalized because of breathing trouble or wheezing? |__|	0 = No; 1 = Yes; 9 = Unknown	arihosp
If “Yes”		
How many times has this occurred? |__|__|	99 = Unknown	arihospocc
Were any of these hospitalizations due to a lung or bronchial problem, for example, COPD, asthma, bronchitis, emphysema, or pneumonia? |__|	0 = No; 1 = Yes; 9 = Unknown	arihospprob
Have you required an emergency room visit or an unscheduled visit to a doctor’s office or clinic because of breathing trouble or wheezing? |__|	0 = No; 1 = Yes; 9 = Unknown	ariemerg
If “Yes”		
How many times has this occurred? |__|__|	99 = Unknown	ariemergoccur
Were any of these emergency room or unscheduled visits due to a lung or bronchial problem, for example, COPD, asthma, bronchitis, emphysema, or pneumonia? |__|	0 = No; 1 = Yes; 9 = Unknown	ariemergprob
Have you had pneumonia (including bronchopneumonia)?	0 = No; 1 = Yes; 9 = Unknown	aripneum
If “Yes”		
How many times have you had pneumonia? |__|__|	99 = Unknown	aripneumoccur

Additional Comments

Respiratory Disease comrespdis

Fractures

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkfrac1
If “Other”		
Reason why form was left blank _____	Character field	blnkfrac1why
Technician Number _____ Select from drop down	Character field	fracexid1

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

Fractures

Since your last clinic visit have you broken any bones? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	frac1
If "Yes" or "Maybe"		
Location of fracture: |__|__|	1 = Clavicle (collar bone) 2 = Upper arm (humerus) or elbow 3 = Forearm or wrist 4 = Hand 5 = Back (If disc disease only, code as no) 6 = Pelvis 7 = Hip 8 = Leg 9 = Foot 10 = Other	fracloc1 fracloc2 fracloc3
If "Other"		
Location of fracture site for "Other" _____	Character field	fraclocoth1 fraclocoth2 fraclocoth3
Year |__|__|__|__|	1971-2022 9999 = Unknown	fracyr1 fracyr2 fracyr3
DATE details _____ (e.g. 10/2, April, Summer, August-Nov., Unknown etc.)	Character field	fracdatedet1 fracdatedet2 fracdatedet3
Name of hospital _____	Character field	frachospname1 frachospname2 frachospname3
Location of hospital _____	Character field	frachosploc1 frachosploc2 frachosploc3

Check here for additional comments | | checked = "Yes"	Check box	fraccbox1 fraccbox2 fraccbox3
If "Yes"		
_____	Character field	fraccbox1a fraccbox2a fraccbox3a
Have you had a second fracture? |__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	frac2 frac3

Block of questions ("Location of fracture" to "Have you had a second fracture") repeats 2 more times

Additional Comments

Fractures acom_frac

MMSE-Cognitive Function

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkmmse
If “Other”		
Reason why form was left blank _____	Character field	blnkmmsewhy
Technician Number _____ Select from drop down	Character field	mmseexid

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

I’m going to start by asking questions that require concentration and memory. Some questions are more difficult that others and some will be asked more than one time.

What Is the Date Today? _____	Character field	mmsechardt
Score – DATE |__|	0 = Incorrect 1 = One correct response 2 = Two correct responses 3 = Three correct responses 9 = Test item not administered or invalid (Month, day, year, correct score=3)	mmsescrdt
If “Test item not administered or invalid”		
Reason - “DATE” score |__|	1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseresdt
If “Physical limitation”		
What is the physical limitation? _____	Character field	mmsephydt
If “Environmental distraction”		
What is the environmental distraction? __	Character field	mmseenvdt
If “Other”		
“Other” resaon? _____	Character field	mmseothdt

T10

What Is the Season? |__|	1 = Winter 2 = Spring 3 = Summer 4 = Fall 5 = Other	mmsecharsea
If “Other”		
“Other” response to What is the seaso? _____	Character field	mmseothersea
Score – SEASON |__|	0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid	mmsescrsea
If “Test item not administered or invalid”		
Reason - “SEASON” score |__|	1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseressea
If “Physical limitation”		
What is the physical limitation? _____	Character field	mmsephysea
If “Environmental distraction”		
What is the environmental distraction? __	Character field	mmseenvsea
If “Other”		
“Other” reason? _____	Character field	mmseothsea
What Day of the Week Is it? |__|	1 = Sunday 2 = Monday 3 = Tuesday 4 = Wednesday 5 = Thursday 6 = Friday 7 = Saturday 8 = Other	mmsecharwk
If “Other”		
“Other” response to What is the season? _____	Character field	mmseotherwk
Score – DAY OF WEEK |__|	0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid	mmsescrwk
If “Test item not administered or invalid”		

Reason - “DAY OF WEEK” score |__|	1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmsereswk
If “Physical limitation”			
What is the physical limitation? _____	Character field	mmsephywk
If “Environmental distraction”			
What is the environmental distraction? __	Character field	mmseenvwk
If “Other”			
“Other” reason? _____	Character field	mmseothwk
What Town, County and State are we in? _____	Character field	mmsecharaddr
Score – TOWN, COUNTY and STATE |__|	0 = Incorrect 1 = One correct response 2 = Two correct responses 3 = Three correct responses 9 = Test item not administered or invalid (Town, county, state, correct score=3)	mmsescraddr
If “Test item not administered or invalid”			
Reason - “TOWN, COUNTY and STATE” score _____	1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseresaddr
If “Physical limitation”			
What is the physical limitation? _____	Character field	mmsephyaddr
If “Environmental distraction”			

What is the environmental distraction? __		Character field	mmseenvaddr
If “Other”			
“Other” reason? _____		Character field	mmseothaddr
What Is the name of this place? _____ (FHS, Heart Center, Heart Study, Perini) (Offsite only: my home, address)		Character field (max score = 1)	mmsecharplace
Score - PLACE (Offsite only: my home, address)		0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid	mmsescrplace
If “Test item not administered or invalid”			
Reason – “PLACE” score _____		1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseresplace
If “Physical limitation”			
What is the physical limitation? _____		Character field	mmsephyplace
If “Environmental distraction”			
What is the environmental distraction? __		Character field	mmseenvplace
If “Other”			
“Other” reason? _____		Character field	mmseothplace
What floor of the building are we on? _____ (First or Main)		Character field	mmsecharfloor
Score – FLOOR |__|		0 = Incorrect 1 = One correct response 9 = Test item not administered or invalid	mmsefloor
If “Test item not administered or invalid”			

Reason – “FLOOR” score |__|	1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseresfloor
If “Physical limitation”		
What is the physical limitation? _____	Character field	mmsephyfloor
If “Environmental distraction”		
What is the environmental distraction? __	Character field	mmseenvfloor
If “Other”		
“Other” reason? _____	Character field	mmseothfloor
I am going to name 3 objects. After I have said them I want you to repeat them back to me. Are you ready? **Apple, Table, Penny**. Could you repeat the three items for me? Remember what they are because I will ask you to name them again in a few minutes. _____	Character field	mmsechar3items
Score – APPLE, TABLE, PENNY |__|	0 = Incorrect 1 = One correct response 2 = Two correct responses 3 = Three correct responses 9 = Test item not administered or invalid	mmsescr3items
If “Test item not administered or invalid”		
Reason – “APPLE, TABLE, PENNY” score _____	1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseres3items
If “Physical limitation”		
What is the physical limitation? _____	Character field	mmsephy3items

If “Environmental distraction”			
	What is the environmental distraction? __	Character field	mmseenv3items
If “Other”			
	“Other” reason? _____	Character field	mmseoth3items
Now I am going to spell a word forward and I want you to spell it backwards. The word is WORLD. **W-O-R-L-D**. Please Spell it in Reverse Order. _____		Character field 66666 = Not administered for reason unrelated to cognitive status 00000 = Administered, but couldn’t do it 99999 = Unknown	mmsecharworld
What are the 3 objects I asked you to remember a few moments ago? _____		Character field	mmsechar3obj
Score – REPEAT – APPLE, TABLE, PENNY |__|		0 = Incorrect 1 = One correct response 2 = Two correct responses 3 = Three correct responses 9 = Test item not administered or invalid	mmsescr3obj
If “Test item not administered or invalid”			
Reason – “REPEAT - APPLE, TABLE, PENNY” score _____		1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseres3obj
If “Physical limitation”			
	What is the physical limitation? _____	Character field	mmsephy3obj
If “Environmental distraction”			
	What is the environmental distraction? __	Character field	mmseenv3obj
If “Other”			
	“Other” reason? _____	Character field	mmseoth3obj
What Is this Called? (Watch) _____		Character field	mmsecharwatch
Score – WATCH |__|		0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid	mmsescrwatch
If “Test item not administered or invalid”			

Reason – “WATCH” score _____		1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmsereswatch
If “Physical limitation”			
	What is the physical limitation? _____	Character field	mmsephywatch
If “Environmental distraction”			
	What is the environmental distraction? __	Character field	mmseenvwatch
If “Other”			
	“Other” reason? _____	Character field	mmseothwatch
What Is this Called? (Pencil) _____		Character field	mmsecharpencil
Score – PENCIL |__|		0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid	mmsescrpencil
If “Test item not administered or invalid”			
Reason – “PENCIL” score _____		1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmserespencil
If “Physical limitation”			
	What is the physical limitation? _____	Character field	mmsephypencil
If “Environmental distraction”			
	What is the environmental distraction? __	Character field	mmseenvpencil
If “Other”			
	“Other” reason? _____	Character field	mmseothpencil

T10

Please Repeat the Following: "**No Ifs, Ands, or Buts**." _____	Character field	mmsecharrep
Score – REPEAT |__|	0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid (Perfect = 1)	mmsescrrep
If “Test item not administered or invalid”		
Reason – “REPEAT” score _____	1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseresrep
If “Physical limitation”		
What is the physical limitation? _____	Character field	mmsephyrep
If “Environmental distraction”		
What is the environmental distraction? __	Character field	mmseenvrep
If “Other”		
“Other” reason? _____	Character field	mmseothrep
Please read the following and do what it says. (Please close your eyes) _____	Followed instructions Character field (if not done correctly)	mmsecharread
Score – READ AND FOLLOW DIRECTIONS |__|	0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid (Performed = 1)	mmsescrread
If “Test item not administered or invalid”		
Reason – “READ AND FOLLOW DIRECTIONS” score _____	1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseresread

If “Physical limitation”			
	What is the physical limitation? _____	Character field	mmsephyread
If “Environmental distraction”			
	What is the environmental distraction? __	Character field	mmseenvread
If “Other”			
	“Other” reason? _____	Character field	mmseothread
Please Write a Sentence		Done on paper	
Score – SENTENCE |__|		0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid	mmsescrsent
If “Test item not administered or invalid”			
Reason – “SENTENCE” score _____		1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmsrressent
If “Physical limitation”			
	What is the physical limitation? _____	Character field	mmsephysent
If “Environmental distraction”			
	What is the environmental distraction? __	Character field	mmseenvsent
If “Other”			
	“Other” reason? _____	Character field	mmseothsent
Please Copy this Drawing		Done on paper	
Score – DRAWING |__|		0 = Incorrect 1 = Correct response 9 = Test item not administered or invalid	mmsescrdraw
If “Test item not administered or invalid”			

Reason – “DRAWING” score _____		1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseresdraw
If “Physical limitation”			
	What is the physical limitation? _____	Character field	mmsephydraw
If “Environmental distraction”			
	What is the environmental distraction? __	Character field	mmseenvdraw
If “Other”			
	“Other” reason? _____	Character field	mmseothdraw
Take this piece of paper in your right hand, fold it in half with both hands, and put in your lap _____		Followed instructions Character field (if not done correctly)	mmsecharinstruc
Score – FOLLOWED INSTRUCTIONS *(score 1 for each correctly performed act)* |__|	0 = Incorrect 1 = One correct response 2 = Two correct responses 3 = Three correct responses 9 = Test item not administered or invalid	mmsescrinstruc
If “Test item not administered or invalid”			
Reason – “FOLLOWED INSTRUCTIONS” score _____		1 = Poor hearing 2 = Poor vision 3 = Not fluent in English 4 = Illiteracy or low education 5 = Physical limitation 6 = Depression 7 = Anxiety 8 = Fatigue/frustration 9 = Refused 10 = Poor effort 11 = Difficulty understanding instructions 12 = Response unintelligible 13 = Environmental distraction 14 = Experimenter error 15 = Other	mmseresinstruc
If “Physical limitation”			
	What is the physical limitation? _____	Character field	mmsephyinstr
If “Environmental distraction”			
	What is the environmental distraction? __	Character field	mmseenvinstr

If “Other”			
	“Other” reason? _____	Character field	mmseothinstr

Factor Potentially Affecting Mental Status Testing

Poor hearing	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mmsepoorhear
Poor vision	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mmsepoorvis
Not fluent in English	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mmsenoteng
Illiteracy or low education	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mmselowed
Psychological factors (e.g., depression, anxiety, frustration)	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mmsepsychol
Poor effort	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mmsepooreff
Difficulty understanding instructions	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mmseunderst
“Other” factor	|__|	0 = No 1 = Yes 2 = Maybe 9 = Unknown	mmseother
If “Yes” or “Maybe”			
	Other (describe) _____	Character field	mmseothercd

Additional Comments

MMSE-Cognitive Function acom_mmse

T10

(T11)

Hand Grip Test

Form is intentionally left blank |__|	6 = Physical limitation 1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkobper1
If “Other” or “Physical limitation”		
Reason why form was left blank _____	Character field	blnkobper1why
Technician Number _____ Select from drop down	Character field	obperexid1

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

Right Hand		
Trial 1 |__|__|	Nearest kilogram 99 = Unknown	grip1r
Trial 2 |__|__|	Nearest kilogram 99 = Unknown	grip2r
Trial 3 |__|__|	Nearest kilogram 99 = Unknown	grip3r
Left Hand		
Trial 1 |__|__|	Nearest kilogram 99 = Unknown	grip1l
Trial 2 |__|__|	Nearest kilogram 99 = Unknown	grip2l
Trial 3 |__|__|	Nearest kilogram 99 = Unknown	grip3l
Check only if HAND GRIP test was NOT completed ~~or NOT attempted~~? |__|	1 = Test NOT completed	gripcomp
If checked		
If "Test NOT completed ~~or NOT attempted~~" why not? |__|	1 = Physical limitation 2 = Refused 3 = Other 9 = Unknown	gripwhy
Other reason test not done _____	Character field	gripoth
Protocol modification – Hand Grip |__|	1 = Yes	prtmodhdgrp
If “Yes”		
Comments protocol modification – Hand Grip _____	Character field	cmtprtmodhdgrp

Additional Comments

Hand Grip Test acom_grip

(T12)

Walk Test

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkop
If “Other”		
Reason why form was left blank _____	Character field	blnkopwhy
Technician Number _____ Select from drop down	Character field	opexid

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

Measured Walks

Walking aid used: |__|	0 = No aid 1 = Cane 2 = Walker 3 = Wheelchair 4 = Other 9 = Unknown	opaidused
Course in meters (offsite only) |__|	1 = 3m 2 = 4m	opoffcourse
First Walk		
Walk time mat |__|__|.|__|__|	In seconds 99.99 = Unknown	opfwalkmat1
Walk time stop watch |__|__|.|__|__|	In seconds 99.99 = Unknown	opfwalkstwatch1
Test not completed or not attempted |__| checked = “Yes”	Check box	opfwalkcomp1
If “Yes”		
If not attempted or completed, why not? |__|	1 = Physical limitaion 2 = Refused 3 = Other 9 = Unknown	opfwalknotcom1
If “Other”		
Other reason test not attempted or completed _____	Character field	opfwalkother1
Second Walk		
Walk time mat |__|__|.|__|__|	In seconds 99.99 = Unknown	opswalkmat2
Walk time stop watch |__|__|.|__|__|	In seconds 99.99 = Unknown	opswalkstwatch2
Test not completed or not attempted |__| checked = “Yes”	Check box	opswalkcomp2
If “Yes”		
If not attempted or completed, why not? |__|	1 = Physical limitaion 2 = Refused 3 = Other 9 = Unknown	opswalknotcom2
If “Other”		
Other reason test not attempted or completed _____	Character field	opswalkother2

(T12)

Quick Walk		
Walk time mat |__|__|.|__|__|	In seconds 99.99 = Unknown	opqwalkmat
Walk time stop watch |__|__|.|__|__|	In seconds 99.99 = Unknown	opqwalkstwatch
Test not completed or not attempted |__| checked = "Yes"	Check box	opqwalkcomp
If "Yes"		
If not attempted or completed, why not? |__|	1 = Physical limitaion 2 = Refused 3 = Other 9 = Unknown	opqwalknotcom
If "Other"		
Other reason test not attempted or completed _____	Character field	opqwalkother

Additional Comments

Observed Performance acom_op

(T13)

Tech Portion Date

Tech portion complete |__|	0 = No 1 = Yes 2 = Partial 9 = Other	tech_yn
Tech portion completed on |__|__|/|__|__|/|__|__|__|__|	Date calendar	date_tech
Tech portion completed by _____ Select from drop down	Character field	ld_tech
Comments for technician completion date	Character field	acom_techcom

(T14)

Community Assessment of Pain and Sensitization in the Elderly (CAPSITE)

In this part of your study visit, we are interested in understanding what your experience of pain may be like. There are no right or wrong answers. We also understand that pain can change from day-to-day. Just answer to the best of your ability when thinking about any pain you may have had in the past week.		
Form is intentionally left blank |__|	6 = Proxy (questions 7, 8, and 10 only) 1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkpain
If "Other"		
Reason why form was left blank	Character field	blnkpainwhy
Technician Number _____ Select from drop down	Character field	painexid

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

General Pain question

1. Thinking about any of the pain that you may have, please rate your pain by indicating the number that best describes your pain on **AVERAGE** in the **PAST WEEK** |__| (rating scale in binder - #1)	0 = No Pain 1 2 3 4 5 6 7 8 9 10 = Pain as bad as you can imagine	avepain
2. In the **PAST WEEK**, have you had any **CONSTANT** pain? |__|	1 = Yes 0 = No	constpain
3. In the **PAST WEEK**, how frequently have you had **PAIN THAT COMES AND GOES**? |__| (rating scale in binder - #3)	0 = Not at all/no pain 1 = Rarely 2 = Sometimes 3 = Often 4 = Very Often	paincomesgo
4. Has your pain been present for **MORE THAN 3 MONTHS**, whether it is there constantly or comes and goes? |__|	1 = Yes 0 = No	more3mon

5. Have you had pain **in the PAST WEEK**? |__| (rating scale in binder - #5)	1 = Yes, I have had pain in the past week 0 = No, I have not had pain the past week	painpastwk
If "Yes"		
Please indicate the number that best describes how much your pain has **INTERFERED** in the **PAST WEEK** with your…		

(T14)

	0=Does Not Intefere	1	2	3	4	5	6	7	8	9	10= Completely Interferes	
General Activity	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	genact
Mood	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	mood
Walking ability	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	walkabil
Normal Work	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	normalwork
Relations with other people	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	relationspeop
Sleep	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	sleeppastwk
Enjoyment of life	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	enjoylife

6. When someone has pain, one may have good days and bad days. Similarly, one's thoughts and feelings about pain may also change on a day-today basis. We are interested in understanding your experience over the PAST WEEK, bearing in mind that the PAST WEEK may be different from your 'usual experience.'

During the past week, (rating scale in binder - #6)	0 Not at all	1 To a slight degree	2 To a moderate degree	3 To a great degree	4 All of the time	
A. I kept thinking about how much I hurt	|__|	|__|	|__|	|__|	|__|	amthurt
B. I felt my pain overwhelmed me	|__|	|__|	|__|	|__|	|__|	overwhelm
C. I was afraid that my pain would be worse	|__|	|__|	|__|	|__|	|__|	painworse

Now we want to understand where you may have had pain or tenderness during the past week. We will first ask about your joints, and then about other body areas.

7. **On <u>MOST DAYS</u>, do you have pain, aching or stiffness in any of your joints?** |__|	1 = Yes 0 = No	painachstiff
If "Yes"		

Joints - Look at diagram 1 (check boxes mult per line)

	Shoulder	Elbow	Wrist	Hip	Knee	Ankle	
Right Side of Body	|__|	|__|	|__|	|__|	|__|	|__|	rightbody
Left Side of Body	|__|	|__|	|__|	|__|	|__|	|__|	leftbody

Hands: Joints Palms Down - Look at diagram 2 (check boxes mult per line)

LEFT HAND

	Thumb	Index Finger	Middle Finger	Ring Finger	Pinky	
Top Finger Joint	|__|	|__|	|__|	|__|	|__|	lttopfinjt
Middle finger Joint (Bottom thumb joint)	|__|	|__|	|__|	|__|	|__|	ltmidfinjt
Knuckle (Base of hand)	|__|	|__|	|__|	|__|	|__|	ltknuckle

RIGHT HAND

	Thumb	Index Finger	Middle Finger	Ring Finger	Pinky	
Top Finger Joint	|__|	|__|	|__|	|__|	|__|	rttopfinjt
Middle finger Joint (Bottom thumb joint)	|__|	|__|	|__|	|__|	|__|	rtmidfinjt
Knuckle (Base of hand)	|__|	|__|	|__|	|__|	|__|	rtknuckle

Joints at Base of Toes - Look at diagram 3 (check boxes mult per line)

	Big Toe	2nd Toe	3rd Toe	4th Toe	5th Toe	
Left Foot	|__|	|__|	|__|	|__|	|__|	leftfoot
Right Foot	|__|	|__|	|__|	|__|	|__|	rightfoot

Pain Index - Look at diagram 4(check boxes mult per line)

8. Next, please consider any pain or tenderness in body regions other than your joints. Please look at diagram 4, did you have pain or tenderness during the **PAST WEEK** in any of these areas? |__|	1 = Yes 0 = No, none of these areas	widespread_pi
If “Yes”		

	Headache	Eyes	Face	Chest	Abdomen	Pelvis	
	|__|	|__|	|__|	|__|	|__|	|__|	front

	Jaw	Shoulder Girdle	Upper Arm	Lower Arm	Hip/ grion/ buttock	Upper Leg	Lower Leg	
Left	|__|	|__|	|__|	|__|	|__|	|__|	|__|	left
Right	|__|	|__|	|__|	|__|	|__|	|__|	|__|	right

(T14)

	Neck	Upper Back	Lower Back	
	|__|	|__|	|__|	back

9. Please indicate the severity of each symptom listed below that you may have experienced during the **PAST WEEK**

(rating scale in binder - #9)

	0 No problem	1 Slight or mild problem	2 Moderate problem	3 Sever problem	
A. Fatigue	|__|	|__|	|__|	|__|	fatigue
B. Trouble thinking or remembering	|__|	|__|	|__|	|__|	troublethink
C. Waking up tired (unrefreshed)	|__|	|__|	|__|	|__|	tired
D. Other physical symptoms in general, such as headache, dizziness, dry mouth, heartburn, muscle weakness, nausea, itching, shortness of breath, diarrhea, or constipation, etc.	|__|	|__|	|__|	|__|	othphysym

(10. This question is being skipped since you did not indicate any joint or body regions with pain.)

10. Please indicate which body site(s) is (are) the most **SEVERE LOCATION OF YOUR RECENT PAIN**.

	1 = Yes	
Shoulder	|__|	recpnshoulder
Elbow	|__|	recpnelbow
Wrist	|__|	recpnwrist
Hand/fingers	|__|	recpnhand
Arm	|__|	recpnarm
Hip	|__|	recpnhip
Knee	|__|	recpnknee
Ankle	|__|	recpnankle
Foot/toe	|__|	recpnfoot
Leg	|__|	recpnleg
Neck	|__|	recpnneck
Back	|__|	recpnback
Headache	|__|	recpnhead
Eye	|__|	recpmeye

(T14)

Jaw	|__|	recpnjaw
Face	|__|	recpnfacial
Chest	|__|	recpnchest
Abdomen	|__|	recpnabdonimal
Pelvis	|__|	recpnpelvic

Pain - Look at diagram 5

11. Thinking about the ways and areas in which you may experience pain, please look at diagram 5 and select which one best describes the course of your pain. |__|	1 = Persistent pain with slight fluctuations 2 = Persistent pain with pain attacks 3 = Pain attack without pain between them 4 = Pain attacks with pain between them 0 = No pain	courseofpain
12. Does your pain radiate to other regions of your body? |__|	1 = Yes 0 = No	painradiate

13. Answer every question below by selecting the answers as indicated. If you are unsure about how to answer, please think about any pain you may have and give the best **ONE** answer you can.
(rating scale in binder - #13)

	0 Never	1 Hardly noticed	2 Slightly	3 Moderately	4 Strongly	5 Very strongly	
Do you suffer from a burning sensation (e.g. stinging nettles) where you feel pain?	|__|	|__|	|__|	|__|	|__|	|__|	burning
Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?	|__|	|__|	|__|	|__|	|__|	|__|	tingling
Is light touching (clothing, a blanket) painful?	|__|	|__|	|__|	|__|	|__|	|__|	lighttouch
Do you have sudden pain attacks in the area of your pain, like electric shocks?	|__|	|__|	|__|	|__|	|__|	|__|	suddenpain
Is cold or heat (bath water) occasionally painful?	|__|	|__|	|__|	|__|	|__|	|__|	coldorheat
Do you suffer from a sensation of numbness in the areas where you feel pain?	|__|	|__|	|__|	|__|	|__|	|__|	sennumbness
Does slight pressure, e.g. with a finger, trigger pain?	|__|	|__|	|__|	|__|	|__|	|__|	pressure

PPT (Trapezius) & CPM (BP)

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkpptcpm
If “Other”		
Reason why form was left blank _____	Character field	blnkpptcpmwhy
Technician Number _____ Select from drop down	Character field	pptcpmexid

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

Screening

In this part of your study visit, we are going to assess your body responds to pressure on your skin.

Pressure Pain Threshold (PPT) will be applied to the RIGHT trapezius, unless contraindicated:

1. Has there been any recent (<6 weeks) trauma/injury to RIGHT trapezius? |__|	0 = No 1 = Yes	ppt_right
2. Has there been any recent (<6 weeks) trauma/injury to LEFT trapezius? |__|	0 = No 1 = Yes	ppt_left

The Conditioned Pain Modulation (CPM) protocol requires application of a blood pressure cuff to the arm **OPPOSITE** to the side that will have PPT assessed.

*Blood pressure contraindications: Heart attack within past 6 months, documented history of Raynaud's syndrome or disease, severe peripheral vascular disease, lymphedema (for example, with mastectomy), Takayasu's arteritis, fistula in the arm, or any other blood pressure contraindications

3. Are there any contraindications* to applying a blood pressure cuff on the LEFT arm? |__|	0 = No 1 = Yes	cpm_left
4. Are there any contraindications* to applying a blood pressure cuff on the RIGHT arm? |__|	0 = No 1 = Yes	cpm_right

	trauma/injury to **RIGHT** trapezius	trauma/injury to **LEFT** trapezius
PPT	ppt_right	ppt_left
	contraindications to applying a blood pressure cuff on the **LEFT** arm	contraindications to applying a blood pressure cuff on the **RIGHT** arm
CPM	cpm_left	ppt_left

To be able to do both the PPT and CPM, the above grid needs to have a “NO” in both (PPT and CPM) in either column.
To have just a PPT, only a “NO” is needed in either column.

5. Can PPT (Trapezius) be performed? |__|	0 = No 1 = Yes	ppt_test
If “No”		
Stop: End of test		
6. Which trapezius will be used for PPT? |__|	1 = Right arm 2 = Left arm	ppt_use
7. Can CPM (BP) be performed? |__|	0 = No 1 = Yes	cpm_test
If “No”		
Only perform PPT (Trapezius) once		
8. Which arm will be used for BP cuff inflation for CPM (*must be opposite to trapezius being tested for PPT) |__|	1 = Right arm 2 = Left arm	cpm_use

Data Collection

1st PPT (Trapezius)

1st - Trapezius - Trial #1 [ppt_use] |__|.|__||__| kg	Number 0-9.99	trap1_trial1
Was 1st Trapezius Trail #1 done? |__|	0 = No 1 = Yes	trap1_trail1_done
1st - Trapezius - Trial #2 [ppt_use] |__|.|__||__| kg	Number 0-9.99	trap1_trial2
Was 1st Trapezius Trail #2 done? |__|	0 = No 1 = Yes	trap1_trail2_done
1st - Trapezius - Trial #3 [ppt_use] |__|.|__||__| kg	Number 0-9.99	trap1_trial3
Was 1st Trapezius Trail #3 done? |__|	0 = No 1 = Yes	trap1_trail3_done

If CPM (BP) can be performed (#7 above) continue,
Else “CPM (BP) cannot be performed on this participant”.
End of test.

CPM: 2nd PPT (Post-BP Cuff inflation PPT)

"We are now going to repeat the measurement at the same spot on your trapezius to see if your exam changes in response to inflating a blood pressure cuff on your arm and squeezing a soft ball with your hand. After I inflate the cuff, I will ask you to squeeze the ball 10 times at a rate of once per second. I will then ask you to rate any pain you may have in your forearm on a scale of 0-10. I may ask you to repeat squeezing the soft ball until your level is ready for us to repeat the exam."

Systolic blood pressure [cpm_use] (Refer to BP measurement) |__||__||__|	Integer Nearest 2 mmHg	cpm_systolic
Examiner note: Inflate BP cuff to ~10mm Hg above systolic level and record inflation time:		
Number of hand squeezes (grips) done |__||__|	Integer 0-99	cpm_grips

Examiner note: If pain rating is less than 4 after 10 ball squeezes, ask participant to squeeze ball in increments of 10 more times, asking for a pain rating each time. If 2 minutes has passed with pain rating ≥4/10, go to second set of PPT

"Please rate any pain you may have in your forearm now on a 0-10 scale, 0 being no pain."

Final Pain Rating prior to performing 2nd PPT: |__|	0 = No pain 1 2 3 4 5 6 7 8 9 10 = Pain as bad as you can imagine	pain_rating

<u>Examiner note</u>:
If cuff is inflated for 2 minutes without pain rating of 4 or more, perform the PPT assessment. Mark the final pain rating prior to the PPT assessment and record the inflation time.

Hand squeezes (grips) are discontinued whenever the participant reports pain of 4 or more. At that point, perform the PPT assessment. Mark the final pain rating prior to the PPT assessment and record the inflation time.

At any time, discontinue cuff inflation at participant's request if pain is unbearable. The PPT assessment can be performed with the cuff deflated if the participant does not object to completion of the exam. Mark the final pain rating prior to the PPT assessment, and record the inflation time.

Deflate cuff after 3rd trial PPT measurement is obtained.

2nd PPT (Trapezius)

T15

2nd - Trapezius - Trial #1 [ppt_use] |__|.|__||__| kg	Number 0-9.99	trap2_trial1
Was 2nd Trapezius Trail #1 done? |__|	0 = No 1 = Yes	trap2_trail1_done
2nd - Trapezius - Trial #2 [ppt_use] |__|.|__||__| kg	Number 0-9.99	trap2_trial2
Was 2nd Trapezius Trail #2 done? |__|	0 = No 1 = Yes	trap2_trail2_done
2nd - Trapezius - Trial #2 [ppt_use] |__|.|__||__| kg	Number 0-9.99	trap2_trial3
Was 2nd Trapezius Trail #3 done? |__|	0 = No 1 = Yes	trap2_trail3_done
Was the cuff deflated prior to completion of the PPT assessment? |__|	0 = No 1 = Yes	Cuff_deflated
Record total inflation time		
Inflation time – MINUTES |__|	Integer 0-5	cpm_inflation_min
Inflation time – SECONDS |__||__|	Integer 0-59	cpm_inflation_sec

Additional Comments

PPT (trapezius) & CPM (BP) acom_pptcpm

(T16)

Exit Interview and Adverse Events

Form is intentionally left blank |__|	1 = Refusal 2 = Short exam 3 = Split exam 4 = Offsite 5 = Other	blnkexit
If "Other"		
Reason why form was left blank _____	Character field	blnkexitwhy
Technician Number _____ Select from drop down	Character field	exitexid

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

Exit Interview

Was any of this exam done in Spanish? |__| checked = "Yes"	Check box	langspan
Removed and placed bar code label in chart? |__|	0 = No 1 = Yes 2 = Bar code label not used 9 = Unknown	barcode
Referral sheet reviewed? |__|	0 = No; 1 = Yes; 9 = Unknown	refreview
Proxy used to complete this exam |__|	0 = No 1 = Yes, 1 proxy 2 = Yes, more than 1 proxy 9 = Unknown	proxyused
If "Yes, 1 proxy"		
Proxy Name _____	Character field	proxyname
Relationship |__|	1 = 1st Degree relative (spouse, child) 2 = Other relative 3 = Friend 4 = Health case professional 5 = Other 9 = Unknown	proxyrelship
How long have you known the participant? - years |__|__|	99 = Unknown	proxyyears
How long have you known the participant? - months |__|__|	99 = Unknown	proxymonths
Are you currently living in the same household with the participant? |__|	0 = No 1 = Yes 9 = Unknown	proxyliving
How often did you talk with the participant during the prior 11 months? |__|	1 = Almost everyday 2 = Several times a week 3 = Once a week 4 = 1 to 3 times per month 5 = Less than once a month 9 = Unknown	proxytalk
If "Yes, more than 1 proxy"		

(T16)

Proxy 2 Name _____	Character field	proxyname2
Proxy 2 Relationship |__|	1 = 1st Degree relative (spouse, child) 2 = Other relative 3 = Friend 4 = Health case professional 5 = Other 9 = Unknown	proxyrelship2
Proxy 2 - How long have you known the participant? - years |__|__|	99 = Unknown	proxyyears2
Proxy 2 - How long have you known the participant? - months |__|__|	99 = Unknown	proxymonths2
Proxy 2 - Are you currently living in the same household with the participant? |__|	0 = No 1 = Yes 9 = Unknown	proxyliving2
Proxy 2 - How often did you talk with the participant during the prior 11 months? |__|	1 = Almost everyday 2 = Several times a week 3 = Once a week 4 = 1 to 3 times per month 5 = Less than once a month 9 = Unknown	proxytalk2
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
Left center with medications and belongings? |__|	0 = No; 1 = Yes; 9 = Unknown	belong
MMSE	1 = Complete exam 3 = Short exam (incomplete exam) 2 = Split exam(exam completed in 2 visits) 8 = Offsite 9 = Unknown	checkmmse
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
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
~~Left center with TBI survey information? |__|~~	~~0 = No, refused~~ ~~1 = Yes~~ ~~9 = Unknown~~	~~tbi~~

Feedback

Check all that apply and supply comments

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

(T16)

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

Adverse Events
(not requiring further medical evaluation)

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

Additional Comments

Exit Interview and Adverse Events acom_exit

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.

(V01)

Tonometry Worksheet

Tonometry Worksheet Questions

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

Tonometry Test Status

Tonometry Sonographer ID _____ Select from drop down	Character field	tonsonid
Date of tonometry scan? |__|__|/|__|__|/|__|__|__|__|	Date calendar	tonodate
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
If “No”		
Reason why (check all that apply):		
Subject refusal |__|	1 = Yes	refuse
Subject discomfort |__|	1 = Yes	discomf
Time constraint |__|	1 = Yes	time
Equipment problem |__|	1 = Yes	equip
If “Yes”		
Specify equipment problem _____	Character field	equipspec
Other |__|	1 = Yes	other
If “Yes”		
Specify other problem _____	Character field	othspec

Additional Comments