Medical History—Hospitalizations, ER Visits, MD Visits
GEN 3 EXAM 1

DATE _____

Health Care

g3a001	**1st Examiner ID** _____ 1st Examiner Name
g3a002	**Hospitalization** (not just E.R.**) ever** (0=No; 1=yes, hospitalization, 2=yes, more than 1 hospitalization, .=Unknown)
g3a003	**E.R. Visit ever** (0=No; 1=Yes, 1 or more Emergency Room visit, .=Unknown)
g3a004	**Day Surgery** (0=No, 1=Yes, .=Unknown)
g3a005	**Major illness with visit to doctor** (0=No, 1=Yes, 1 visit; 2=Yes, more than 1 visit; .=Unk)
g3a006	**Check up** by doctor in past 5 years (0=No, 1=Yes, .=Unknown)
g3a007 MM DD YYYY	**Date** of this FHS exam (Today's date - See above)

Medical Encounter	Month/Year (of last visit)	Site of Hospital or Office	Doctor

Medical History—Medications

g3a008 **If yes, fill☞**	**Take aspirin regularly**? (0=No, 1=Yes, .=Unk)	
	g3a009	**Number aspirins taken regularly** (.=Unknown)
	g3a010	**Frequency per** (1=Day, 2=Week 3=Month, 4=Year, .=Unk)
	g3a011	**Usual dose (** 081=baby,160=half dose, 325=nl, 500=extra or larger,.=Unk)

g3a012 **If yes, fill☞**	**Have you ever taken medication for hypertension/high blood pressure?** (0=no, 1=yes,now, 2=yes,not now, .=Unk)	
	g3a013	At what age did you begin taking medicine for this (.=Unk)
g3a014 **If yes, fill☞**	**Have you ever taken medication for high blood cholesterol?** (0=no, 1=yes, now, 2=yes,not now, .=Unk)	
	g3a015	At what age did you begin taking medicine for this (.=Unk)
g3a016 **If yes, fill☞**	**Have you ever taken medication for high blood sugar or diabetes?** (0=no, 1=yes,now, 2=yes,not now, .=Unk)	
	g3a017	At what age did you begin taking medicine for this (.=Unk)
	g3a018	Was insulin your first diabetes medication? (0=no, 1=yes, .=Unk)
	g3a019	Did diabetes occur in pregnancy only (0=no, 1=yes, .=Unk)
g3a020 **If yes, fill☞**	**Have you ever taken medication for cardiovascular disease**(for example angina/chest pain,heart failure, atrial fibrillation/heart rhythm abnormality, stroke, leg pain when walking? (0=no, 1=yes,now, 2=yes,not now, .=Unk)	
	g3a021	At what age did you begin taking medicine for this (.=Unk)

Medical History – Prescription and Non-Prescription Medications

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. . Include herbal, alternative, and soy-based preparations.

g3a022 |__| **Medication bag with meds brought to exam?** 0=No, 1=Yes

*****List medications taken regularly in past month/ongoing medications*****

Medication Name (Print first 20 letters)	**Strength** (include mg, IU, etc)	**Number per** (day/week/month) (circle one)		**Prn** (0=no, 1=yes, 9-unkn)
EXAMPLE: SAMPLE DRUG NAME	100 mg	1	(D) W M	0
g3amed	g3astr	g3a num	g3aper	g3aprn
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
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			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	

Continue on the next page➞

Medical History—Prescription and Non-Prescription Medications
Continue from screen 3.

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. Include herbal, alternative, and soy-based preparations.

*****List medications taken regularly in past month/ongoing medications*****

Medication Name (Print first 20 letters)	**Strength** (include mg, IU, etc)	**Number per** (day/week/month) (circle one)		**Prn** (0=no, 1=yes, 9-unkn)
EXAMPLE: SAMPLE DRUG NAME	100 mg	1	(D) W M	9
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
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			D W M	
			D W M	
			D W M	

Medical History–Female Reproductive History. Part 1.

Medical History–Female Reproductive History. Part 1.

If participant is male, leave questions blank

g3a023	**1.How old were you when you had your first menstrual period (menses)?** (0=never, 9 or less, 10, 11, 12, 13, 14, 15, 16, 17,or older, .=Unknown)
g3a024 **If yes, fill☞**	**2.Have you ever taken or used oral contraceptive pills, shots, or hormone implants for birth control or medical indications (not post menopausal hormone replacement)?** (0=no, 1=yes, now, 2=yes, not now, .=Unknown)
	What is the name of the **current or most recent** oral contraceptive, shot or implant used?
	g3a025 Name
	g3a026 Strength
	g3a027 Form (1=pill, 2=shot, 3=patch, 4=implant)
	g3a028 /g3a029 , g3a030 / g3a031 Duration of use (mo/yr began, mo/yr ended, year – 4 digits) .=Unknown, 88/8888=current user
	g3a032 What is the total number of years over your lifetime that you used oral contraceptive pills, shots, or hormone implants? (1=1year or less)
g3a033 **If yes, fill☞**	**3.Have you ever been pregnant?** (0=no, 1=yes, .=Unkn)
	g3a034 Number of pregnancies?
	g3a035 Number of live births?
	g3a036 How old were you at the end of your first term pregnancy? .=Unknown
	g3a037 How old were you at the end of your last term pregnancy? .=Unknown
	g3a038 During any of these pregnancies, were you told you had hypertension(high blood pressure)? (0=no,1=yes,1st pregnancy only,2=yes,not 1st pregnancy,3=yes,1st & subsequent pregnancy, .=Unknown)
g3a039 **If yes, fill☞**	**4.Have you had a hysterectomy (uterus/womb removed)?** (0=no, 1=yes, .=Unknown)
	g3a040 Age at hysterectomy?
	g3a041/g3a042 Date of surgery (mo/yr) Use 4 digits for year .=Unknown
g3a043 **If yes, fill☞**	**5.Have you ever had an operation to remove one or both of your ovaries?** (0=no, 1=yes, one ovary removed, 2=yes, two ovaries removed, 3=yes, unknown number of ovaries removed, 4=yes, part of an ovary removed, .=Unknown)
	g3a044 Age when ovaries removed? If more than one surgery, **use age at last surgery**

Medical History–Female Reproductive History. Part 2.

g3a045	**6. Have your periods stopped (for one year or more)? (Have you reached menopause?)** (0=not stopped, pregnant, breast feeding, 1=stopped but now have periods induced by hormones, 2=yes stopped>1 year, 3=yes stopped<1 year, .=Unknown)

*Please fill in **only** one of the boxes below, **not both!***

IF PERIODS NOT STOPPED (!pre-menopausal, pregnant, breast feeding!)

g3a046/g3a047/g3a048	**When was the first day of your last menstrual period?**(Use 4 digits for year, .=Unknown mm/dd/yyyy
g3a049	**Normally how many days are there between your periods (start to start)?**
g3a050	**How many periods have you had in past 12 months?**

IF PERIODS STOPPED (post-menopausal, post-menopausal on hormone replacement, or peri-menopausal on horm.repl.)

g3a051	**a) Age when periods stopped** (00=not stopped, .=Unknown) **!** If periods now induced by hormones, code age when periods naturally stopped.
g3a052	**b) Was your menopause natural or the result of surgery, chemotherapy, or radiation?** (1=natural, 2=surgical, 3=chemo/radiation, 4=other, .=Unknown)
g3a053 **If yes, fill☞**	**c) Have you ever taken hormone replacement therapy?** (estrogen/progesterone) (0=no, 1=yes, now, 2=yes, not now, .=Unknown)
	g3a054 **What age did you begin hormone replacement therapy?** .=Unknown g3a055 **years** g3a056 **For how long did you take hormones?** .=Unknown **months**
	g3a057 **Estrogen use ever?** (0=no, 1=yes, now, 2=yes, not now, .=Unknown) **If yes, fill☞** g3a058 Name of most recent estrogen preparation g3a059 Strength g3a060 Number of days per month taken
	g3a061 **Progesterone use ever?** (0=no, 1=yes, now, 2=yes, not now, .=Unknown) **If yes, fill☞** g3a062 Name of most recent progesterone preparation g3a063 Strength g3a064 Number of days per month taken
g3a065 **If yes, fill☞**	**d) Have you used Evista (raloxifene) or Nolvadex (tamoxifen) or other selective estrogen receptor Modulator (SERM)?** (0=no, 1=yes, now, 2=yes, not now, .=Unknown)
	g3a066 **Number of months used?** g3a067 **Current use?** (0=no, 1=yes, raloxifene, 2=yes, tamoxifen, 3=yes, other, .=Unknown)
g3a068 **If yes, fill☞**	**e) Do you take over-the-counter alternative, herbal, or natural soy-based preparations to treat menopausal symptoms?** (0=no, 1=yes, .=Unknown)
	g3a069 **Specify preparation____** _____

Medical History--Smoking

Cigarettes

g3a070 **Have you ever smoked cigarettes regularly?** (No means less than 20 packs of cigarettes or 12 oz of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) (0=no, 1=yes, .=Unk)

If yes, fill☞

g3a071	Have you smoked cigarettes regularly in the last year?
g3a072	Do you now smoke cigarettes (as of 1 month ago)?
g3a073	How many cigarettes do you smoke per day now?
g3a074	On the average of the entire time you smoked, how many cigarettes did you smoke per day?
g3a075	How old were you when you first started regular cigarette smoking? (.=Unk.)
g3a076	If you have stopped smoking cigarettes completely, how old were you when you stopped? (Age stopped, 00=not stopped, .=Unk)
g3a077	When you were smoking, did you ever stop smoking for >6 months?

If yes, fill☞ g3a078 For how many years in total did you stop smoking cigarettes (00=never stopped)

Pipes

g3a079 **Have you ever smoked a pipe regularly?** (Yes means more than 12oz of tobacco in a lifetime.) (0=no, 1=yes, .=Unk)

If yes, fill☞

g3a080	Have you smoked a pipe regularly in the last year?
g3a081	Do you now smoke a pipe (as of 1 month ago)?
g3a082	How much pipe tobacco do you smoke per day now? (oz. Per week)
g3a083	On the average of the entire time you smoked a pipe how much pipe tobacco did you smoke per week? (oz./week, a standard pouch of tobacco contains 11/2 oz.)
g3a084	How old were you when you first started to smoke a pipe? (.=Unk.)
g3a085	If you have stopped smoking a pipe completely, how old were you when you stopped? (Age stopped, 00=not stopped, .=Unk)
g3a086	When you were smoking a pipe, did you ever stop smoking for >6 months?

If yes, fill☞ g3a087 For how many years in total did you stop smoking a pipe?(00=never stopped)

Medical History--Smoking

Cigars

g3a088	**Have you ever smoked cigars regularly?** (Yes means more than 1 cigar/week for a year) (0=no, 1=yes, .=Unk)	
If yes, fill☞		
g3a089	Have you smoked cigars regularly in the last year?	
g3a090	Do you now smoke cigars (as of 1 month ago)?	
g3a091	How many cigars do you smoke per week now?	
g3a092	On the average of the entire time you smoked cigars, how many cigars did you smoke per week?	
g3a093	How old were you when you first started to smoke cigars regularly? (.=Unk.)	
g3a094	If you have stopped smoking cigars completely, how old were you when you stopped? (Age stopped, 00=not stopped, .=Unk)	
g3a095	When you were smoking cigars, did you ever stop smoking for >6 months?	
If yes, fill☞	g3a096 For how many years in total did you stop smoking cigars (00=never stopped)	

Passive smoking exposure.

g3a097	**In your childhood, did you live with a regular cigarette smoker who smoked in your home?** (0=no, 1=yes, .=Unk)			
If yes, fill☞				
g3a098	Mother smoked?			
g3a099	Father smoked?			
g3a100	Others in Household smoked?			
If yes to OTHERS, fill☞	g3a101 How many others?			
g3a102	**As an adult, now or in the past, have you ever lived with a regular cigarette smoker who smoked in your home?** (0=no, 1=yes, .=Unk)			
If yes, fill☞				
g3a103	Spouse or Partner?	g3a104	Years of exposure	
g3a105	Others in household?	g3a106	Years of exposure	
g3a107	**Currently, when you are not at home, do you regularly spend time indoors where there are people smoking cigarettes?** (0=no, 1=yes, .=Unk)			
If yes, fill☞				
g3a108	At Work?	g3a109	Years of exposure	
g3a110	Other than work?	g3a111	Years of exposure	

Medical History –Alcohol Consumption.

g3a112 **if yes fill**	**Have you ever consumed alcoholic beverages** (beer, wine, liquor/spirits)? (0=no,1=yes,.=Unknown)	
	g3a113	How old were you when you first started drinking alcoholic beverages? (.=Unknown)

Do you drink any of the following beverages at least once a month?

Drink? 0=No, 1=Yes, .=Ukn	Beverage	If yes, complete for number of drinks in a typical week/month over past year. *Code EITHER per week OR per month as appropriate.*	Number of drinks: Per week	**OR** Per month .=Unk	Usually with meals 0=No, 1=Yes
g3a114	Beer	12oz bottle, glass, can	g3a115	g3a116	g3a117
g3a118	White wine	4oz glass	g3a119	g3a120	g3a121
g3a122	Red wine	4oz glass	g3a123	g3a124	g3a125
g3a126	Liquor/spirits	1 ¼ oz jigger	g3a127	g3a128	g3a129
g3a130	Other	Specify _____	g3a131	g3a132	g3a133

g3a134	**At what age did you stop drinking alcohol?** (00= not stopped,.=Unknown)

g3a135	**Over the past year, on average on how many days per week did you drink an alcoholic beverage of any type?** (1=1or less, .=Unknown)
g3a136	**Over the past year, on a typical day when you drink, how many drinks do you have?** (.=Unknown)
g3a137	**What was the maximum number of drinks you had in 24 hr. period during the past month?** (.=Unknown)
g3a138	**Has there ever been a time in your life when you drank 5 or more alcoholic drinks of any kind almost daily?** (0=no, 1=yes, .=Unknown)

Medical History—Respiratory Symptoms. Part I

Cough			
g3a139	**During the past 12 months, have you had a cough apart from colds?** (Count a cough when you first go outdoors or first smoke. Exclude clearing of throat)		0=No 1=Yes .=Don't know
g3a140	**During the past 12 month, have you had a cough on getting up or first thing in the morning?**		
If **YES** to **either** question above **answer** the following:			
g3a141	Do you cough on most days (4 or more days/week) for three months or more during the past 12 months?		0=No 1=Yes .=Don't know
g3a142	How many years have you had this cough? (.=Unk.)		# of years
Phlegm			
g3a143	**During the past 12 months, have you brought up phlegm from your chest apart from colds?** (Exclude phlegm from the nose)		0=No 1=Yes .=Don't know
g3a144	**During the past 12 month, have you brought up phlegm from your chest on getting up or first thing in the morning?**		
If **YES** to **either** question above **answer** the following:			
g3a145	Do you bring up phlegm from your chest on most days (4 or more days/week) for three months or more during the past 12 months?		0=No 1=Yes .=Don't know
g3a146	How many years have you brought phlegm up from your chest on most days? (.=Unk.)		# of years
Wheeze			
g3a147	**Have you ever had wheezing or whistling in your chest?**		0=No 1=Yes .=Don't know
if yes, fill all ☞			
g3a148	**In the last 12 months, have you had wheezing or whistling in your chest at any time?**		
g3a149	In the last 12 months, how often have you had this wheezing or whistling?		0=Not at all 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 .=Unknown
g3a150	**In the past 12 months, have you had this wheezing or whistling in the chest when you did NOT HAVE A COLD?**		0=No 1=Yes .=Don't know
g3a151	**In the last 12 months, have you had an attack of wheezing or whistling in the chest that had made you feel short of breath?**		

Medical History—Respiratory Symptoms. Part II

Sleep Related Symptoms (days/nights)		
g3a152	**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/more nights/week) .=Unknown Use coding for nights OR days.
g3a153	**In the past 12 months, on average how many nights a week do you snort, gasp, or stop breathing while you are asleep?**	
g3a154	**In the past 12 months, on average how many days a week have you had excessive (too much) daytime sleepiness?**	

Nocturnal chest symptoms			
g3a155	**In the last 12 months, have you been awakened by shortness of breath?**		0=No 1=Yes .=Don't know
g3a156	**In the last 12 months, have you been awakened by a wheezing/whistling in your chest?**		
g3a157	**In the last 12 months, have you been awakened by coughing?**		
if yes, fill all ☞ g3a158	In the last 12 months, how often have you been awakened by coughing?	0=Not at all .=Unknown 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	

Shortness of breath			
g3a159	**Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?**		0=No 1=Yes .=Don't know
if yes, fill all ☞ g3a160	Do you have to walk slower than people of your age on level ground because of shortness of breath?		
g3a161	Do you ever have to stop for breath when walking at your own pace on level ground?		
g3a162	Do you ever have to stop for breath after walking 100 yards (or after a few minutes) on level ground?		
g3a163	**Do you/have you needed to sleep on two or more pillows to help you breath?** (Orthopnea)		
g3a164	**Have you ever had swelling in both your ankles (ankle edema)?**		
g3a165	**Have you been told you had heart failure or congestive heart failure?**		
g3a166	**Have you been hospitalized for heart failure?**		

Examiner's opinion:		
g3a167	**First examiner believes CHF**	0=No,1=Yes 2=Maybe,.=Unkn

Comments_____

_____

Medical History—Chest pain

g3a168	**Any chest discomfort** (please provide narrative comments in addition to checking the appropriate boxes)	(0=No, 1=Yes, 2=Maybe, .=Unknown)	g3a168
if yes, fill ☞ in below			
g3a169	Chest discomfort with exertion or excitement	(0=No, 1=Yes, 2=Maybe, .=Unknown)	
g3a170	Chest discomfort when quiet or resting		

Chest Discomfort Characteristics (must have checked box at top of table)		
g3a171/ g3a172	Date of onset	(mo/yr, Use 4 digits for year, .=Unknown)
g3a173	Usual duration	(minutes: 1=1 min or less, 900=15 hrs or more, .=Unknown)
g3a174	Longest duration	(minutes: 1=1 min or less, 900=15 hrs or more, .=Unknown)
g3a175	Location	(0=No, 1=Central sternum and upper chest, 2=L Up Quadrant, 3=L Lower ribcage, 4=R Chest, 5=Other, 6=Combination, .=Unknown)
g3a176	Radiation	(0=No, 1=Left shoulder or L arm, 2=Neck, 3=R shoulder or arm, 4=Back, 5=Abdomen, 6=Other, 7=Combination, .=Unknown)
g3a177	Frequency (number in past month)	.=Unknown
g3a178	Frequency (number in past year)	.=Unknown
g3a179	Type	(1=Pressure, heavy, vise, 2=Sharp, 3=Dull, 4=Other, .=Unk)

g3a180	Relief by Nitroglycerine in <15 minutes	0=No
g3a181	Relief by Rest in <15 minutes	1=Yes,
g3a182	Relief Spontaneously in <15 minutes	8=Not tried
g3a183	Relief by Other cause in <15 minutes	.=Unknown

g3a184	**Have you ever been told by a doctor you had a heart attack or myocardial infarction?**	0=No, 1=Yes, 2=Maybe .=Unknown

CHD First Opinions		
g3a185	**Angina pectoris**	(0=No, 1=Yes, 2=Maybe, .=Unknown)
g3a186	**Angina pectoris since revascularization procedure**	
g3a187	**Coronary insufficiency**	
g3a188	**Myocardial infarct**	

Comments_____

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Medical History—Atrial Fibrillation/Syncope

g3a189 **Have you been told you have/had atrial fibrillation?** (0=No, 1=Yes, 2=Maybe,, .=Unknown)

if yes, fill ☞

g3a190 / g3a191 / g3a192 mm / dd / yyyy — Date of first episode (99/99/999.=Unk) code year as 4 digits, example: Year 1999=1999

g3a193 — ER/hospitalized or saw M.D. (0=No, 1=Hosp/ER, 2=Saw M.D., .=Unkn)
Hospitalized at:_____

M.D. seen: _____

g3a194 **Have you ever fainted or lost consciousness?**
If event immediately preceded by head injury or accident code 0=No) — Code: 0=No, 1=Yes, 2=Maybe, .=Unknown

if yes, fill all ☞

g3a195	Number of episodes in the past two years	(.=Unknown)
g3a196 / g3a197 mm / yyyy	Date of first episode (use 4 digits for year, i.e. 1998)	(mo/yr, .=Unknown)
g3a198	Usual duration of loss of consciousness	(minutes, .=Unkn) 1=1 min or less

g3a199 **Did you have any injury caused by the event?**(0=No,1=Yes, 2=Maybe,.=Unkn)

g3a200 **ER/hospitalized or saw M.D.** (0=No, 1=Hosp/ER, 2=Saw M.D., .=Unkn)

Hospitalized at: _____

M.D. seen: _____

g3a201 **History of ever having a head injury with loss of consciousness** (0=No, 1=Yes, 2=Maybe, .=Unknown)

if yes, fill ☞

g3a202/ g3a203/ g3a204 mm / dd / yyyy — Date of serious head injury with loss of consciousness (00/00/0000 =none, .=Unk, Use 4 digits for year)

g3a205 **History of a seizure disorder.**.Have you ever had a seizure? (0=No, 1=Yes, 2=Maybe,, .=Unknown)

if yes, fill ☞

g3a206/ g3a207/ g3a208 mm / dd / yyyy — Date of most recent seizure (.=Unk) code four digit year

g3a209 — Are you being treated for a seizure disorder? (0=No, 1=Yes, 2=Maybe, .=Unknown)

Syncope First Opinions

g3a210 **Syncope** (0=No, 1=Yes, 2=Maybe, 3=Presyncope, .=Unknown) needs second opinion

g3a211	**Cardiac syncope**	(0=No, 1=Yes, 2=Maybe, .=Unknown)
g3a212	**Vasovagal syncope**	
g3a213	**Other-Specify: _____**	

Comments:_____
_____

_____

Medical History—Cerebrovascular Disease

Cerebrovascular Episodes

Code:
0=No,
1=Yes,
2=Maybe,
.=Unknown

g3a214	**Sudden muscular weakness**
g3a215	**Sudden speech difficulty**
g3a216	**Sudden visual defect**
g3a217	**Sudden double vision**
g3a218	**Sudden loss of vision in one eye**
g3a219	**Sudden numbness, tingling**
if yes, fill ☞ g3a220	Numbness and tingling is positional
g3a221	**Head CT or MRI scan** (date/place_____) (0=No, 1=CT, 2=MRI, 3=both, .=Unknown)
g3a222	**Seen by neurologist**(write in who and when below)

Neurology First Opinions

g3a223	**TIA or stroke took place** (0=No, 1=Yes, 2=Maybe, .=Unknown)	
if yes or maybe fill ☞	g3a224 / g3a225	**Date** (mo/yr, Use 4 digits for year, .=Unkn) Observed by_____
	g3a226 * g3a227 * g3a228	**Duration** (use format days/hours/mins,.=Unknown)
	g3a229	**Hospitalized or saw M.D.** (0=No, 1=Hosp.2=Saw M.D, .=Unk) Name_____ Address_____

Neurology Comments_____

_____

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_____

Medical History--Venous and Peripheral Arterial Disease

Venous Disease

g3a230	**Have you ever had a Deep Vein Thrombosis** **(blood clots in legs or arms)**	0=No, 1=Yes, 2=Maybe, .=Unknown
g3a231	**Have you ever had a Pulmonary Embolus** (blood clot in lungs)	

Peripheral Arterial Disease

g3a232 **Do you have lower limb (leg) discomfort while walking?** (0=No, 1=Yes, .=Unkn)

if yes, fill ☞

g3a233	**If walking on level ground, how many city blocks until symptoms develop** (00=no, 9.=Unknown) where 10 blocks=1 mile, code as no if more than 98 blocks required to develop symptoms
g3a234	**Year symptoms started** (Use 4 digits for year ,00=no, .=Unkn)

Left	Right	**Claudication symptoms (0=No, 1=Yes, .=Unkn)**
g3a235	g3a236	Discomfort in calf while walking
g3a237	g3a238	Discomfort in lower extremity (not calf) while walking
g3a239		Occurs with first steps (code worse leg)
g3a240		After walking a while (code worse leg)
g3a241		Related to rapidity of walking or steepness
g3a242		Forced to stop walking
g3a243		Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable,.=Unknown)
g3a244		Number of days/month of lower limb discomfort (00=No, 88=N/A, .=Unknown)

PAD First Opinion

g3a245	**Intermittent Claudication**	(0=No, 1=Yes, 2=Maybe, .=Unknown)

Comments Peripheral Vascular Disease / Venous Disease_____

_____

_____

_____

Medical History-- CVD Procedures

Coding: 0=No, 1=Yes 2=Maybe, .=Unkn	Cardiovascular Procedures (if procedure was repeated code only first and provide narrative) (write 4 digits for year, i.e. 1998, 1999, 2000)
g3a246 **if yes fill** ☞	**Heart Valvular Surgery**
	g3a247 Year done (.=Unk) Location and description_____
g3a248 **if yes fill** ☞	**Exercise Tolerance Test**
	g3a249 Year done (.=Unk) Location_____
g3a250 **if yes fill** ☞	**Coronary arteriogram**
	g3a251 Year done (.=Unk)
g3a252 **if yes fill** ☞	**Coronary artery angioplasty**
	g3a253 Year done (.=Unk)
	g3a254 Type of procedure (0=none, 1=balloon, 2=stent, 3=other, .=Unkn)
g3a255 **if yes fill** ☞	**Coronary bypass surgery**
	g3a256 Year done (.=Unk)
g3a257 **if yes fill** ☞	**Permanent pacemaker insertion**
	g3a258 Year done (.=Unk)
g3a259 **if yes fill** ☞	**Carotid artery surgery**
	g3a260 Year done (.=Unk)
g3a261 **if yes fill** ☞	**Thoracic aorta surgery**
	g3a262 Year done (.=Unk)
g3a263 **if yes fill** ☞	**Abdominal aorta surgery**
	g3a264 Year done (.=Unk)
g3a265 **if yes fill** ☞	**Femoral or lower extremity surgery**
	g3a266 Year done (.=Unk)
g3a267 **if yes fill** ☞	**Lower extremity amputation**
	g3a268 Year done (.=Unk)
g3a269 **if yes fill** ☞	**Other Cardiovascular Procedure (write in below)**
	g3a270 Year done (.=Unk) Description_____

Write in other procedures, year done, location if more than one.

Comments:_____

_____

_____

_____

Cancer Site or Type

g3a271	**Have you ever had cancer or a tumor?** **(0=No and skip to next screen; If 1=Yes, 2=Maybe, .=Unknown please continue)**				
	Code for table: 0=No, 1=Yes, Cancerous, 2=Maybe, Possible Cancer, 3=Benign, .=Unknown				
	Code	**Site of Cancer or Tumor**	**Year First Diagnosed**	**Name Diagnosing M.D.**	**City of M.D.**
	g3a272	**Esophagus**			
	g3a273	**Stomach**			
	g3a274	**Colon**			
	g3a275	**Rectum**			
	g3a276	**Pancreas**			
	g3a277	**Larynx**			
	g3a278	**Trachea/Bronchus/Lung**			
	g3a279	**Leukemia**			
	g3a280	**Skin**			
	g3a281	**Breast**			
	g3a282	**Cervix/Uterus**			
	g3a283	**Ovary**			
	g3a284	**Prostate**			
	g3a285	**Bladder**			
	g3a286	**Kidney**			
	g3a287	**Brain**			
	g3a288	**Lymphoma**			
	g3a289	**Other/Unknown** _____			

Comment (If participant has more details concerning tissue diagnosis, other hospitalization, procedures, treatments)

_____

_____

_____

_____

_____

Physical Exam--Head, Neck and Respiratory

Physician Blood Pressure (first reading)			
Systolic	**Diastolic**	**BP cuff size**	**Protocol modification**
g3a290 to nearest 2 mm Hg	g3a291 to nearest 2 mm Hg	g3a292 0=pedi,1=reg.adult, 2=large adult, 3= thigh, .=Unknown	g3a293 0=No, 1=Yes, .=Unknown

Respiratory		
g3a294	**Wheezing on auscultation**	0=No, 1=Yes, 2=Maybe, .=Unknown
g3a295	**Rales**	
g3a296	**Abnormal breath sounds**	

Comments about Respiratory_____

_____

_____

_____

_____

Physical Exam—Heart and Abdomen

Heart		
g3a297	**Left Heart Enlargement**	0=No 1=Yes .=Unknown
g3a298	**Right Heart Enlargement**	
g3a299	**S3 Gallop**	
g3a300	**S4 Gallop**	
g3a301	**Systolic Click**	0=No 1=Yes 2=Maybe .=Unknown
g3a302	**Neck vein distention at 90 degrees** (sitting upright)	
g3a303	**Other--Specify** _____	

g3a304 **if yes, fill out below**	**Systolic murmur(s)** (0=No, 1=Yes, 2=Maybe, .=Unknown)				
Murmur Location	**Grade** 0=No sound 1 to 6 for grade of sound heard .=Unknown	**Type** 0=None 1=Ejection 2=Regurgitant 3=Other .=Unknown	**Radiation** 0=None 1=Axilla 2=Neck 3=Back 4=Rt. chest .=Unknown	**Valsalva** 0=Nochange 1=Increase 2=Decrease .=Unknown	**Origin** 0=None, indet. 1=Mitral 2=Aortic 3=Tricuspid 4=Pulm .=Unknown
Apex	g3a305	g3a306	g3a307	g3a308	g3a309
Left Sternum	g3a310	g3a311	g3a312	g3a313	g3a314
Base	g3a315	g3a316	g3a317	g3a318	g3a319

g3a320 **if yes, fill** ☞	**Diastolic murmur(s)** (0=No, 1=Yes, 2=Maybe, .=Unknown)
g3a321	Valve of origin for diastolic murmur(s) (0=No, 1=Mitral, 2=Aortic, 3=Both, 4=Other, 8=N/A, .=Unk)

Comments_____

_____

_____

Abdominal Abnormalities		
g3a322	**Liver enlarged**	0=No 1=Yes 2=Maybe .=Unknown
g3a323	**Surgical scar**	
g3a324	**Abdominal aneurysm**	
g3a325	**Abdominal bruit**	

Physical Exam--Peripheral Vessels--Part I

Left	Right	Varicosities	
g3a326	g3a327	**Stem varicose veins** (Do not code reticular or spider varicosities)	0=No abnormality 1=Uncomplicated 2=With skin changes 3=With ulcer .=Unknown
Left	**Right**	**Lower Extremity Abnormalities**	
g3a328	g3a329	**Ankle edema**	(0=No, 1=Yes, 2=Maybe, 8=absent due to amputation .=Unknown)
g3a330	g3a331	**Amputation level**	(0=No, 1=Toes only, 2=Ankle, 3=Knee, 4=Hip, .=Unknown)

Comments_____

Physical Exam--Peripheral Vessels--Part II

Artery	Pulse		Bruit	
	(0=Normal, 1=Abnormal, .=Unknown)		(0=Normal, 1=Abnormal, .=Unknown)	
	Left	Right	Left	Right
Femoral	g3a332	g3a333	g3a334	g3a335
Popliteal			g3a336	g3a337
Post Tibial	g3a338	g3a339		
Dorsalis Pedis	g3a340	g3a341		

Comments_____

Physical Exam--Neurological Diseases and Final Blood Pressure

Neurological Exam			
Left	**Right**		
g3a342	g3a343	**Carotid Bruit**	Coding (0=No, 1=Yes, 2=Maybe, .=Unknown)
g3a344		**Speech disturbance**	
g3a345		**Disturbance in gait**	
g3a346		**Other neurological abnormalities on exam** Specify_____	

Physician Blood Pressure (second reading)			
Systolic	**Diastolic**	**BP cuff size**	**Protocol modification**
g3a347 to nearest 2 mm Hg .=Unknown	g3a348 to nearest 2 mm Hg .=Unknwon	g3a349 0=pedi,1=reg.adult, 2=large adult, 3= thigh, .=Unknown	g3a350 0=No, 1=Yes, .=Unknown

Write in protocol modification_____

Electrocardiograph--Part I

g3a351 **if Yes, fill out rest of form**	**ECG done (0=No, 1=Yes)**
	Rates and Intervals
g3a352	**Ventricular rate per minute** (.=Unknown)
g3a353	**P-R Interval (hundreths of a second)** (.=Fully Paced, Atrial Fib, or Unknown)
g3a354	**QRS interval (hundreths of second)** (.=Fully Paced, Unknown)
g3a355	**Q-T interval (hundreths of second)** (.=Fully Paced, Unknown)
g3a356	**QRS angle (put plus or minus as needed)** (e.g. -045 for minus 45 degrees, +090 for plus 90, .=Fully paced or Unknown)
	Rhythm--predominant
g3a357	**0 or 1 = 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** **. = Other or combination of above (list)**_____
	Ventricular conduction abnormalities
g3a358	**IV Block** (0=No, 1=Yes, .=Fully paced or Unknown)
if yes, fill ☞	g3a359 **Pattern** (1=Left, 2=Right, 3=Indeterminate, .=Unknown)
	g3a360 **Complete (QRS interval=.12 sec or greater)**(0=No, 1=Yes, .=Unknown)
	g3a361 **Incomplete (QRS interval = .10 or .11 sec)** (0=No, 1=Yes, .=Unknown)
g3a362	**Hemiblock** (0=No, 1=Left Ant, 2=Left Post, .=Fully paced or Unknown)
g3a363	**WPW Syndrome** (0=No, 1=Yes, 2=Maybe, .=Fully paced or Unknown)
	Arrhythmias
g3a364	**Atrial premature beats** (0=No, 1=Atr, 2=Atr Aber, .=Unknown)
g3a365	**Ventricular premature beats** (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, .=Unk)
g3a366	**Number of ventricular premature beats in 10 seconds** (see 10 second rhythm strip)

Electrocardiograph-Part II

	Myocardial Infarction Location	
g3a367	**Anterior**	**(0=No, 1=Yes, 2=Maybe, .=Fully paced or Unknown)**
g3a368	**Inferior**	
g3a369	**True Posterior**	
	Left Ventricular Hypertrophy Criteria	
g3a370	**R > 20mm in any limb lead**	**(0=No, 1=Yes, .=Fully paced, Complete LBBB or Unk)**
g3a371	**R > 11mm in AVL**	
g3a372	**R in lead I plus S in lead III ≥ 25mm**	
	Measured Voltage	
g3a373	**R AVL in mm** (at 1 mv = 10 mm standard) Be sure to code these voltages	
g3a374	**S V3 in mm** (at 1 mv = 10 mm standard) Be sure to code these voltages	
	R in V5 or V6-----S in V1 or V2	
g3a375	**R≥ 25mm**	**(0=No, 1=Yes, .=Fully paced, Complete LBBB or Unk)**
g3a376	**S≥ 25mm**	
g3a377	**R or S ≥ 30mm**	
g3a378	**R + S ≥ 35mm**	
g3a379	**Intrinsicoid deflection ≥ .05 sec**	
g3a380	**S-T depression (strain pattern)**	
	Hypertrophy, enlargement, and other ECG Diagnoses	
g3a381	**Nonspecific S-T segment abnormality (0=No, 1=S-T depression, 2=S-T flattening, 3=Other, .=Fully paced or unknown)**	
g3a382	**Nonspecific T-wave abnormality (0=No, 1=T inversion, 2=T flattening, 3=Other, .=Fully paced or unknown)**	
g3a383	**U-wave present (0=No, 1=Yes, 2=Maybe, .=Paced or Unknown)**	
g3a384	**Atrial enlargement (0=None, 1=Left, 2=Right, 3=Both, .=Atrial fib. or Unknown)**	
g3a385	**RVH (0=No, 1=Yes, 2=Maybe, .=Fully paced or Unknown; If complete RBBB present, RVH=9)**	
g3a386	**LVH (0=No, 1=LVH with strain, 2=LVH with mild S-T Segment Abn, 3=LVH by voltage only, .=Fully paced or Unkn, If complete LBBB present, LVH=.)**	

Comments and Diagnosis_____

_____

Clinical Diagnostic Impression--Part I

Heart Diagnoses First Examiner Opinions		
g3a387	**Rheumatic Heart Disease**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a388	**Aortic Valve Disease**	
g3a389	**Mitral Valve Disease**	
g3a390	**Other Heart Disease (includes congenital)**	
g3a391	**Arrhythmia**	

Peripheral Vascular Disease First Examiner Opinions		
g3a392	**Other Peripheral Vascular Disease**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a393	**Other Vascular Diagnosis**	
	(Specify)_____	

Neurologic Disease First Examiner Opinions		
g3a394	**Stroke/ TIA**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a395	**Dementia**	
g3a396	**Parkinson's Disease**	
g3a397	**Adult Seizure Disorder**	
g3a398	**Other Neurological Disease**	
	(Specify)_____	

Comments CDI

_____

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Clinical Diagnostic Impression--Part II
Non Cardiovascular Diagnoses First Examiner Opinions

Endocrine		
g3a399	**Thyroid Disease**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a400	**Diabetes Mellitus**	
g3a401	**Other endocrine disorders,** specify_____	
GU/GYN		
g3a402	**Renal disease,** specify_____	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a403	**Prostate disease**	
g3a404	**Gynecologic problems,** specify_____	
Pulmonary		
g3a405	**Emphysema**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a406	**Pneumonia**	
g3a407	**Asthma**	
g3a408	**Other pulmonary disease,** specify_____	
Rheumatologic Disorders		
g3a409	**Gout**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a410	**Degenerative joint disease**	
g3a411	**Rheumatoid arthritis**	
g3a412	**Other musculoskeletal or connective tissue disease,**specify_____	
GI		
g3a413	**Gallbladder disease**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a414	**GERD/ulcer disease**	
g3a415	**Liver disease**	
g3a416	**Other GI disease,** specify_____	
Blood		
g3a417	**Hematologic disorder**	**0=No, 1=Yes, 2=Maybe, .=Unk**
g3a418	**Bleeding disorder**	
Other		
g3a419	**Eye**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a420	**ENT**	
g3a421	**Skin**	
g3a422	**Other,** specify_____	
Infectious Disease		
g3a423	**HIV**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a424	**TB**	
g3a425	**Other,** specify_____	
Mental Health		
g3a426	**Depression**	**0=No, 1=Yes, 2=Maybe, .=Unknown**
g3a427	**Anxiety**	
g3a428	**Psychosis**	
g3a429	**Other,** specify_____	

Comments CDI Diagnoses_____

_____

_____

Second Examiner Opinions

g3a430	**2nd Examiner ID Number**	_____**2nd Examiner Last Name**

Coronary Heart Disease Second Examiner Opinions (Provide initiators, qualities, radiation, severity, timing, presence after procedures done)		
g3a431	**Congestive Heart Failure**	0=No, 1=Yes, 2=Maybe, .=Unknown
g3a432	**Cardiac Syncope**	
g3a433	**Angina Pectoris**	
g3a434	**Coronary Insufficiency**	
g3a435	**Myocardial Infarct**	

Comments about chest and heart disease

Intermittent Claudication Second Examiner Opinions (Provide initiators, qualities, radiation, severity, timing, presence after procedures done)		
g3a436	**Intermittent Claudication**	0=No, 1=Yes, 2=Maybe, .=Unknown

Comments about peripheral vascular disease

Cerebrovascular Disease Second Examiner Opinions (Provide initiators, qualities, severity, timing, presence after procedures done)		
g3a437	**Stroke**	0=No, 1=Yes, 2=Maybe, .=Unknown
g3a438	**TIA**	

Comments about possible Cerebrovascular Disease

Numerical Data--Part I

Basic Information			
g3a439	**Examiner's Number** for weight and height.		
g3a440	**Sex of Participant** (1=Male, 2=Female)		
g3a441/g3a442/g3a443	**Date of Birth** (mo/day/year). Use 4 digits for year		
g3a444	**Weight** (to nearest pound)	g3a445 **Protocol modification**	0=No 1=Yes
g3a446	**Height** (inches, to next lower 1/4 inch)	g3a447 **Protocol modification**	

Regional Anthropometry			
(Code boxes below with 9's if not done or unknown)			
g3a448	**Examiner's Number** for anthropometry, fasting and hand preference.		
g3a449	**Neck Circumference** (inches, to next lower1/4 inch)	g3a450 **Protocol modification**	0=No 1=Yes
g3a451	**Waist Girth** (inches, to next lower 1/4 inch	g3a452 **Protocol modification**	
g3a453	**Number of Hours Fasting** (99=Don't know)		
g3a454	**Hand preferred for writing** (1=right, 2=left)		

g3a455 **Technician's Number for Blood Pressure** (to nearest 2 mm Hg)

Systolic	Diastolic	BP cuff size		Protocol modification	
g3a456	g3a457	g3a458	0=pediatric, 1=regular, 2=large ad., 3=thigh	g3a459	0=No, 1=Yes

Comments on **all** protocol modifications:

_____

_____

_____

Exam 1 Procedures Sheet

g3a460	**Informed Consent Signed**	0=No, 1=Yes,
g3a461	**Anthropometry**	
g3a462	**Sociodemographic Questions**	
g3a463	**SF-12 Health Survey**	
g3a464	**CES-D Scale**	
g3a465	**Exercise Questionnaire**	
g3a466	**Pedigree Verification**	
g3a467	**Urine Specimen**	
g3a468	**Blood Draw**	
g3a469	**ECG**	
g3a470	**Tonometry /Brachial /ECHO**	
g3a471	**Spirometry**	
g3a472	**Diffusion Capacity**	
g3a473	**Reason Spirometry not done**	1=Major Surgery, 2=Heart Attack 3=Stroke, 4=Aneurysm, 5=BP>210/110 6=Refused, 7=Test Aborted, 8=Other, 10=equipment problems
g3a474	**Reason Diffusion not done**	

Exit Interview

Examiner ID

g3a475	Procedure sheet reviewed	0=No 1=Yes
g3a476	Check for Id on Pedigree Verification Form	
g3a477	Referral sheet reviewed	
g3a478	Willett dietary questionnaire provided	
g3a479	Left clinic w/ belongings	
g3a480	Coronary Ca CT test brochure given 8=not asked or not eligible	
g3a481	Feedback 0=No feedback, 1=Positive feedback, 2=Negative feedback, 3=Other	

Comments_____

_____

_____

_____

Sociodemographic questions. Part I Self-administered

g3a482	**What is your current marital status?**
	1=single/never married, 2=married/living as married/living with partner 3=separated 4=divorced 5=widowed .=prefer not to answer
	Which of the following best describes you? (check ALL that apply)
g3a483	Caucasian or white
g3a484	Spanish/Hispanic/Latino
g3a485	African-American or black
g3a486	Asian
g3a487	Native Hawaiian or other Pacific Islander
g3a488	American Indian or Alaska native
g3a489	Other, specify _____
g3a490	prefer not to answer
g3a491	**What is the highest degree or level of school you have completed?** (if currently enrolled, mark the highest grade completed, 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 degree (master's, doctorate, MD, etc.) .=prefer not to answer
g3a492	**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 or full-time student 6=retired from my usual occupation and not working 7= retired from my usual occupation but working for pay 8= retired from my usual occupation but volunteering .=prefer not to answer 10=unemployed due to disability

Sociodemographic questions. Part II. Self-administered

g3a493	**What is your current occupation?** Write in _____
g3a494	**Using the occupation coding sheet choose the code that best describes your occupation.**
g3a495	**What is the occupation you have worked in longest?** Write in _____
g3a496	**Using the occupation coding sheet choose the code that best describes the occupation you have worked in longest.**
g3a497	**Please select which income group best represents your combined family income for the past 12 months.**
	1=under $12,000 2 =$12,000 – $24,999 3 =$25,000 – $49,999 4 =$50,000 – $74,999 5 =$75,000 – $100.000 6 =over $100,000 .=prefer not to answer
g3a498	**How many people are supported by this income?**

		To help you pay your medical care, do you have Please, circle one on **every line (yes=1 no=0)**
YES	**NO**	HMO or other private insurance such as Blue Cross, Aetna, Harvard-Pilgrim, etc g3a499
YES	**NO**	Medicare g3a500
YES	**NO**	Medicaid g3a501
YES	**NO**	Military or Veteran's administration sponsored g3a502
YES	**NO**	Other g3a503
YES	**NO**	None g3a504
YES	**NO**	Prefer not to answer g3a505

SF-12® Health Survey (Standard)
Self-administered

This questionnaire asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

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:

	Excellent=4	Very good=3	Good=2	Fair=1	Poor=0
g3a506	☐	☐	☐	☐	☐

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot=2	Yes, limited a little=1	No, not limited at all=0
2. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf g3a507	☐	☐	☐
3. Climbing **several** flights of stairs g3a508	☐	☐	☐

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?

	Yes=1	No=0
4. Accomplished less than you would like g3a509	☐	☐
5. Were limited in the **kind** of work or other activities g3a510	☐	☐

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)?

	Yes=1	No=0
6. Accomplished less than you would like g3a511	☐	☐
7. Didn't do work or other activities as **carefully** as usual g3a512	☐	☐

SF-12® Health Survey (Standard)
Self-administered

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

	Not at all=0	A little bit=1	Moderately =2	Quite a bit=3	Extremely =4
g3a513	☐	☐	☐	☐	☐

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…

	All of the time =5	Most of the time =4	A good bit of the time =3	Some of the time =2	A little of the time =1	None of the time =0
9. Have you felt calm and peaceful? g3a514	☐	☐	☐	☐	☐	☐
10. Did you have a lot of energy? g3a515	☐	☐	☐	☐	☐	☐
11. Have you felt downhearted and blue? g3a516	☐	☐	☐	☐	☐	☐

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.)?

	All of the time =4	Most of the time =3	Some of the time =2	A little of the time =1	None of the time =0
g3a517	☐	☐	☐	☐	☐

CES-D Scale (Self-administered)

Circle the number for each statement which best describes how often you felt or behaved this way DURING THE PAST WEEK.

Circle best answer for each question DURING THE PAST WEEK	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me. g3a518	0	1	2	3
2. I did not feel like eating; my appetite was poor. g3a519	0	1	2	3
3. I felt that I could not shake off the blues, even with help from my family and friends. g3a520	0	1	2	3
4. I felt that I was just as good as other people. g3a521	0	1	2	3
5. I had trouble keeping my mind on what I was doing. g3a522	0	1	2	3
6. I felt depressed. g3a523	0	1	2	3
7. I felt that everything I did was an effort. g3a524	0	1	2	3
8. I felt hopeful about the future. g3a525	0	1	2	3
9. I thought my life had been a failure. g3a526	0	1	2	3
10. I felt fearful. g3a527	0	1	2	3
11. My sleep was restless. g3a528	0	1	2	3
12. I was happy. g3a529	0	1	2	3
13. I talked less than usual. g3a530	0	1	2	3
14. I felt lonely. g3a531	0	1	2	3
15. People were unfriendly. g3a532	0	1	2	3
16. I enjoyed life. g3a533	0	1	2	3
17. I had crying spells. g3a534	0	1	2	3
18. I felt sad. g3a535	0	1	2	3
19. I felt that people disliked me g3a536	0	1	2	3
20. I could not "get going" g3a537	0	1	2	3

Respiratory Disease Questionnaire. Technician Administered.

Respiratory Diagnoses

g3a538 **Examiner ID**

g3a539 **1. Have you ever had asthma?** 0=No,1=Yes

If yes, fill ☞

g3a540 Do you still have it?

g3a541 Was it diagnosed by a doctor or other health professional? 0=No 1=Yes

g3a542 At what age did it start? **(Age in years)**

g3a543 If you no longer have it, at what age did it stop? **(Age in years)** ←88=N/A

g3a544 Have you received medical treatment for this in the past 12 months?

g3a545 **2. Have you ever had hay fever** (allergy involving the nose and/or eyes)**?**

g3a546 **3. Have you ever had bronchitis?** 0=No 1=Yes

g3a547 **4. Have you ever had pneumonia** (including bronchopneumonia)**?**

5. Have you ever had ….

	Condition?	Health professional DX?	Age condition began
	(0=No, 1=Yes)		.=Unk
Chronic Bronchitis	g3a548	g3a549	g3a550
Emphysema	g3a551	g3a552	g3a553
COPD Chronic obstructive pulmonary disease	g3a554	g3a555	g3a556
Sleep Apnea	g3a557	g3a558	g3a559
Pulmonary Fibrosis	g3a560	g3a561	g3a562

6. Have you ever had …

g3a563 **Any other chest illnesses?** If yes, please specify:_____ 0=No 1=Yes

g3a564 **Any chest operations?** If yes, please specify:_____

g3a565 **Any chest injuries?** If yes, please specify:_____

Respiratory Disease Questionnaire. Technician Administered.

Triggered airway symptoms

1. When you are near animals, such as cats, dogs, or horses, near feathers, including pillows, quilts, or in a dusty or moldy part of the house, do you ever

g3a566	Start to cough?	
g3a567	Start to wheeze?	
g3a568	Get a feeling of tightness in your chest?	0=No
g3a569	Start to feel short of breath?	1=Yes
g3a570	Get a runny or stuffy nose or start to sneeze?	
g3a571	Get itching or watering eyes?	

2. When you are near trees, grass, or flowers, or when there is a lot of pollen in the air, do you ever

g3a572	Start to cough?	
g3a573	Start to wheeze?	
g3a574	Get a feeling of tightness in your chest?	0=No
g3a575	Start to feel short of breath?	1=Yes
g3a576	Get a runny or stuffy nose or start to sneeze?	
g3a577	Get itching or watering eyes?	

3. When you are at your current job, do you ever

g3a578	Start to cough?	
g3a579	Start to wheeze?	
g3a580	Get a feeling of tightness in your chest?	0=No
g3a581	Start to feel short of breath?	1=Yes
g3a582	Get a runny or stuffy nose or start to sneeze?	8=No current job
g3a583	Get itching or watering eyes?	

4. When you are near strong odors such as perfume or bleach, do you ever

g3a584	Start to cough?	
g3a585	Start to wheeze?	0=No
g3a586	Get a feeling of tightness in your chest?	1=Yes
g3a587	Start to feel short of breath?	

5. When you exercise or exert yourself or when the air is cold, do you ever

g3a588	Start to cough?	
g3a589	Start to wheeze?	0=No
g3a590	Get a feeling of tightness in your chest?	1=Yes
g3a591	Start to feel short of breath?	

g3a592	**6. Do you currently have a cat, dog, or other furry pets living in your home?**	
g3a593	**7. Have you ever been exposed at work to vapors, gas, dust or fumes?**	0=No,1=Yes .=Don't know
If yes, fill ☞	g3a594 Total years exposed (01=1 year or less)	

Physical Activity Questionnaire--Framingham Heart Study

Tech-administered

g3a595 **Examiner ID**

Rest and Activity for a Typical Day (Activities must equal 24 hours)	**Number of hours**
Sleep--Number of hours that you typically sleep?	g3a596
Sedentary--Number of hours typically sitting?	g3a597
Slight Activity--Number of hours with activities such as standing, walking?	g3a598
Moderate Activity--Number of hours with activities such as housework (vacuum, dust, yard chores, climbing stairs; light sports such as bowling, golf)?	g3a599
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.?	g3a600
Total number of hours (should be the total of above items)	**24**

g3a601	**What is your normal walking pace outdoors?**
	0 = Unable to walk 1 = Easy, casual, slow (less than 2 miles per hour) 2 = Normal, average (2 to 2.9 miles per hour) 3 = Brisk pace (3 to 3.9 miles per hour) 4 = Very brisk pace (4 to 4.9 miles per hour) . = Unknown
g3a602	**How many flights of stairs (not steps) do you climb daily?** (10 stairs per flight)
	0 = No flights 1 = 1-2 flights 2 = 3-4 flights 3 = 5-9 flights 4 = 10-14 flights 5 = >15 flights . = Unknown

Physical Activity Questionnaire--Framingham Heart Study
Tech-administered

g3a706 **Examiner ID**

DURING THE PAST YEAR, what was your average time PER WEEK spent in each of the following recreational activities?	code 0 Zero	code 1 1-4 min	code 2 5-19 min	code 3 20-59 min	code 4 1 hr	code 5 1-1.5 hr	code 6 2-3 hr	code 7 4-6 hr	code 8 7-10 hr	code 9 11+ hr
Walking for exercise or walking to work g3a603	0	1	2	3	4	5	6	7	8	9
Jogging (slower than 10 minute mile) g3a604	0	1	2	3	4	5	6	7	8	9
Running (10 minutes/mile or faster) g3a605	0	1	2	3	4	5	6	7	8	9
Bicycling (include stationary bike) g3a606	0	1	2	3	4	5	6	7	8	9
Tennis, squash, racquetball g3a607	0	1	2	3	4	5	6	7	8	9
Lap swimming g3a608	0	1	2	3	4	5	6	7	8	9
Other aerobic exercise (aerobic dance, ski or stair machine, etc) g3a609	0	1	2	3	4	5	6	7	8	9
Lower intensity exercise (yoga, stretching, toning) g3a610	0	1	2	3	4	5	6	7	8	9
Other vigorous exercise (lawn mowing) g3a611	0	1	2	3	4	5	6	7	8	9
Weight training including free weights or machines such as nautilus g3a612	0	1	2	3	4	5	6	7	8	9

Is there any activity that you do, that is not listed above?
If so, which category would you fit your activity in (from those listed above)

Pedigree Verification. Part I. Tech-administered

g3a613	**Examiner ID**	
	Mother	
1.	g3a614 **Is your mother in study?**	0=No, 1=Yes, 3=Don't know
If no, ☞	Skip to question 2	
If yes, fill ☞	g3a615 g3a616	**Mother's First Name** **Mother's Middle Initial**
	g3a617	**Mother's Last Name**
	g3a618	**Mother's Maiden Name**
	g3a619/ g3a620/ g3a621	**Mother's date of birth** Use 4 digits for year
	g3a622- g3a623	**Mother's ID**
	g3a624	**Mother is a biological parent?** 0=No,1=Yes,2=Unsure
	if no, ☞ **If yes,** ☞	**Go to question 2** **Go to "Father"**
2.	g3a625 g3a626	**Biological Mother's First Name** **Biological Mother's Middle Initial**
	g3a627	**Biological Mother's Last Name**
	g3a628	**Biological Mother's Maiden Name**
	g3a629/ g3a630/ g3a631	**Biological Mother's date of birth** Use 4 digits for year
g3a632	**Is Biological Mother in Study?** (if NO – flip and fill in)	0=No, 1=Yes, 2=Unsure
If yes, ☞	g3a633- g3a634	**Biological Mother's ID**
	Father	
3. g3a635	**Is your Father in study?**	0=No, 1=Yes, 3=Don't know
If no, ☞	Skip to question 4	
If yes, fill ☞	g3a636 g3a637	**Father's First Name** **Father's Middle Initial**
	g3a638	**Father's Last Name**
	g3a639/ g3a640/ g3a641	**Father's date of birth** Use 4 digits for year
	g3a642- g3a643	**Father's ID**
	g3a644	**Father is a biological parent?** 0=No,1=Yes,2=Unsure
	if no, ☞	**Go to question 4**
4.	g3a645 g3a646	**Biological Father's First Name** **Biological Father's Middle Initial**
	g3a647	**Biological Father's Last Name**
	g3a648/ g3a649/ g3a650	**Biological Father's date of birth** Use 4 digits for year
g3a651	**Is Biological Father in Study?** (if NO – flip and fill in)	0=No, 1=Yes, 2=Unsure
If yes, ☞	g3a652- g3a653	**Biological Father's ID**

Pedigree Verification. Part II. Tech-administered

If the parent is not in study, please fill in "Parent History" below

Health History of nonparticipating biological parent.			
First Name	g3a654	**Last Name**	g3a655
g3a656	**Is your parent living?**		0=No, 1=Yes, 2=Don't know
if no fill ☞	g3a657/ g3a658/ g3a659 mm / dd / yyyy		**Date of death** Use 4 digits for year
	g3a660		**Cause of death**

Medical History		
HEART PROBLEMS, such as:		
g3a661	**Chest pain, angina or angina pectoris**	0=No 1=Yes .=Don't know
g3a662	**Heart attack or myocardial infarction or MI**	
g3a663	**Heart failure or congestive heart failure or CHF**	
g3a664	**Heart catheterization or cardiac catheterization**	
g3a665	**Heart bypass operation or coronary bypass surgery or CABG**	
g3a666	**Procedure to unblock vessels to the heart muscle** (PTCA, stent, angioplasty)	
g3a667	**Other heart problem** (pacemaker, valve, aorta, etc.)write in_____	
CIRCULATORY PROBLEMS, such as:		
g3a668	**Stroke, TIA, sudden paralysis, vision, speech loss**	0=No 1=Yes .=Don't Know
g3a669	**Procedure to unblock blood vessels in the neck** (such as carotid endarterectomy)	
g3a670	**Poor blood circulation or blockadge to legs/feet**	
g3a671	**Amputation of leg or toes, due to poor circulation/gangrene**	
g3a672	**Blood clot or embolism in leg or lung**	
g3a673	**Other circulation problem** write in_____	
OTHER NEUROLOGICAL PROBLEMS, such as:		
g3a674	**Memory problems or dementia**	0=No,1=Yes .=Don't know
g3a675	**Other neurological problems such as Parkinson's**	
g3a676	**Have this parent ever had an MRI scan of the head?**	
HAS YOUR PARENT OTHER PROBLEMS		
g3a677	**Cancer,** specify site/type_____	0=No,1=Yes .=Don't Know
g3a678	**Fracture, broken bone**	
g3a679	**Other** write in _____	
g3a680	**High blood cholesterol**	0=No,1=Yes .=Don't know.
g3a681	**Hypertension (high blood pressure)**	
g3a682	**Diabetes (high blood sugar)**	

Referral Tracking

g3a683 **if yes** **fill ☛ below**	Was further medical evaluation recommended for this participant? 0=No, 1=Yes, 9=Unknown

RESULT	**Reason for further evaluation:** 0=No, 1=Yes, 9=Unknown
g3a684	**Blood Pressure** result g3a685/ g3a686 mmHg Phone call > 200/110 Expedite ≥ 180/100 Elevated > 140/90
g3a687	**Abnormal Urine** result _____
	Write in abnormality
g3a688	**ECG abnormality** _____
g3a689	**Clinic Physician** _____ **identified medical problem**
g3a690	**Other** _____ _____

g3a691	**Technician ID#**
g3a692	**Was there an adverse event in clinic that does not require further medical evaluation?** (0=No, 1=Yes, 9=Unkown) **Comments:**_____ _____ _____

Method used to inform participant of need for further medical evaluation (circle ALL that apply)	
g3a693 **1**	**Face-to-face in clinic**
g3a694 **2**	**Phone call**
g3a695 **3**	**Result letter**
g3a696 **4**	**Other**

Method used to inform participant's personal physician of need for further medical evaluation (circle ALL that apply)	
g3a697 **1**	**Phone call**
g3a698 **2**	**Result letter mailed**
g3a699 **3**	**Result letter FAX'd**
g3a700 **4**	**Other**

Date referral made: _ g3a701/ g3a702/ g3a703 Use 4 digits for year

ID number of person completing the referral: g3a704

Notes documenting conversation with participant or participant's personal physician:_____

_____

_____

Calculated Variables

AGE1 CALCULATED AGE AT EXAM 1

G3A707 BODY MASS INDEX
CALCULATED:(G3A444*0.454)/((G3A446*2.54)/100)**2;
15.5 - 60.6
. UNKNOWN (5)

G3A708 ELEVATED BLOOD PRESSURE
CALCULATED: IF ((G3A290 GE 160 OR G3A291 GE 95) AND
(G3A347 GE 160 OR G3A348 GE 95)) THEN G3A708 = 1;
IF G3A290 = . OR G3A291 = . OR G3A347 = . OR G3A348 = . THEN G3A708 = .
ELSE G3A708 = 0;
0 NO
1 YES
. UNKNOWN (17)

G3A709 TREATMENT FOR BLOOD PRESSURE
CALCULATED: IF G3A012 = 1 THEN G3A709 = 1; ELSE IF G3A012 = .
THEN G3A709 = . ELSE G3A709 = 0;
NOTE:THIS IS CALCULATED BY TREATMENT ONLY.
0 NO
1 YES
. UNKNOWN (2)

G3A710 HYPERTENSION
CALCULATED: IF G3A708 = 1 OR G3A709 = 1 THEN G3A710 = 1;
ELSE IF G3A708 = . OR G3A709 = . THEN G3A710 = .; ELSE G3A710 = 0;
0 NO
1 YES
. UNKNOWN (18)

G3A711 TOTAL ALCOHOL CONSUMPTION (OUNCES/MONTH)

Lab Values

G3A712 CONCENTRATION OF TOTAL CHOLESTEROL, MG/DL
76.0-647.0
. UNKNOWN (7)

G3A713 CONCENTRATION OF HDL CHOLESTEROL, MG/DL
12-206
. UNKNOWN (9)

G3A714 CONCENTRATION OF TRIGLYCERIDES, MG/DL
21-1499
. UNKNOWN (7)

G3A715 CONCENTRATION OF GLUCOSE, MG/DL
54-404
. UNKNOWN (7)

G3A716 CONCENTRATION OF URIC_ACID, MG/DL
1.2-11.4
. UNKNOWN (31)

G3A717 CONCENTRATION OF CREATININE, MG/DL
0.39-2.28
. UNKNOWN (21)

G3A718 CONCENTRATION OF FIBRINOGEN, MG/DL
87 – 787
. UNKNOWN (44)

Pedigree Verification. Part II. Tech-administered

If the second parent is not in study, please fill in "Parent History" below

Health History of nonparticipating biological parent.			
g3a719	**Is your parent living?**	0=No, 1=Yes, .=Don't know	
if no fill ☞	g3a720 / g3a721 / g3a722 mm / dd / yyyy g3a723		**Date of death** Use 4 digits for year **Cause of death**

Medical History		
	HEART PROBLEMS, such as:	
g3a724	**Chest pain, angina or angina pectoris**	0=No 1=Yes .=Don't know
g3a725	**Heart attack or myocardial infarction or MI**	
g3a726	**Heart failure or congestive heart failure or CHF**	
g3a727	**Heart catheterization or cardiac catheterization**	
g3a728	**Heart bypass operation or coronary bypass surgery or CABG**	
g3a729	**Procedure to unblock vessels to the heart muscle** (PTCA, stent, angioplasty)	
g3a730	**Other heart problem** (pacemaker, valve, aorta, etc.)write in_____	
	CIRCULATORY PROBLEMS, such as:	
g3a731	**Stroke, TIA, sudden paralysis, vision, speech loss**	0=No 1=Yes .=Don't know
g3a732	**Procedure to unblock blood vessels in the neck** (such as carotid endarterectomy)	
g3a733	**Poor blood circulation or blockadge to legs/feet**	
g3a734	**Amputation of leg or toes, due to poor circulation/gangrene**	
g3a735	**Blood clot or embolism in leg or lung**	
g3a736	**Other circulation problem** write in_____	
	OTHER NEUROLOGICAL PROBLEMS, such as:	
g3a737	**Memory problems or dementia**	0=No,1=Yes .=Don't know
g3a738	**Other neurological problems such as Parkinson's**	
g3a739	**Have this parent ever had an MRI scan of the head?**	
	HAS YOUR PARENT OTHER PROBLEMS	
g3a740	**Cancer,** specify site/type_____	0=No,1=Yes .=Don't know
g3a741	**Fracture, broken bone**	
g3a742	**Other** write in _____	
g3a743	**High blood cholesterol**	0=No,1=Yes .=Don't know.
g3a744	**Hypertension (high blood pressure)**	
g3a745	**Diabetes (high blood sugar)**	