



Ankle-Brachial Blood Pressure

FORM CODE: ABB
VERSION A 08/07/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"You will have blood pressures checked in your arms and legs. The method used to do this is similar to standard blood pressure measures. An ultrasound device will be used allowing you to hear the blood flow while the blood pressure is taken. There is no more discomfort involved beyond having a blood pressure cuff placed on your arms and ankles."

A. EXCLUSIONS

- 1a. Does the participant have any open wounds in the ankle or arm cuff area? Yes Y —
No N

- 1b. Has the participant undergone bilateral amputation? Yes Y —
No N

- 1c. Is the participant unable to lay at <45 degree angle? Yes Y —
No N

- 1d. Has the participant had a double mastectomy? Yes Y —
No N

B. MEASURES

2. Arm cuff size: Small adult (< 24 cm) S
 Regular adult (24–32 cm) R
 Large adult (33–41 cm) L
 Thigh (>41 cm) T

- 3a. Arm used [RIGHT PREFERRED]: Right R
 Left L

Go to Item 4a

3b. Explain why right arm was not used:

- 4a. Right ankle cuff size: Small adult (< 24 cm) S
 Regular adult (24–32 cm) R
 Large adult (33–41 cm) L
 Thigh (>41 cm) T

- 4b. Left ankle cuff size: Small adult (< 24 cm) S
 Regular adult (24–32 cm) R
 Large adult (33–41 cm) L
 Thigh (>41 cm) T

5. Doppler systolic:
 [*ADD 30 TO GET MAXIMAL INFLATION LEVEL]

+30 mm Hg*

6. Maximal inflation level:

7. Brachial:

--	--	--

 mm Hg

8. Right posterior tibia:

--	--	--

 mm Hg

9. Left posterior tibia:

--	--	--

 mm Hg

10. Left posterior tibia:

--	--	--

 mm Hg

11. Right posterior tibia:

--	--	--

 mm Hg

12. Brachial:

--	--	--

 mm Hg

13. Was the first arm blood pressure measurement obtained? Yes Y —

Go to Item 15

No N

14. Identify all reasons the first arm blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>	
First arm: 14a. Unable to occlude: Y	Y	N	
14b. Unable to locate artery: Y	Y	N	
14c. Other (please specify): Y	Y	N — <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">Go to Item 15</td></tr></table>	Go to Item 15
Go to Item 15			

14d. Specify:

15. Was the first right ankle blood pressure measurement obtained? Yes No Y N Go to Item 17

16. Identify all reasons the first right ankle blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>
First right ankle: 16a. Unable to occlude: Y	<input type="checkbox"/>	<input type="checkbox"/>
16b. Amputation: Y	<input type="checkbox"/>	<input type="checkbox"/>
16c. Unable to locate artery: Y	<input type="checkbox"/>	<input type="checkbox"/>
16d. Other (please specify): Y	<input type="checkbox"/>	<input type="checkbox"/>

Go to Item 17

16e. Specify:

17. Was the first left ankle blood pressure measurement obtained? Yes No Y N Go to Item 19

18. Identify all reasons the first left ankle blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>
First left ankle: 18a. Unable to occlude: Y	<input type="checkbox"/>	<input type="checkbox"/>
18b. Amputation: Y	<input type="checkbox"/>	<input type="checkbox"/>
18c. Unable to locate artery: Y	<input type="checkbox"/>	<input type="checkbox"/>
18d. Other (please specify): Y	<input type="checkbox"/>	<input type="checkbox"/>

Go to Item 19

18e. Specify:

19. Was the second left ankle blood pressure measurement obtained? Yes Y — Go to Item 21
No N

20. Identify all reasons the second left ankle blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>
Second left ankle: 20a. Unable to occlude: Y	Y	N
20b. Amputation: Y	Y	N
20c. Unable to locate artery: Y	Y	N
20d. Other (please specify): Y	Y	N — Go to Item 21

20e. Specify:

21. Was the second right ankle blood pressure measurement obtained? Yes Y — Go to Item 23
No N

22. Identify all reasons the second right ankle blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>
Second right ankle: 22a. Unable to occlude: Y	Y	N
22b. Amputation: Y	Y	N
22c. Unable to locate artery: Y	Y	N
22d. Other (please specify): Y	Y	N — Go to Item 23

22e. Specify:

23. Was the second arm blood pressure measurement obtained? Yes Y — Go to Item 25
 No N

24. Identify all reasons the second arm blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>	
Second arm: 24a. Unable to occlude: Y	Y	N	
24b. Unable to locate artery: Y	Y	N	
24c. Other (please specify): Y	Y	N	— Go to Item 25

24d. Specify:

ADMINISTRATIVE INFORMATION

25. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

26. Method of data collection: Computer C
 Paper form P

27. Code number of person completing this form:

--	--	--



Anthropometry Form

FORM CODE: ANT
VERSION A 09/25/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form is to be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. HEIGHT AND WEIGHT

1. Standing height (to the nearest cm): cm

2. Weight (to the nearest kg): kg

B. BODY SIZE

3. Girths (to the nearest cm)

3a. Waist: cm

3b. Neck: cm

C. ADMINISTRATIVE INFORMATION

4. Date of data collection: / / y y y y

5. Method of data collection: Computer C
Paper form P

6. Code number of person completing this form:



Approach to Life A

FORM CODE: ISL
VERSION A 08/08/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This scale is made up of a list of statements, each of which may or may not be true about you. For each statement, circle 1 for “Definitely True” if you are sure it is true about you, and 2 for “Probably True” if you think it is true but are not absolutely certain. Similarly, you should circle 4 for “Definitely False” if you are sure the statement is false, and 3 for “Probably False” if you think it is false but are not absolutely certain.

Definitely True	Probably True	Probably False	Definitely False
-----------------	---------------	----------------	------------------

- | | | | | |
|--|---|---|---|---|
| 1. Most of my friends are more interesting than I am..... | 1 | 2 | 3 | 4 |
| 2. When I feel lonely, there are several people I can talk to..... | 1 | 2 | 3 | 4 |

Definitely True	Probably True	Probably False	Definitely False
-----------------	---------------	----------------	------------------

- | | | | | |
|---|---|---|---|---|
| 3. I often meet or talk with family or friends..... | 1 | 2 | 3 | 4 |
| 4. I feel like I'm not always included by my circle of friends..... | 1 | 2 | 3 | 4 |
| 5. There really is no one who can give me an objective view of how I'm handling my problems..... | 1 | 2 | 3 | 4 |
| 6. If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone..... | 1 | 2 | 3 | 4 |
| 7. If I were sick, I could easily find someone to help me with my daily chores..... | 1 | 2 | 3 | 4 |

	Definitely True	Probably True	Probably False	Definitely False
--	-----------------	---------------	----------------	------------------

- | | | | | |
|---|---|---|---|---|
| 8. When I need suggestions on how to deal with a personal problem, I know someone I can turn to..... | 1 | 2 | 3 | 4 |
| 9. I don't often get invited to do things with others..... | 1 | 2 | 3 | 4 |
| 10. Most of my friends are more successful at making changes in their lives than I am..... | 1 | 2 | 3 | 4 |
| 11. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.) | 1 | 2 | 3 | 4 |
| 12. There is really no one I can trust to give me good financial advice..... | 1 | 2 | 3 | 4 |

	Definitely True	Probably True	Probably False	Definitely False
13. I am more satisfied with my life than most people are with theirs.....	1	2	3	4
14. It would be difficult to find someone who would lend me their car for a few hours.....	1	2	3	4
15. There is at least one person I know whose advice I really trust.....	1	2	3	4
16. I have a hard time keeping pace with my friends.....	1	2	3	4

FOR ADMINISTRATIVE USE ONLY

17. Date:

		/			/				
m	m		d	d		y	y	y	y

18. Administration (A,B,C,D)

19. Code

--	--	--



Approach to Life B

FORM CODE: CSI
VERSION A 08/08/2000

ID NUMBER:

CONTACT YEAR: 0 1

LAST NAME:

INITIALS:

INSTRUCTIONS: People often experience events that are unpleasant or stressful. We are interested in how you TYPICALLY HANDLE OR COPE with stress. The items below represent thoughts or behaviors that people use to cope with stress. Circle a number next to each item to show how often you cope with stress in that way. If a number is circled incorrectly, mark through it with an "X" and circle the correct response.

Never	Seldom	Some-Times	Often	Almost Always
-------	--------	------------	-------	---------------

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | I make a plan of action and follow it..... | 1 | 2 | 3 | 4 | 5 |
| 2. | I look for the silver lining or try to look on the bright side of things..... | 1 | 2 | 3 | 4 | 5 |
| 3. | I try to spend time alone..... | 1 | 2 | 3 | 4 | 5 |

Never	Seldom	Some-Times	Often	Almost Always
-------	--------	------------	-------	---------------

- | | | | | | |
|---|---|---|---|---|---|
| 4. I hope the problem will take care of itself..... | 1 | 2 | 3 | 4 | 5 |
| 5. I try to let my emotions out..... | 1 | 2 | 3 | 4 | 5 |
| 6. I try to talk about it with a friend or family..... | 1 | 2 | 3 | 4 | 5 |
| 7. I try to put the problem out of my mind..... | 1 | 2 | 3 | 4 | 5 |
| 8. I tackle the problem head-on..... | 1 | 2 | 3 | 4 | 5 |
| 9. I step back from the situation and try to put things into perspective..... | 1 | 2 | 3 | 4 | 5 |
| 10. I tend to blame myself..... | 1 | 2 | 3 | 4 | 5 |

Never	Seldom	Some-Times	Often	Almost Always
-------	--------	------------	-------	---------------

11. I let my feelings out to reduce the stress..... 1 2 3 4 5
12. I hope for a miracle..... 1 2 3 4 5
13. I ask a close friend or relative
that I respect for help or advice..... 1 2 3 4 5
14. I try not to think about the problem: 1 2 3 4 5
15. I tend to criticize myself..... 1 2 3 4 5
16. I keep my thoughts and feelings to myself..... 1 2 3 4 5

FOR ADMINISTRATIVE USE ONLY

17. Date:

		/			/				
m	m		d	d		y	y	y	y

18. Administration (A,B,C,D)

19. Code

--	--	--



Approach to Life C

FORM CODE: RCP
VERSION A 08/08/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

1. In general, how often do you attend the main worship service of your church or otherwise participate in organizational religion (such as watching services on TV, listening to services on the radio, participating in Bible study groups, etc.)?
- Nearly every day A
 - At least once a week B
 - A few times a month C
 - A few times a year D
 - Less than once a year E
 - Not at all F

2. Within your religious or spiritual tradition, how often do you pray privately or meditate in places other than at church, mosque, temple, or synagogue? Would you say.....
- More than once a day A
 - Once a day B
 - A few times a week C
 - Once a week D
 - A few times a month E
 - Once a month F
 - Less than once a month G
 - Never H

3. How often do you have the following experiences?

	Once In a Month	Some Times	Most Times	Every Day	Many Times A Week
--	-----------------------	---------------	---------------	--------------	-------------------------

3a. I feel God's presence..... A B C D E F

3b. I feel strength and comfort
in my religion or spiritual
tradition..... A B C D E F

3c. I feel deep inner peace and
harmony..... A B C D E F

3d. I desire to be closer to or
in union with God..... A B C D E F

3e. I feel God's love for me,
directly, or through others..... A B C D E F

3f. I am spiritually touched by
the beauty of creation..... A B C D E F

4. To what extent is your religion or spiritual tradition involved in understanding or dealing with stressful situations in any way?

- Would you say.....
- Very involved A
 - Somewhat involved B
 - Not very involved C
 - Not involved at all D

5. Please circle how strongly you agree or disagree with each of the following statements:

Strongly Aagree	Agree Somewhat	Disagree Somewhat	Strongly Disagree
--------------------	-------------------	----------------------	----------------------

5a. I feel it is impossible to reach the goals I would like to strive for..... A B C D

5b. The future seems hopeless to me and I can't believe that things are changing for the better..... A B C D

FOR ADMINISTRATIVE USE ONLY

6. Date:

		/			/				
m	m		d	d		y	y	y	y

7. Administration (A,B,C,D)

8. Cd

--	--	--



Discrimination Form

FORM CODE: DIS
VERSION A 10/24/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"These next questions have to do with things that may have happened to you and the way you have been treated over your lifetime. We know from other research that experiences of unfair treatment are common and very important to consider in understanding people's health. These questions will give a picture of the various kinds of experiences of people in the Jackson Heart Study. There are no right or wrong answers; only your experiences. I want to remind you that any information you provide is strictly confidential and will never be identified with you as an individual. Let's start with experiences you may have had on a day-to-day basis."

1. Using the responses on this card, tell me how often each of the following things happen to you in your day-to-day life. Just tell me the letter beside the response that most closely matches your experience. [HAND RC #1]
- | | | |
|--|------------------------------|---|
| | Several times a day | A |
| | Almost every day | B |
| | At least once a week | C |
| | A few times a month | D |
| | A few times a year | E |
| | Less than a few times a year | F |
| | Never | G |

How often on a day-to-day basis do you have the following experiences? [CIRCLE CODE]

1a. You are treated with less courtesy than other people..... A B C D E F G

1b. You are treated with less respect than other people..... A B C D E F G

- A - Several times a day
- B - Almost every day
- C - At least once a week
- D - A few times a month
- E - A few times a year
- F - Less than a few times a year
- G - Never

1c. You receive poorer service than others at restaurants..... A B C D E F G

1d. People act as if they think you are not smart..... A B C D E F G

1e. People act as if they are afraid of you..... A B C D E F G

1f. People act as if they think you are dishonest..... A B C D E F G

1g. People act as if they think you are not as good as they are..... A B C D E F G

1h. You are called names or insulted..... A B C D E F G

1i. You are threatened or harassed..... A B C D E F G

If all responses in Item 1 are "NEVER," Code G, then go to Item 4a

2a. Thinking over these day-to-day experiences, what is the main reason for this treatment?

- | | | |
|--------------------------------------|---|--|
| Your age | A | |
| Your gender | B | |
| Your race | C | |
| Your height or weight | D | |
| Some other reason for discrimination | E | |

2b. Specify other reason:

3a. And when you receive lesser or unfair treatment in your day-to-day life, do you usually:

- | | | |
|---------------------------------|---|--|
| Speak up | A | |
| Accept it | B | |
| Ignore it | C | |
| Try to change it | D | |
| Keep it to yourself | E | |
| Work harder to prove them wrong | F | |
| Pray | G | |
| Avoid it | H | |
| Get violent | I | |
| Forget it | J | |
| Blame yourself | K | |
| Other | L | |

3b. Specify other:

“Now let’s talk about things that may have happened over your lifetime because of such issues as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics.”

4a. Have you ever felt unfairly treated at school or during training? (For example, you were discouraged by a teacher or advisor from seeking higher education, were denied a scholarship, etc.) Yes Y

Go to Item 5a — No N

Over your entire life, how many times has this happened?

4b. Specify number of times: times

When was the last time?

4c. Specify years ago: years

4d. Specify months ago: months

5a. Have you ever felt unfairly treated in getting a job? (For example, you were not hired or you were told you could not apply.) Yes Y

Go to Item 6a — No N

Over your entire life, how many times has this happened?

5b. Specify number of times: times

When was the last time?

5c. Specify years ago: years

5d. Specify months ago: months

6a. Have you ever felt unfairly treated at work?

(For example, you were not promoted, you were overworked or hassled, you were fired or you were unable to get health insurance.)

Yes Y

Go to Item 7a	}	No	N
		Never worked	W

Over your entire life, how many times has this happened?

6b. Specify number of times:

--	--	--

times

When was the last time?

6c. Specify years ago:

--	--	--

years

6d. Specify months ago:

--	--	--

months

7a. Have you ever felt unfairly treated in getting housing or finding a place to live? (For example, you were prevented from renting or buying a home in the neighborhood you wanted or you were prevented from remaining in a neighborhood because neighbors made life so uncomfortable.)

Yes Y

Go to Item 8a	}	No	N
---------------	---	----	---

Over your entire life, how many times has this happened?

7b. Specify number of times:

--	--	--

times

When was the last time?

7c. Specify years ago:

--	--	--

years

7d. Specify months ago:

--	--	--

months

8a. Have you ever felt unfairly treated in getting resources or money? (For example, you were denied a bank loan,

a credit card or some other form of credit.)Yes Y

No N
 Go to Item 9a

Over your entire life, how many times has this happened?

8b. Specify number of times:
times

When was the last time?

8c. Specify years ago:
years

8d. Specify months ago:
months

9a. Have you ever felt unfairly treated in getting medical care?
(For example, you were denied or provided inferior medical care, you were made to wait long periods of time before getting care or you could not get care from a medical specialist such as a heart doctor.) Yes Y

No N
 Go to Item 10a

Over your entire life, how many times has this happened?

9b. Specify number of times:
times

When was the last time?

9c. Specify years ago:
years

9d. Specify months ago:
months

10a. Have you ever felt unfairly treated on the street or in a public place? (For example, you were hassled by the

police, were the target of public ridicule, etc.) Yes Y

Go to Item 11a — No N

Over your entire life, how many times has this happened?

10b. Specify number of times: times

When was the last time?

10c. Specify years ago: years

10d. Specify months ago: months

11a. Have you ever felt unfairly treated in getting services? (For example, you were denied or provided inferior service by a plumber, in a restaurant, the grocery store, or by some other service provider.) Yes Y

Go to Item 12a — No N

Over your entire life, how many times has this happened?

11b. Specify number of times: times

When was the last time?

11c. Specify years ago: years

11d. Specify months ago: months

12a. In addition to these areas we have talked about, have you been treated unfairly in any other ways? Yes Y

Go to Item 13a — No N

12b. Specify:

Three rows of 15 empty boxes each for specifying details.

Over your entire life, how many times has this happened?

times

12c. Specify number of times: times

When was the last time?

12d. Specify years ago: years

12e. Specify months ago: months

If all responses in Items 4a-12a are "NO" or "NEVER WORKED" (Item 6a), go to Item 15

13a. Thinking about the most recent of these experiences over your lifetime, what was the **main** reason for the discrimination you experienced?

Your age

A

Your gender

B

Your race

C

Your height or weight

D

Some other reason for discrimination

E

Go to Item 14

13b. Specify other reason:

14. What did you do? Did you do that a lot, some, or a little?

14a. Speak up? Yes Y $\xrightarrow{\text{IF YES}}$ 14a1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N
 A lot A
 Some B
 A Little C

14b. Accept it? Yes Y $\xrightarrow{\text{IF YES}}$ 14b1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N
 A lot A
 Some B
 A Little C

14c. Ignore it? Yes Y $\xrightarrow{\text{IF YES}}$ 14c1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N
 A lot A
 Some B
 A Little C

14d. Try to change it? Yes Y $\xrightarrow{\text{IF YES}}$ 14d1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N
 A lot A
 Some B
 A Little C

14e. Keep to yourself? Yes Y $\xrightarrow{\text{IF YES}}$ 14e1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N
 A lot A
 Some B
 A Little C

14f. Work harder to prove
 them wrong? Yes Y $\xrightarrow{\text{IF YES}}$ 14f1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N
 A lot A
 Some B
 A Little C

Did you do that a lot, some, or a little?

14g. Pray? Yes Y $\xrightarrow{\text{IF YES}}$ 14g1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N A lot A
 Some B
 A Little C

14h. Avoid it? Yes Y $\xrightarrow{\text{IF YES}}$ 14h1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N A lot A
 Some B
 A Little C

14i. Get violent? Yes Y $\xrightarrow{\text{IF YES}}$ 14i1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N A lot A
 Some B
 A Little C

14j. Forget it? Yes Y $\xrightarrow{\text{IF YES}}$ 14j1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N A lot A
 Some B
 A Little C

14k. Blame yourself? Yes Y $\xrightarrow{\text{IF YES}}$ 14k1. [CIRCLE VALUE GIVEN TO RESPONSE]
 No N A lot A
 Some B
 A Little C

14l. Other? Yes Y $\xrightarrow{\text{IF YES}}$ 14l1. [CIRCLE VALUE GIVEN TO RESPONSE]
Go to Item 15 No N A lot A
 Some B
 A Little C

14m. Specify other:

15. Thinking back over these types of experiences, compared with when you were younger, are the experiences more frequent, less frequent, or about the same? More frequent A
 Less frequent B
 About the same C

16. When you have had experiences like these over your lifetime, would you say they have been very stressful, moderately stressful, or not stressful? Very stressful A
 Moderately stressful B
 Not stressful C

17. Overall, how much has discrimination interfered with you having a full and productive life? Would you say a lot, some, a little, or not at all? A lot A
 Some B
 A little C
 Not at all D

18. Overall, how much harder has your life been because of discrimination? Would you say a lot, some, a little, or not at all? A lot A
 Some B
 A little C
 Not at all D

19. Because of the shade of your skin color, do you think

white people treat you a lot better, somewhat better,
 no different, somewhat worse, or a lot worse than
 other Blacks?

- A lot better A
- Somewhat better B
- No different C
- Somewhat worse D
- A lot worse E

20. Because of the shade of your skin color, do you think
 Black people treat you a lot better, somewhat better,
 no different, somewhat worse, or a lot worse than
 other Blacks?

- A lot better A
- Somewhat better B
- No different C
- Somewhat worse D
- A lot worse E

ADMINISTRATIVE INFORMATION

21. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

22. Method of data collection: Computer C
 Paper form P

23. Code number of person completing this form:

--	--	--



Fasting Form

FORM CODE: FTR
VERSION A 09/22/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form is to be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

1. Date of clinic visit: / /
m m d d y y y y

2. Date of fasting determination: / /
m m d d y y y y

3a. Time:..... : 3b. AM A
h h m m PM P

When was the last time you ate or drank anything except water?

4a. Day last consumed: Today T
Yesterday Y
Before Yesterday B

4b. Time last consumed: : 4c. AM A
h h m m PM P

5. Computed fasting time: hours

6. Have you given blood within the last 7 days? Yes Y

ADMINISTRATIVE INFORMATION

7. Method of data collection: Computer C
Paper form P

8. Code number of person completing this form:

--	--	--



Hassles and Moods A

FORM CODE: WSI
VERSION A 08/08/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

Below are listed a variety of events that may be viewed as stressful or unpleasant. Read each item carefully and decide whether or not that event happened to you during this past week. If the event did not happen this week, circle the 0 next to that item. If the event did happen, show the amount of stress that it caused you by circling a number from 1 to 7 using the scale below.

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

1. Had a job assignment overdue..... 0 1 2 3 4 5 6 7

2. Bothered with red tape..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

3. Argued with a co-worker..... 0 1 2 3 4 5 6 7

4. Customers or clients gave you a hard time..... 0 1 2 3 4 5 6 7

5. Did poorly at a job, task, or chore..... 0 1 2 3 4 5 6 7

6. Hurried to meet a deadline..... 0 1 2 3 4 5 6 7

7. Interrupted during a job, task, activity, or thinking..... 0 1 2 3 4 5 6 7

8. Someone spoiled your completed job, task, or chore..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

9. Did something you were not good at..... 0 1 2 3 4 5 6 7

10. Unable to finish a job, task, or chore..... 0 1 2 3 4 5 6 7

11. Unable to finish all plans for the week..... 0 1 2 3 4 5 6 7

12. Was late for work or appointment..... 0 1 2 3 4 5 6 7

13. Was graded or evaluated on your performance..... 0 1 2 3 4 5 6 7

14. Worked late or overtime..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

15. Not enough money for basics (food, clothing, etc.)..... 0 1 2 3 4 5 6 7

16. Ran out of pocket money..... 0 1 2 3 4 5 6 7

17. Had unexpected bills (traffic fines, etc.)..... 0 1 2 3 4 5 6 7

18. Had problems paying bills..... 0 1 2 3 4 5 6 7

19. Not enough money for fun (movie, eating out or recreation)..... 0 1 2 3 4 5 6 7

20. Had problem obtaining ride or transportation..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

21. Drove under bad conditions (traffic, weather)..... 0 1 2 3 4 5 6 7

22. Had car trouble..... 0 1 2 3 4 5 6 7

23. Had minor auto accident..... 0 1 2 3 4 5 6 7

24. Argued with husband, wife, boyfriend, or girlfriend..... 0 1 2 3 4 5 6 7

25. Child misbehaved..... 0 1 2 3 4 5 6 7

26. Child had school problems..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

27. Minor illness of husband, wife, child, or loved one..... 0 1 2 3 4 5 6 7

28. Husband or wife had problems at work..... 0 1 2 3 4 5 6 7

29. Not enough time for family and friends..... 0 1 2 3 4 5 6 7

30. Had crime in the neighborhood..... 0 1 2 3 4 5 6 7

31. Had household chores (shopping, cooking, etc.)..... 0 1 2 3 4 5 6 7

32. Had minor home repairs..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

33. Had problems with neighbors..... 0 1 2 3 4 5 6 7

34. Ran out of food or personal item..... 0 1 2 3 4 5 6 7

35. Your property was damaged..... 0 1 2 3 4 5 6 7

36. Store did not have something you wanted..... 0 1 2 3 4 5 6 7

37. Had problems with pet (dog, cat, etc.)..... 0 1 2 3 4 5 6 7

38. Heard a rumor or something bad about yourself..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

39. Was told what to do..... 0 1 2 3 4 5 6 7

40. Was lied to, fooled or tricked..... 0 1 2 3 4 5 6 7

41. Was misunderstood or misquoted..... 0 1 2 3 4 5 6 7

42. Had confrontation with someone of authority
(police, boss)..... 0 1 2 3 4 5 6 7

43. Was criticized or verbally attacked..... 0 1 2 3 4 5 6 7

44. Was around unpleasant people (drunk, bigot, rude)..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

45. Had unexpected guests..... 0 1 2 3 4 5 6 7

46. Did poorly because of others..... 0 1 2 3 4 5 6 7

47. Was forced to socialize..... 0 1 2 3 4 5 6 7

48. Someone broke a promise..... 0 1 2 3 4 5 6 7

49. Someone broke an appointment..... 0 1 2 3 4 5 6 7

50. Competed with someone..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

51. Argued with a friend..... 0 1 2 3 4 5 6 7

52. Not enough time to socialize..... 0 1 2 3 4 5 6 7

53. Was ignored by others..... 0 1 2 3 4 5 6 7

54. Had someone disagree with you..... 0 1 2 3 4 5 6 7

55. Spoke or performed in public..... 0 1 2 3 4 5 6 7

56. Was interrupted while talking..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

57. Was stared at..... 0 1 2 3 4 5 6 7

58. Had someone "cut" in front of you in line..... 0 1 2 3 4 5 6 7

59. Unable to express self clearly..... 0 1 2 3 4 5 6 7

60. Had unwanted physical contact (crowded)..... 0 1 2 3 4 5 6 7

61. Dealt with rude waiter, waitress, or salesperson..... 0 1 2 3 4 5 6 7

62. Was without privacy..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

63. Was excluded or left out..... 0 1 2 3 4 5 6 7

64. Had too many responsibilities..... 0 1 2 3 4 5 6 7

65. Had to make important decision..... 0 1 2 3 4 5 6 7

66. Did not hear from someone you expected to..... 0 1 2 3 4 5 6 7

67. Was disturbed while trying to sleep..... 0 1 2 3 4 5 6 7

68. Forgot something..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

69. Heard some bad news..... 0 1 2 3 4 5 6 7

70. Was clumsy (spilled or knocked something over)..... 0 1 2 3 4 5 6 7

71. Lost or misplaced something (wallet, keys)..... 0 1 2 3 4 5 6 7

72. Had legal problems..... 0 1 2 3 4 5 6 7

73. Waited longer than you wanted..... 0 1 2 3 4 5 6 7

74. Did something you did not want to do..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

75. Had to face a feared situation or object..... 0 1 2 3 4 5 6 7

76. Had "pet peeve" violated
 (someone fails to knock, etc.)..... 0 1 2 3 4 5 6 7

77. Failed to understand something..... 0 1 2 3 4 5 6 7

78. Had close escape from danger..... 0 1 2 3 4 5 6 7

79. Had minor accident (broke something, tore clothing)..... 0 1 2 3 4 5 6 7

80. Someone borrowed something without asking..... 0 1 2 3 4 5 6 7

0.....	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Did Not	Not	Slightly	Mildly	Moderately	Stressful	Very	Extremely
Happen	Stressful	Stressful	Stressful	Stressful		Stressful	Stressful

81. Had minor injury (stubbed toe, sprained ankle, etc.)..... 0 1 2 3 4 5 6 7

82. Was physically uncomfortable (cold, wet, hungry)..... 0 1 2 3 4 5 6 7

83. Stopped unwanted habit (smoking, overeating, etc.)..... 0 1 2 3 4 5 6 7

84. Interrupted while relaxing..... 0 1 2 3 4 5 6 7

85. Not enough time for fun (movie, eating out or
relaxation)..... 0 1 2 3 4 5 6 7

86. Did poorly at sport or game..... 0 1 2 3 4 5 6 7

0.....1.....2.....3.....4.....5.....6.....7
 Did Not Not Slightly Mildly Moderately Stressful Very Extremely
 Happen Stressful Stressful Stressful Stressful Stressful Stressful

87. Saw an upsetting TV show or movie, or read an
 upsetting book, etc.)..... 0 1 2 3 4 5 6 7

FOR ADMINISTRATIVE USE ONLY

88. Date:

		/			/				
m	m		d	d		y	y	y	y

89. Administration (A,B,C,D)

90. Code

--	--	--



Hassles and Moods B

FORM CODE: CES
VERSION A 08/08/2000

ID NUMBER:

CONTACT YEAR: 0 1

LAST NAME:

INITIALS:

Circle the number for each statement which best describes how often you felt this way 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 a Moderate Amount of the 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..... 1

2 3 4

2. I did not feel like eating; my appetite was poor..... 1

2 3 4

3. I felt that I could not shake off the blues even with help from

my friends..... 1

	1	2	3	4
	Rarely or None of the Time (Less than 1 day)	Some or a Little of the Time (1-2 days)	Occasionally or a Moderate Amount of the Time (3-4 days)	Most or All of the Time (5-7 days)

4. I felt that I was just as good as other people..... 1

2 3 4

5. I had trouble keeping my mind on what I was doing..... 1

2 3 4

6. I felt depressed..... 1

2 3 4

7. I felt that everything I did was an effort..... 1

2 3 4

8. I felt hopeful about the future..... 1

2 3 4

9. I thought my life had been a

failure..... 1

2

3

4

Rarely or None of the Time (Less than 1 day)	Some or a Little of the Time (1-2 days)	Occasionally or a Moderate Amount of the Time (3-4 days)	Most or All of the Time (5-7 days)
---	--	--	--

10. I felt fearful..... 1

2

3

4

11. My sleep was restless..... 1

2

3

4

12. I was happy..... 1

2

3

4

13. I talked less than usual..... 1

2

3

4

14. I felt lonely..... 1

2

3

4

15. People were unfriendly..... 1

2

3

4

	1	2	3	4
16. I enjoyed life.....				
	Rarely or None of the Time (Less than 1 day)	Some or a Little of the Time (1-2 days)	Occasionally or a Moderate Amount of the Time (3-4 days)	Most or All of the Time (5-7 days)
17. I had crying spells.....	1	2	3	4
18. I felt sad.....	1	2	3	4
19. I felt that people disliked me.....	1	2	3	4
20. I could not get "going".....	1	2	3	4

FOR ADMINISTRATIVE USE ONLY

21. Date: / /

22. Administration (A,B,C,D)

23. Code

m m d d y y y y



Hassles and Moods C

FORM CODE: CHO
VERSION A 08/08/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

For each of the following items, please indicate whether the statement is mostly true or mostly false for you.

- | | <u>TRUE</u> | <u>FALSE</u> |
|--|-------------|--------------|
| 1. I have had to take orders from someone who did not know as much as I did..... | T | F |
| 2. I think a great many people exaggerate their misfortune in order to get the sympathy of others..... | | T F |
| 3. It takes a lot of argument to convince most people of the truth..... | | T F |
| 4. I think most people would lie to get ahead..... | T | F |

- | | | |
|--|-------------|--------------|
| 5. Most people are honest chiefly through fear of being caught..... | T | F |
| | <u>TRUE</u> | <u>FALSE</u> |
| 6. Most people will use somewhat unfair means to gain profit
or an advantage rather than lose it..... | | T F |
| 7. No one cares much what happens to you..... | | T F |
| 8. It is safer to trust nobody..... | | T F |
| 9. Most people make friends because friends are likely to be
useful to them..... | | T F |
| 10. Most people inwardly dislike putting themselves out to help
other people..... | T | F |
| 11. I have often met people who were supposed to be experts
who were no better than I..... | | T F |

- | | | |
|--|-------------|--------------|
| 12. People generally demand more respect for their own rights than they are willing to allow for others..... | T | F |
| 13. A large number of people are guilty of bad sexual conduct..... | T | F |
| | <u>TRUE</u> | <u>FALSE</u> |
| 14. People often disappoint me..... | T | F |
| 15. When someone does me wrong, I feel I should pay him back if I can, just for the principle of the thing..... | T | F |
| 16. It makes me impatient to have people ask my advice or otherwise interrupt me when I am working on something important..... | T | F |
| 17. Some of my family have habits that bother and annoy me very much..... | T | F |
| 18. I can be friendly with people who do things which I consider wrong..... | T | F |

19. I don't blame anyone for trying to grab everything he can
in the world..... T F
20. I do not blame a person for taking advantage of someone
who lays himself open to it..... T F
21. I am not easily angered..... T F
- TRUE FALSE
22. I would certainly enjoy beating a crook at his own game..... T F
23. I have at times had to be rough with people who were rude
or annoying..... T F
24. There are certain people whom I dislike so much that I am
inwardly pleased when they are catching it for something
they have done..... T F
25. I am often inclined to go out of my way to win a point with
someone who has opposed me..... T F

26. I do not try to cover up my poor opinion or pity of a person
so that he won't know how I feel.....

T F

27. I strongly defend my own opinions as a rule.....T

F

FOR ADMINISTRATIVE USE ONLY

28. Date:

		/			/				
m	m		d	d		y	y	y	y

29. Administration (A,B,C,D)

30. Code

--	--	--



Hassles and Moods D

ID NUMBER: [] [] [] [] [] [] [] []

CONTACT YEAR: [0] [1]

FORM CODE: STX
VERSION A 08/08/2000

LAST NAME: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

INITIALS: [] []

Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel angry or furious. Read each statement and then circle the number which indicates how often you generally react or behave in the manner described when you are feeling angry or furious. Remember that there are no right or wrong answers. Do not spend too much time on any one statement.

ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
--------------	-----------	-------	---------------

1. I express my anger..... 1 2 3 4

2. I keep things in..... 1 2 3 4

ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
--------------	-----------	-------	---------------

- 3. I pout or sulk..... 1 2 3 4

- 4. I withdraw from people..... 1 2 3 4

- 5. I make sarcastic remarks to others..... 1 2 3 4

- 6. I do things like slam doors..... 1 2 3 4

- 7. I boil inside, but I don't show it..... 1 2 3 4

- 8. I argue with others..... 1 2 3 4

- 9. I tend to harbor grudges that I don't tell anyone about..... 1 2 3 4

ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
-----------------	-----------	-------	------------------

- | | | | | |
|---|---|---|---|---|
| 10. I strike out at whatever infuriates me..... | 1 | 2 | 3 | 4 |
| 11. I am secretly quite critical of others..... | 1 | 2 | 3 | 4 |
| 12. I am angrier than I am willing to admit..... | 1 | 2 | 3 | 4 |
| 13. I say nasty things..... | 1 | 2 | 3 | 4 |
| 14. I'm irritated a great deal more than
people are aware of..... | 1 | 2 | 3 | 4 |
| 15. I lose my temper..... | 1 | 2 | 3 | 4 |
| 16. If someone annoys me, I'm apt to
tell him or her how I feel..... | 1 | 2 | 3 | 4 |

FOR ADMINISTRATIVE USE ONLY

17. Date:

		/			/				
m	m		d	d		y	y	y	y

18. Administration (A,B,C,D)

--

19. Code

--	--	--



Health Care Access and Utilization

FORM CODE: HCA
VERSION A 09/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“The next set of questions are about your health care.”

1. Is there a particular place that you usually go to when you are sick or need advice about your health?Yes Y

— No N

2a. What kind of place is it that you usually go?

- | | | |
|---|---------------------------------|---|
| <input type="text" value="Go to Item 3"/> | Walk-in clinic | A |
| | HMO clinic | B |
| | Hospital clinic | C |
| | Neighborhood health center | D |
| | Hospital emergency room | E |
| | Public health department clinic | F |
| | Company or industry clinic | G |
| | Doctor's office | H |
| | Other | I |

If "Other", specify [DO NOT ENTER]:

Name: _____

Street Address: _____

2b. Facility Code:

--	--	--

3. Thinking about the place you usually go for help with your medical problems, in general, how much do you trust them to take good care of you? Do you trust them very much, somewhat, not very much, or not at all? Very much A
- Somewhat B
- Not very much C
- Not at all D
4. Have you seen a dentist in the past 12 months? Yes Y
- No N
- Don't know D
5. When was the last time you went to a doctor or other health professional for a routine physical exam or general check-up; that is when you were **not** sick or pregnant? [RC #1] Within the past year A
- At least 1 year but less than 2 years ago B
- At least 2 years but less than 4 years ago C
- 5 or more years ago D
- Never E

6. Overall, how hard has it been for you to get health services you have needed? Would you say it has been very hard, fairly hard, not too hard, or not hard at all?

- Very hard A
- Fairly hard B
- Not too hard C
- Not hard at all D

7. Are you currently covered by a private health insurance program that pays most or all of your medical care expenses, for example Blue Cross/Blue Shield or another insurance company? Yes Y
- No N
- Don't know D
8. Are you currently covered by Medicaid or public aid? Yes Y
- No N
- Don't know D
9. Are you currently covered by Medicare, a government plan that pays health care bills for people aged 65 and over and for some disabled people? Yes Y
- No N
- Don't know D
10. Are you currently covered by VA or Champus? Yes Y
- No N
- Don't know D
11. Overall, how satisfied are you with your regular (or most recent) doctor or health professional? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? Very satisfied A
- Somewhat satisfied B
- Somewhat dissatisfied C

Very dissatisfied

D

Not sure

E

ADMINISTRATIVE INFORMATION

12. Date of data collection:

		/			/				
--	--	---	--	--	---	--	--	--	--

 m m d d y y y y

13. Code number of person completing this form:

--	--	--



Health Practices: Alcohol and Drug Use

FORM CODE: ADR
VERSION A 08/17/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum, or vodka, and cocktails and mixed drinks containing liquor." **[SHOW RESPONSE CARD OF BEVERAGES]** "Here are some kinds of alcoholic beverages people drink."

1. Have you ever consumed alcoholic beverages?Yes Y

— No N

Stopped drinking
more than one year ago S

2. During the past 12 months, on the average, how many days per week, month, or year did you drink any alcoholic beverage?

2a. Number of days:

2b. Per [UNIT OF TIME]: Week W

Month M

Year Y

3. On the average, on the days that you drank alcohol, how many drinks did you have a day? (By a drink, I mean a 12-ounce beer, a four-ounce glass of wine, or an ounce of liquor.) **[SHOW RESPONSE CARD OF SERVING SIZE]**

Specify number of drinks:

[ENTER "88" IF DON'T KNOW]

4. When you drink, do you usually drink beer, wine, or liquor?
- | | |
|----------------------------|---|
| Beer | B |
| Wine | W |
| Liquor | L |
| No preference or can't say | N |

5. Was there ever a time or times in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?
- | | |
|-----|---|
| Yes | Y |
| No | N |

"The next few questions are about your experiences with drugs."

6. Have you ever used crack or cocaine in any form? Yes Y
 [SHOW RESPONSE CARD OF CRACK/COCAINE FORMS]
- | | | |
|--------------|----|---|
| Go to Item 8 | No | N |
|--------------|----|---|

7. About how many times in your lifetime have you used crack or cocaine (in any form)?
- | | |
|-------------------|---|
| 1 or 2 times | A |
| 3-10 times | B |
| 11-99 times | C |
| 100 or more times | D |

8. Have you ever used any other kinds of drugs, including marijuana, heroine, or others? Yes Y
 [SHOW RESPONSE CARD OF OTHER DRUG FORMS]
- | | |
|----|---|
| No | N |
|----|---|

ADMINISTRATIVE INFORMATION

9. Date of data collection:
- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | / | | | / | | | | |
| m | m | | d | d | | y | y | y | y |

10. Method of data collection: Computer C
 Paper form P

11. Code number of person completing this form:
- | | | |
|--|--|--|
| | | |
|--|--|--|



Health Practices: Tobacco Use

FORM CODE: TOB
VERSION A 07/05/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I have a series of questions about your health habits. These first questions will be about tobacco use.”

1. Have you smoked at least 400 cigarettes in your lifetime?
[CODE “NO” IF LESS THAN 400 CIGARETTES, THAT IS,
20 PACKS OR 2 CARTONS IN A LIFETIME].....Yes Y
 — No N

2. How old were you when you first started to smoke cigarettes
regularly, that is, every day? [ENTER “00” IF NEVER SMOKED REGULARLY].....
Age

3. Do you now smoke cigarettes?Yes Y
No N

4. How long has it been since you last smoked cigarettes?4a.
Months
 [CALCULATE # OF MONTHS AND YEARS
BASED ON PARTICIPANT RESPONSE] 4b.
Years

IF PARTICIPANT HAS SMOKED CIGARETTES WITHIN THE PAST 3 MONTHS, SAY: "Please answer the next few questions with regard to your current or recent cigarette smoking practices."

IF PARTICIPANT HAS NOT SMOKED CIGARETTES WITHIN THE PAST 3 MONTHS, SAY: "Please answer the next few questions with regard to your usual cigarette smoking practices before you quit."

5. How many cigarettes do (did) you smoke per day? Cigarettes
[ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00.]
6. Do (did) you smoke more frequently during the first few hours after awakening than during the rest of the day? Yes Y
No N
7. How soon after you wake (woke) up do (did) you smoke your first cigarette? Would you say within the first 5 minutes, the first 30 minutes, the first hour, or more than an hour after awakening? 0–5 minutes A
6–30 minutes B
31–60 minutes C
61 minutes or more D
8. Of all the cigarettes you smoke (smoked) during the day, which one would you hate (have hated) to give up most? [ANSWER MUST BE STATED AS A TIME/ PLACE/SITUATION. IF PARTICIPANT STATES "IN THE MORNING", "WHEN I GET UP" "WITH MY COFFEE" OR A SIMILAR RESPONSE, CLARIFY.] First of the day F
Any other A
9. Do (did) you find it difficult to refrain from smoking in places where it is forbidden, for example, in church, the library, cinema, etc? Yes Y
No N
10. Do (did) you smoke if you are (were) so ill that you are (were) in bed most of the day? Yes Y
No N
11. On the average, for the entire time you have smoked, how many cigarettes did you usually smoke per day? Cigarettes
[ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00]

12. Since you began smoking, for how many years were you off cigarettes? Years

13. How deeply do (did) you inhale the cigarette smoke—
not at all, slightly, moderately, or deeply? Not at all N
Slightly S
Moderately M
Deeply D

14. Have you ever used any other tobacco products regularly, that is cigars or cigarillos, pipes, chewing tobacco, or snuff/dip? Yes Y
 Go to Item 27 — No N

15. What is the total number of years you have smoked cigars or cigarillos regularly? Years
 If "00", go to Item 18

16. Over the course of the entire time you smoked cigars or cigarillos, how many cigars or cigarillos per week have you typically smoked? Cigars or Cigarillos

17. Do you currently smoke cigars or cigarillos? Yes Y
No N

18. What is the total number of years you have smoked a pipe regularly? Years
 If "00", go to Item 21

19. Over the course of the entire time you have smoked a pipe, how many pipefuls per week have you typically smoked? Pipefuls

20. Do you currently smoke a pipe?..... Yes Y
No N

21. What is the total number of years you have used chewing tobacco such as Redman, Beechnut or Levi Garret, regularly?
Years

If "00", go to Item 24

22. Over the course of the entire time you have used chewing tobacco, how many pouches per week have you typically chewed? [A STANDARD POUCH CONTAINS 3 OUNCES].....
Pouches

23. Do you currently use chewing tobacco? Yes Y
No N

24. What is the total number of years you have used snuff or dip, such as Skoal, Bandits or Copenhagen, regularly?
Years

If "00", go to Item 27

25. Over the course of the entire time you have used dip or snuff, how many cans per week have you typically used? [A STANDARD CAN CONTAINS 1.2 OUNCES].....
Cans

26. Do you currently use dip or snuff? Yes Y
No N

27. [ASK EVERYONE] During the past year, about how many hours per week, on the average, were you in close contact with people where they were smoking? For example, at work, your home, in a car, or other close quarters?
Hours

ADMINISTRATIVE INFORMATION

28. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

29. Code number of person completing this form:

--	--	--



Interviewer Observations

FORM CODE: OBS
VERSION A 10/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS

1. Respondent's cooperation was:

Very good	V
Good	G
Fair	F
Poor	P

2. Did the respondent seem to want to talk a lot during and after the interview?

Yes	Y
No	N

3. Did the respondent have hearing problems?

Yes	Y
No	N

4. Did the respondent have vision problems such as blindness or unusually thick lenses?

Yes	Y
No	N

5. Did the respondent have physical impairments such as missing limbs or artificial limbs?

Yes	Y
No	N

6. Are there comments about the respondent's physical abilities?Yes Y
 No N
 Go to Item 7

Comments: _____

7. The quality of the interview is **[CIRCLE ONLY ONE]**:

- Go to Item 9 High quality H
 Good quality G
 Fair quality F
 Poor quality P

8. The main reason for fair or poor quality of information was because the respondent:

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 8a. Did not want to be more specific..... | Y | N |
| 8b. Did not understand or speak English..... | Y | N |
| 8c. Was bored or uninterested..... | Y | N |
| 8d. Was upset, depressed or angry..... | Y | N |
| 8e. Had poor hearing or speech..... | Y | N |
| 8f. Was confused or distracted by frequent interruptions..... | Y | N |
| 8g. Was inhibited by others around him/her..... | Y | N |
| 8h. Was embarrassed by the subject matter..... | Y | N |
| 8i. Was emotionally unstable..... | Y | N |
| 8j. Was physically ill..... | Y | N |
| 8k. Other..... | Y | N |

Go to Item 9

Specify: _____

9. Is the respondent likely to be able to read? Yes Y
 No N
 Don't know D

- 10a. Did the respondent have any difficulties with any of the wording used in the interviews? Yes Y
 No N
- Go to Item 11 —

10b. What were the difficulties?

10c. What did you do about them?

11. How much did you like the interview? A great deal A
 A lot B
 Not too much C
 Not at all D

ADMINISTRATIVE INFORMATION

12. Date of data collection:

		/			/				
--	--	---	--	--	---	--	--	--	--

m m d d y y y y

13. Code number of person completing this form:

--	--	--



Medical History Form

FORM CODE: MHX
VERSION A 07/27/2000

ID NUMBER:

CONTACT: 0 1

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. SLEEP

"The following questions are about your medical history. First I'd like to ask about your sleep. Using this response card [RC #1], please tell me which response best describes your sleep behavior."

	<u>Never</u>	<u>Seldom</u>	<u>Some- times</u>	<u>Often</u>	<u>Almost Always</u>
1. You are told that you snore loudly and bother others.....	A	B	C	D	E
2. You are told that you stop breathing ("hold your breath") in sleep.....	A	B	C	D	E
3. You fall asleep during the day, particularly when not busy.....	A	B	C	D	E
4. You are tired after sleeping	A	B	C	D	E
5. You feel sleepy or fall asleep while driving	A	B	C	D	E

"The next two questions are about your usual sleep habits during the past month only. We are interested in the majority of days and nights in the past month."

6. During the past month, how would you rate your sleep quality overall? Would you say it was excellent, very good, good, fair, or poor?.....	Excellent	E
	Very good	V
	Good	G
	Fair	F
	Poor	P

7. During the past month, excluding naps, how many hours of actual sleep did you get at night (or day, if you work at night) on average? This may be different from the number of hours spent in bed.....

--	--

Hours

B. CHEST PAIN ON EFFORT

8. Have you ever had any pain or discomfort in your chest?Yes Y

Go to Item 32 — No N

9. Do you get it when you walk uphill or hurry? Yes Y

Go to Item 29 — No N

Never hurries or walks uphill H

10. Do you get it when you walk at an ordinary pace on the level? Yes Y

Go to Item 29 — No N

11. What do you do if you get it while you are walking? Stop or slow down S

Carry on C

[RECORD "STOP OR SLOW DOWN" IF SUBJECT CARRIES ON AFTER TAKING NITROGLYCERIN]

12. If you stand still, what happens to it? Relieved R

Go to Item 29 — Not relieved N

13. How soon? 10 minutes or less L

Go to Item 29 — More than 10 minutes M

14. Will you show me where it was? **[CIRCLE "Y" OR "N" FOR ALL AREAS]**

	Yes	No
14a. Sternum (upper or middle).....	Y	N
14b. Sternum (lower).....	Y	N
14c. Left anterior chest.....	Y	N
14d. Left arm	Y	N
14e. Other	Y	N

Go to Item 15

14f. Specify:.....

--	--	--	--	--	--	--	--	--	--	--	--

15. Do you feel it anywhere else? **[IF "YES", RECORD ABOVE]** Yes Y
 No N
16. Did you see a doctor because of this pain or discomfort?..... Yes Y
 — No N
17. What did the doctor say it was? Angina A
 Heart attack H
 Other Heart Disease D
 Other O
18. Have you been hospitalized because of this pain? Yes Y
 No N
19. How long ago did you start getting this pain?
 Within the past: 1 month A
 6 months B
 1 year C
 2 years D
 Over 2 years E
- “The next 3 questions on chest pain refer to 3 aspects: how often it occurs, how severe it is, and how long it lasts.”
20. Within the past 2 months, has your chest discomfort occurred more often? Yes Y
 — No N
21. Has it occurred at least twice as often as before? Yes Y
 No N
22. Within the past 2 months, has the pain become more severe? Yes Y
 No N

23. Within the past 2 months, has the pain lasted longer when it occurs? Yes Y
 No N
24. Do you ever use nitroglycerin to relieve the pain? Yes Y
 — No N
25. Within the past 2 months, has the pain required more nitroglycerin to relieve it? Yes Y
 No N
26. Within the past 2 months, have you started getting the pain with less exertion? Yes Y
 No N
27. Within the past 2 months have you started getting the pain when sitting still? Yes Y
 No N
28. Within the past 2 months, have you started getting the pain when sleeping? Yes Y
 No N

C. POSSIBLE INFARCTION

29. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? Yes Y
 — No N
30. Did you see a doctor because of this pain? Yes Y
 — No N
31. What did the doctor say it was? Heart Attack H
 Other disorder O

32. Have you ever had a heart attack for which you were hospitalized one week or more? Yes Y

No N
 Don't Know D

Go to Item 35

33. How many such heart attacks have you had?

34. How old were you when you had your (first) heart attack?

35. Have you ever had a test in which you were asked to exercise while an electrocardiogram was taken? Yes Y

No N

Go to Item 37

36. Were you told that the results were normal or abnormal? Normal N

Abnormal A

Don't know D

D. INTERMITTENT CLAUDICATION

37. Do you get pain in either leg on walking? Yes Y

No N

Go to Item 47

38. Does this pain ever begin when you are standing still or sitting? Yes Y Go to Item 46

No N

39. In what part of your leg do you feel it? **[IF CALVES NOT MENTIONED, ASK: "ANYWHERE ELSE?"]** Pain includes calf/calves C

Pain does not include calf/calves N

Go to Item 46

40. Do you get it if you walk uphill or hurry? Yes Y

No N

Go to Item 46

Never hurries or walks uphill H

41. Do you get it if you walk at an ordinary pace on the level? Yes Y
 No N
42. Does the pain ever disappear while you are walking? Yes Y — Go to Item 46
 No N
43. What do you do if you get it when you are walking? Stop or slow down S
Go to Item 46 — Carry on C
44. What happens to it if you stand still? Relieved R
Go to Item 46 — Not relieved N
45. How soon? 10 minutes or less L
 More than 10 minutes M
46. Were you hospitalized for this problem in your legs? Yes Y
 No N

E. CONGESTIVE HEART FAILURE

47. Have you ever had to sleep on 2 or more pillows to help you breathe? Yes Y
 No N
48. Have you ever been awakened at night by trouble breathing? Yes Y
 No N
49. Have you ever had swelling of your feet or ankles (excluding during pregnancy)? Yes Y
Go to Item 51 — No N
[INCLUDE PARENTHETICAL COMMENT FOR FEMALES ONLY]
50. Did it tend to come on during the day and go down overnight? Yes Y
 No N

F. INVASIVE PROCEDURES

51. Have you ever had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? Yes Y
 No N
 Go to Item 53

52. Did you have:

52a. Coronary bypass: Yes Y
 No N

52b1. Other heart procedure:..... Yes Y
 No N
 Go to Item 52c

52b2. Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

52c. Carotid endarterectomy: Yes Y
 No N
 Go to Item 52e1

52d. Site: Right R
 Left L
 Both B

52e1. Other arterial revascularization or bypass: Yes Y
 No N
 Go to Item 52f

52e2. Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

52f. Any other type of surgery on your heart or the arteries of your neck or legs? Yes Y
 No N

53. Have you ever had a balloon angioplasty on the arteries of your heart, neck, or legs? Yes Y

No N
 Go to Item 55

54. Did you have:

54a. Angioplasty of the coronary arteries? Yes Y
No N

54b. Angioplasty in the arteries of your neck? Yes Y
No N

54c. Angioplasty of lower extremity arteries? Yes Y
No N

55. Have you ever had:

55a. Heart catheterization? Yes Y
No N

55b. Carotid artery catheterization? Yes Y
No N

55c1. Other arterial catheterization?..... Yes Y
 No N
 Go to Item 56

55c2. Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

G. DIAGNOSTIC PROCEDURES

56. Have you ever had any of the following procedures performed for a medical reason?
Please do not include any procedures done for research studies or a fitness program.

	<u>Yes</u>	<u>No</u>
56a. Echocardiogram?	Y	N
56b. Electrocardiogram?	Y	N
56c. Treadmill or cardiac stress test?	Y	N
56d. MRI exam of the brain?	Y	N

H. DIALYSIS

57. Are you now, or have you ever been on kidney dialysis or a kidney machine?

Yes	Y
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 59</div> — No	N

58. How long (were you/have you been) on kidney dialysis? 58a.

--	--

 Months

58b.

--	--

 Years

I. ADMINISTRATIVE INFORMATION

59. Date of data collection:.....

		/			/				
m	m		d	d		y	y	y	y

60. Method of data collection: Computer C
Paper form P

61. Code number of person completing this form:

--	--	--



Medication Survey Form

FORM CODE: MSR
VERSION A 09/25/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form is completed during the participant's clinic visit in several stages by appropriately trained persons at the workstations identified for this purpose. If the paper form is used for data collection, data are keyed into the data entry system as soon as possible following its completion. ID Number, Contact Year, and Name are entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeros where necessary to fill all boxes. If a number is entered incorrectly on a paper form, mark through the correct entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

At the reception station, verify that the medication bag is clearly identified with the participant's name and ID number. Do not open the medication bag or transcribe medications until the participant has signed the informed consent. The transcription section of Section B is completed while the participant proceeds with the visit. Medications are coded by trained field center personnel after the transcription and interview portions have been completed. Code numbers of the interviewer, transcriber and coder are recorded in the appropriate locations.

A. RECEPTION

1. Did you bring all the medications you used in the past two weeks, or their containers? This includes all prescription medications, all over-the-counter medications, all vitamins, minerals, herbs and dietary supplements? Yes, all Y

Go to Item 4: Begin transcription while participant proceeds with clinic visit.

Some of them S

No N

Go to Item 3a and transcribe those medications which were brought at this time.

2. Is this because you forgot, because you have not taken any medications at all in the last two weeks, or because you could not bring your medications? Took no medications T

Go to Item 31a

Forgot or was unable to bring medications F

"That's alright. Since the information on medications is so important, we would still like to ask you about it during the interview."

3a. Could we follow up on this after the visit so that we can get the information from the (other) medication labels? **[EXPLAIN FOLLOW-UP OPTIONS]** Yes Y

ATTEMPT TO CONVERT REFUSALS; INDICATE ON ITINERARY FORM

No or not applicable N

3b. Describe method of follow-up to be used:

B. MEDICATION TRANSCRIPTION

Transcribe the NAME followed by the CONCENTRATION and INSTRUCTIONS FOR ADMINISTRATION of each medication in the spaces below. List all ingredients for nutritional supplements OR make a copy of label and affix to form (continue on the second line if needed).

	<u>A</u> <u>MEDICATION NAME</u>	<u>B</u> <u>CONCENTRATION</u>	<u>C</u> <u>INSTRUCTIONS FOR ADMINISTRATION</u>	<u>D</u> <u>"DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?"</u> YES – Y, NO – N DON'T KNOW – D	<u>E</u> <u>CODE NUMBER</u>
4.	_____	_____	_____	Y N D	_____
5.	_____	_____	_____	Y N D	_____

A <u>MEDICATION NAME</u>	B <u>CONCENTRATION</u>	C <u>INSTRUCTIONS FOR ADMINISTRATION</u>	D <u>"DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?"</u> YES - Y, NO - N DON'T KNOW - D	E <u>CODE NUMBER</u>
6. _____ _____	_____	_____	Y N D	_____
7. _____ _____	_____	_____	Y N D	_____
8. _____ _____	_____	_____	Y N D	_____
9. _____ _____	_____	_____	Y N D	_____
10. _____ _____	_____	_____	Y N D	_____
11. _____ _____	_____	_____	Y N D	_____
12. _____ _____	_____	_____	Y N D	_____

A MEDICATION NAME	B CONCENTRATION	C INSTRUCTIONS FOR ADMINISTRATION	D "DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?"	E CODE NUMBER
			YES - Y, NO - N DON'T KNOW - D	
13. _____ _____	_____	_____	Y N D	_____
14. _____ _____	_____	_____	Y N D	_____
15. _____ _____	_____	_____	Y N D	_____
16. _____ _____	_____	_____	Y N D	_____
17. _____ _____	_____	_____	Y N D	_____
18. _____ _____	_____	_____	Y N D	_____
19. _____ _____	_____	_____	Y N D	_____

A MEDICATION NAME	B CONCENTRATION	C INSTRUCTIONS FOR ADMINISTRATION	D "DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?"	E CODE NUMBER
			YES - Y, NO - N DON'T KNOW - D	
20.	_____	_____	Y N D	_____
	_____	_____		
21.	_____	_____	Y N D	_____
	_____	_____		
22.	_____	_____	Y N D	_____
	_____	_____		
23.	_____	_____	Y N D	_____
	_____	_____		
24.	_____	_____	Y N D	_____
	_____	_____		
25.	_____	_____	Y N D	_____
	_____	_____		
26.	_____	_____	Y N D	_____
	_____	_____		

27. Total number of medications in bag:

28. Number of medications unable to transcribe:

Code numbers of person transcribing and coding medications:

29a. Transcriber code number:

29b. Medication coder code number:

29c. Date of medication coding: / /
m m d d y y y y

C. INTERVIEW

"Now I would like to ask about a few specific medications."

Were any of the medications you took during the past two weeks for:
[IF YES, VERIFY THAT MEDICATION NAME IS ON MEDICATION RECORD.]

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
30a. High blood pressure?	Y	N	D
30b. High blood cholesterol?	Y	N	D
30c. Angina or chest pain?	Y	N	D

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
30d. Control of heart rhythm?	Y	N	D
30e. Heart failure?	Y	N	D
30f. Blood thinning?	Y	N	D
30g. Diabetes or high blood sugar?	Y	N	D
30h. Stroke?	Y	N	D
30i. Leg pain when walking?	Y	N	D

D. MEDICATION-TAKING BEHAVIORS

“There are many things that keep people from taking medicines exactly as prescribed. I am going to read a list of typical reasons people have for not taking prescribed medicines. For each reason I list, please tell me if you have not taken a prescribed medicine for this reason.”

	<u>Reason Indicated</u>	<u>Not a Reason</u>	<u>Don't Know</u>
31a. You were in a hurry, too busy, or forgot.....	Y	N	D
31b. It was inconvenient, for example, the medication needed to be refrigerated, or had to be taken with food.....	Y	N	D
31c. You thought the medication wouldn't do you any good.....	Y	N	D

	<u>Reason Indicated</u>	<u>Not a Reason</u>	<u>Don't Know</u>
31d. The medication made you feel bad.....	Y	N	D
31e. If you took the medication, you wouldn't be able to carry out your normal activities—for example, driving.....	Y	N	D
31f. You thought you might become addicted or hooked on the medication.....	Y	N	D
31g. You don't like to take medicine.....	Y	N	D
31h. You were trying to do without it.....	Y	N	D
31i. You did not have money to purchase the medication (or its refills)	Y	N	D
31j. Did not have the medication available.....	Y	N	D
31k. Are there any other reasons why you haven't taken a prescribed medication?	Y	N	D

Go to Item 32

31l. If yes, specify reason:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E. ASPIRIN AND NSAID USE

32. During the past two weeks, did you take any aspirin, Alka-Seltzer, cold medicine or headache powder? Yes Y
- No N
 Don't know D
- Go to Item 35a

"Next I would like to ask you about your regular use of aspirin alone or an aspirin-containing medication, for example, aspirin+caffeine+codeine. By regular, I mean at least once a week for several months."

33. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol nor Advil..... Yes Y
- No N
 Don't know D
- Go to Item 35a

- 34a. What is the strength of aspirin in the pill? **[CHECK THE PREPARATION, IF AVAILABLE; OTHERWISE SHOW RC #1]** Less than 300 mg (Baby) A
- 300 – 499 mg (Regular) B
- 500 mg or greater (Extra strength) C
- Don't know D

34b. How many days a week, on average, are you taking this medication? Days

34c. How many pills are you taking per week, on average? Pills

- 34d. For what purpose are you taking this medication? Participant mentioned to avoid heart attack or stroke H
- Participant did NOT mention to avoid heart or attack or stroke O

34e. When did you start taking aspirin, or a medicine containing aspirin, on a regular basis?

		/				
m	m		y	y	y	y

35a. Except for aspirin or Tylenol, are you NOW taking other non-steroidal anti-inflammatory drugs or arthritis medicines on a regular basis? Examples include Ibuprofen, Advil, Nuprin, Motrin, Naprosyn, Feldene and Clinoril.....

Yes Y

Go to Item 36a
No N
Don't know D

35b. What is the brand name of the medicine? [CHECK THE PREPARATION, IF AVAILABLE]

Ibuprofen or Advil I
Other O

Go to Item 35d

35c. If "Other", specify:

35d. How many pills per week are you taking, on average?

Pills	

35e. When did you start taking [INSERT NAME] on a regular basis?.....

		/				
m	m		y	y	y	y

F. FOLK MEDICINE

“Other than medicines prescribed by your doctor or health professional, what other home remedies, teas, roots or herbs have you used in the last 2 weeks for medical reasons only: Have you used...”

36a. Vinegar?Yes Y
 No N

Go to Item 37a

36b. How many days during the past 2 weeks?

--	--

 Days

36c. For what purpose?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

37a. Epsom Salts?Yes Y
 No N

Go to Item 38a

37b. How many days during the past 2 weeks?

--	--

 Days

37c. For what purpose?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

42a. Have you taken any other home remedies, teas, roots or herbs in the last 2 weeks?Yes Y

Go to Item 43a — No N

42b. How many days during the past 2 weeks?
Days

42c. For what purpose?

42d. Specify type:

43a. Have you ever used any other home remedies, teas, roots, herbs or other medicines?Yes Y

Go to Item 44 — No N

43b. Was this for your heart or for other symptoms? Heart H — Go to Item 43d
Other O

43c. For what other symptoms?

43d. About how often would you say you have used any of these remedies? Would you say daily, weekly, several times a month, monthly, several times a year, yearly, rarely, almost never, or never?

- [SHOW RC #2] Daily D
 Weekly W
 Several times a month S
 Monthly M
 Several times a year T
 Yearly Y
 Rarely R
 Almost never A
 Never N

G. ADMINISTRATIVE INFORMATION

44. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

45. Method of data collection: Computer C
 Paper form P

46. Code number of person completing this form:

--	--	--



Personal and Family Health History Form

FORM CODE: PFH
VERSION A 10/06/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

"I would like to ask you a few questions about your health and that of your parents."

1. Compared to other people your age, would you say that your health is excellent, good, fair, or poor?
- | | |
|-----------|---|
| Excellent | E |
| Good | G |
| Fair | F |
| Poor | P |

Personal Health Problems: "Now I'm going to read a list of some health problems. After each one, please tell me if a doctor or health professional has ever said you have that problem."

Has your doctor or health professional ever said you have:

- 2a. High blood pressure or hypertension?
- | | |
|------------|---|
| Yes | Y |
| No | N |
| Don't know | D |
- Go to Item 3a

- 2b. How old were you when first told that you had high blood pressure or hypertension?
-
- age

- 3a. High blood cholesterol?
- | | |
|------------|---|
| Yes | Y |
| No | N |
| Don't know | D |
- Go to Item 4a

3b. How old were you when first told that you had high blood cholesterol?.....
 age

4a. Heart attack? Yes Y
 No N
 Don't know D
 Go to Item 5a

4b. How old were you when first told that you had a heart attack?
 age

5a. Stroke? Yes
 Y
 No N
 Don't know D
 Go to Item 6a

5b. How old were you when first told that you had a stroke?.....
 age

Has your doctor or health professional ever said you have:

6a. Sugar in the blood or diabetes? Yes
 Y
 No N
 Don't know D
 Go to Item 7a

6b. How old were you when first told that you had sugar in the blood or diabetes?
 age

7a. Kidney problem? Yes
 Y
 No N
 Don't know D
 Go to Item 8a

7b. How old were you when first told that you had a kidney problem?

--	--	--

age

8a. Cancer? Yes Y
No N
Don't know D

Go to Item 9a	}	}
---------------	---	---

8b. How old were you when first told that you had cancer?.....

--	--	--

age

9a. Chronic lung disease, such as bronchitis or emphysema? Yes Y
No N
Don't know D

Go to Item 10a	}	}
----------------	---	---

9b. How old were you when first told that you had chronic lung disease?.....

--	--	--

age

10a. Asthma? Yes Y
No N
Don't know D

Go to Item 11a	}	}
----------------	---	---

10b. How old were you when first told that you had asthma?

--	--	--

age

11a. A blood circulation problem? Yes Y
No N
Don't know D

Go to Item 12a	}	}
----------------	---	---

11b. How old were you when first told that you had

--	--	--

a blood circulation problem?

age

12a. Have you stayed overnight as a patient in a hospital during the past year? Yes Y

Go to Item 13 — No N

12b. Reason: [Two rows of 15 empty boxes each]

13. [IS YOUR NATURAL MOTHER LIVING? DO NOT ASK; RECORD FROM ELIGIBILITY FORM.] Y

Yes — Go to Item 16

No N

Go to Item 17 — Don't know D

14. Approximately how old was your mother when she died? [Three empty boxes] age

15a. What was the cause of your natural mother's death? Cancer C, Heart attack A, Stroke S, Unknown U, Other (Specify) O

Go to Item 17

15b. Specify: [Two rows of 15 empty boxes each]

Go to Item 17

16. How old is your mother? [Three empty boxes] age

Did your mother ever have (or does she have) any of the following diseases? [READ EACH DISEASE NAME]

17. Cancer? Yes
Y

No N

Don't know D

18. Diabetes (sugar in the blood)? Yes
Y

No N

Don't know D

19a. High blood pressure or hypertension? Yes Y

Go to Item 20a No N
Don't know D

19b. How old was she when she was first told that she had high blood pressure or hypertension?
age

20a. Stroke? Yes
Y

Go to Item 21a No N
Don't know D

20b. How old was she when she was first told that she had had a stroke?
age

21a. Heart disease? Yes Y

Go to Item 22 No N
Don't know D

21b. How old was she when she was first told that she had heart disease?
age

22. [IS YOUR NATURAL FATHER LIVING? **DO NOT ASK; RECORD FROM ELIGIBILITY FORM.**]
 Y

Yes

No N

Don't know D

23. Approximately how old was your father when he died?
 age

24a. What was the cause of your natural father's death? Cancer C
 Heart attack A
 Stroke S
 Unknown U
 Other (Specify) O

24b. Specify:

25. How old is your father?
 age

Did your father ever have (or does he have) any of the following diseases? [READ EACH DISEASE NAME]

26. Cancer? Yes
 Y

No N

Don't know D

27. Diabetes (sugar in the blood)? Yes
 Y

No N

Don't know D

28a. High blood pressure or hypertension? Yes Y

No N
 Don't know D

Go to Item 29a

28b. How old was he when he was first told that he had high blood pressure or hypertension?
age

29a. Stroke? Yes
Y

No N
 Don't know D

Go to Item 30a

29b. How old was he when he was first told that he had had a stroke?
age

30a. Heart disease? Yes Y

No N
 Don't know D

Go to Item 31a

30b. How old was he when he was first told that he had heart disease?
age

"Now I have a few questions about your full brothers and sisters. Count only those who have the same natural mother and natural father as you, even if they are no longer living or you are no longer in touch with them. Do not include adopted or step brothers or sisters. Earlier you indicated that you have __ brothers and __ sisters still living."

31a. [FULL BROTHERS LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.]

31b. [FULL SISTERS LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.]

31c. Were there any others who are no longer living? Yes
Y

Go to Item 31f — No N

31d. How many full brothers are no longer living?

31e. How many full sisters are no longer living?

31f. [TOTAL NUMBER OF FULL BROTHERS AND FULL SISTERS.
DO NOT ASK; COMPUTE. IF NONE, ENTER "00".]

If "00" Go to Item 37a

Have any of your brothers or sisters (whether living or no longer living) ever had any of the following diseases?
[READ EACH RESPONSE]

32a. Cancer? Yes
Y

Go to Item 33a — No N
Don't know D

32b. How many?

33a. Diabetes (sugar in the blood)? Yes
Y

Go to Item 34a — No N
Don't know D

33b. How many?

34a. High blood pressure or hypertension? Yes Y

Go to Item 35a — No N
Don't know D

34b. How many?

34c. How many of these brothers and sisters were younger than 60 years of age when told they had high blood pressure or hypertension?

35a. Stroke? Yes
Y

Go to Item 36a No N
 Don't know D

35b. How many?

35c. How many of these brothers and sisters were younger than 60 years of age when told they had a stroke?

36a. Heart disease? Yes Y

Go to Item 37a No N
 Don't know D

36b. How many?

36c. How many of these brothers and sisters were younger than 60 years of age when told they had heart disease?

"I also have a few questions about your natural children. Earlier you indicated that you have __ natural or biological children still living.

37a. [NATURAL CHILDREN LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.]

IF "00" Go to Item 37c

37b. How many are over 18 years old?.....

37c. Were there any others who are no longer living? Yes Y

Go to Item 38a No N

37d. How many natural children are no longer living?

Have any of your adult (age 18 or older) natural children (whether living or no longer living) ever been told they have:

38a. Cancer? Yes
Y

Go to Item 39a No N
 Don't know D

38b. How many?

39a. Diabetes (sugar in the blood)? Yes
Y

Go to Item 40a No N
 Don't know D

39b. How many?

40a. High blood pressure or hypertension? Yes Y

Go to Item 41a No N
 Don't know D

40b. How many?

40c. How many of these children were younger than 60 years of age when told they had high blood pressure or hypertension?

41a. Stroke? Yes
Y

Go to Item 42a No N
 Don't know D

41b. How many?

41c. How many of these children were younger than 60 years of age when told they had a stroke?

42a. Heart disease? Yes Y
No N
Don't know D

Go to Item 43

42b. How many?

42c. How many of these children were younger than 60 years of age when told they had heart disease?

ADMINISTRATIVE INFORMATION

43. Date of data collection: / /
m m d d y y y y

44. Code number of person completing this form:



Personal Data – Socioeconomic Status

FORM CODE: PDS
VERSION A 09/20/2000

ID NUMBER:

CONTACT YEAR: 01

LAST NAME:

INITIALS:

“Now I would like to ask you a few questions about yourself. In studies like this we often compare the ideas of men and women, young and old persons, and people of different economic backgrounds. The following questions are designed to assess some of your current and early life experiences. We realize that many of these refer to events that happened a long time ago. Please try to remember and answer as best you can. We will start our questions by gathering information about your current occupation, education and so forth. These questions are very important to this study. Can you agree to give us this information?”

Where were you born?

1a. City or Town:

1b. County: ..

1c. State (or Country if not US).....

2a. Think of this ladder with ten steps as representing where people stand in their communities. People define community in different ways. Please define it in whatever way is meaningful to you. At **step 10** are people who have the highest standing in their community. At **step 1** are people who have the lowest standing in their community. Tell me a number that represents where you think you stand at this time in your life, relative to other people in your community.

[SHOW RC #1]
Specify step on ladder:

2b. People think of their communities in different ways. When you answered the last question, what did you think of as your community?

3. We would like to know about the kind of work you do. Looking at this card, [SHOW RC #2] please tell me the letter which best describes your current job?

- Working now, full-time A
- Working now, part-time B
- Employed, but temporarily laid off C
- Sick or on leave for health reasons D
- Unemployed, looking for work E
- Unemployed, not looking for work F
- Homemaker, not working outside the home G
- Retired from my usual job and not working H
- Retired from my usual job but working for pay I

Go to Item 5

4. When was your last regular job for pay? [RECORD YEAR]

--	--	--	--

y y y y

Go to Item 6a

[ENTER '9999' IF NEVER HAD A REGULAR JOB FOR PAY]

5. Are you currently working in one or more than one job? ... One O
 More than one M

6a. What (is/was) your occupation on your main job?
 (For example: registered nurse, personnel manager, auto mechanic, accountant, machine operator, etc.)

[IF MORE THAN ONE, ASK:] Which do you consider your main occupation or job?

[PROBE FOR WHAT RESPONDENT DOES, NOT WHERE RESPONDENT WORKS, OBTAIN JOB TITLE]

6b. (Are/were) you self-employed for this occupation? Yes Y

No N

7. Tell me a little more about your main job. What are your most important activities or duties? For example patient care, directing hiring policies, repairing automobiles, reviewing financial records, operating machinery, etc.)

Two rows of 18 empty boxes for text entry.

8. What kind of business or industry (is/was) that? (For example, hospital newspaper publishing, auto repair shop, bank, etc.)

[IF UNSURE, ASK:] What do they make or do where you (work/worked)?

[PROBE FOR NAME OF BUSINESS OR INDUSTRY]

Two rows of 18 empty boxes for text entry.

9a. How long (have you had/did you have) your main job? (Number of years).....

Two empty boxes for years.

9b. (Is/was) your job one that (provides/provided) regular steady work throughout the year, (is/was) it seasonal, (are/were) there frequent layoffs, or what? Regular, steady work

- Seasonal
Frequent layoffs
Don't know
Other

R
S
F
D
O

Go to Item 10a

9c. Specify:

Two rows of 18 empty boxes for text entry.

10a. Thinking over your entire work life, have you ever been unemployed (that is looking for a job but unable to find one) for 6 months or longer? Yes Y

— No N

10b. How many times have you been unemployed for more than 6 months? [SPECIFY NUMBER OF TIMES]

11. How satisfied are you with your job? Are you satisfied, dissatisfied, or neither? Satisfied S
 Dissatisfied D
 Neither N

12. Now I would like you to think about the kind of jobs you had when you were younger. Please tell me what your first full-time occupation or job was.

[PROBE FOR WHAT RESPONDENT DID, NOT WHERE RESPONDENT WORKED. OBTAIN JOB TITLE.]

13. Pretend that the steps on this ladder stand for 10 possible steps in your life. The tenth step stands for the best possible way of life for you and the first step stands for the worst possible way of life for you. Keeping in mind that **step 10** represents your best way of life and **step 1** represents your worst way of life, will you tell me the step number that best describes where you are now?

[SHOW RC #3]

Specify step on ladder:

14. Would you please tell me the step number that best describes where you were ten years ago?

Specify step on ladder:

15. Will you please tell me the step number that best describes where you would like to be next year?

Specify step on ladder:

16. Will you please tell me the step number that best describes where you expect to be next year?

Specify step on ladder:.....

17. How disappointed would you be if you found out that you could never reach (STEP # IN Q#15)? Would you be very disappointed, fairly disappointed, slightly disappointed, or not at all disappointed?

- Very disappointed V
- Fairly disappointed F
- Slightly disappointed S
- Not at all disappointed N

18a. What is the highest degree or years of school you have completed, including trade or vocational school or college?

[IF CURRENTLY ENROLLED, MARK HIGHEST GRADE COMPLETED OR HIGHEST DEGREE RECEIVED.]

[RECORD NUMBER OF YEARS FOR GRADES 1–12:]

- Some vocational or trade school, but no certificates 14
- Vocational or trade certificate 15
- Some college, but no degree 16
- Associate degree, (junior college) (AA or AS) 17
- Bachelor’s degree (BA, BS, AB) 18
- Graduate or professional schools (MA, MS, Master’s Doctorate, MD, JD, DDS, DVM, etc.) 19

18b. **[IF LESS THAN 12, ASK:]** Did you complete a GED? Yes Y
 No N

19a. Have you completed any other training or education outside of formal school programs? Yes Y

Go to Item 20 — No N

19b. Specify:

Two rows of 15 empty boxes for specifying training or education.

20. [DO NOT ASK; REFER TO SOCIAL SUPPORT FORM]

[HAS RESPONDENT EVER HAD SPOUSE OR CURRENTLY HAS SPOUSE/PARTNER?] Yes Y

Go to Item 24 — No N

21. [SELECT APPROPRIATE WORDING]

Is your (husband/wife/partner) presently working for pay?

OR

Did your (husband/wife/partner) ever work for pay? Yes, currently Y

Yes, in the past P

Go to Item 23a — No N

22a. What (is/was) (his/her) occupation or main job? (For example: registered nurse, personnel manager, auto mechanic, accountant, machine operator, etc.)

[PROBE FOR WHAT SPOUSE/PARTNER DOES, NOT WHERE SPOUSE/PARTNER WORKS, OBTAIN JOB TITLE]

Two rows of 15 empty boxes for occupation or main job.

22b. What are/were (his/her) most important activities or duties? (For example patient care, directing hiring policies, repairing automobiles, reviewing financial records, operating machinery, etc.)

Two rows of 15 empty boxes for activities or duties.

22c. What kind of business or industry (is/was) that?
 (For example, hospital newspaper publishing, auto
 repair shop, bank, etc.)

[IF UNSURE, ASK:] What do they make or do where
 your (spouse/partner) (works/worked)?

[PROBE FOR NAME OF BUSINESS OR INDUSTRY]

23a. What is the highest degree or years of school your
 (husband/wife/partner) ever completed, including trade
 or vocational school or college?

**[IF CURRENTLY ENROLLED,
 MARK HIGHEST GRADE COMPLETED
 OR HIGHEST DEGREE RECEIVED]**

RECORD NUMBER OF YEARS FOR GRADES 1-12	<input type="text"/>	<input type="text"/>
Some vocational or trade school, but no certificates	14	
Vocational or trade certificate	15	
Some college, but no degree	16	
Associate degree, (junior college) (AA or AS)	17	
Bachelor's degree (BA, BS, AB)	18	
Graduate or professional school (MA, MS, Master's Doctorate, MD, JD, DDS, DVM, etc)	19	

23b. **[IF LESS THAN 12, ASK:]** Did (he/she) complete a GED? Yes Y

No N

"The following questions have to do with family finances. We know from other research that financial strain is common and very important to consider in understanding people's health. These questions will help give a picture of the various financial situations experienced by persons in the Jackson Heart Study. I want to remind you that key information you provide is strictly confidential and will never be identified with you as an individual."

24. Are you or your family renting, buying (paying a mortgage), or do you own (paid off) the house or apartment where you live now? Pays rent P
- Buying (paying a mortgage) B
- Owns O
- Neither owns nor pays rent N
- Don't know D
25. Do you own or are buying/leasing one or more cars? Yes, one O
- Yes, more than one M
- No N
26. Suppose you needed money quickly and you cashed in all of your (and your spouse's/ partner's) checking and savings accounts, cars, jewelry, or other possessions and any stocks, bonds, or real estate (other than your principal home). If you added up what you get, about how much would it amount to? Just give me your best estimate from the list.
- [HAND RC #4] \$0 - 499 A
- \$500 - 999 B
- \$1,000 - 4,999 C
- \$5,000 - 9,999 D
- \$10,000 - 19,999 E
- \$20,000 - 49,999 F
- \$50,000 - 99,999 G
- \$100,000 - 199,999 H
- \$200,000 or more I
- Don't know J
- Refused K

27. In the past year, did you or anyone living in your household receive any income from the following sources?

	<u>YES</u>	<u>NO/ DON'T KNOW</u>	<u>REFUSED</u>
27a. Investments?	Y	N	R
27b. Social Security?	Y	N	R
27c. Worker's Compensation?	Y	N	R
27d. Unemployment Compensation?	Y	N	R
27e. ADC or AFDC? (Aid to Dependent Children)	Y	N	R
27f. Food Stamps?	Y	N	R
27g. Other Welfare Programs?	Y	N	R
27h. Supplemental Security Income (SSI)?	Y	N	R
27i. Gambling?	Y	N	R

28a. Now, thinking of all these sources as well as money from jobs, income from a business, or farm, rent from property, social security or retirement benefits, help from friends or family, or any other income not reported, what was your total combined family income before taxes in (YEAR)? Using this card [RC #5] tell me the letter that most closely matches your total combined family income.

- | | | |
|-------------------|---|-------|
| Less than \$5,000 | A | _____ |
| \$5,000 – 7,999 | B | _____ |
| \$8,000 – 11,999 | C | _____ |
| \$12,000 – 15,999 | D | _____ |
| \$16,000 – 19,999 | E | _____ |
| \$20,000 – 24,999 | F | _____ |
| \$25,000 – 34,999 | G | _____ |
| \$35,000 – 49,999 | H | _____ |
| \$50,000 – 74,999 | I | _____ |
| \$75,000 – 99,999 | J | _____ |
| \$100,000 or more | K | _____ |
| Don't Know | L | |
| Refused | M | |

Go to Item 29

28b. You may not be able to give me an exact range for your family income, but can you tell me if your family received \$35,000 or more? Yes Y

Go to Item 28f — No N

Go to Item 29 — Don't know D
Refused R

28c. Was it \$50,000 or above? Yes Y

Go to Item 29 — No N
Don't know D
Refused R

28d. Was it \$75,000 or above? Yes Y

Go to Item 29 — No N
Don't know D
Refused R

28e. Was it \$100,000 or above? Yes Y

Go to Item 29 — No N
Don't know D
Refused R

[IF THE FAMILY DID NOT RECEIVE \$35,000 OR MORE IN (YEAR)]

28f. Was it \$10,000 or above? Yes Y

Go to Item 29 — No N
Don't know D
Refused R

28g. Was it \$25,000 or above? Yes Y

No N

Don't know D

Refused R

29. How much of that income do you contribute? Using this card tell me the letter that most closely matches your total income before taxes in (year).

[HAND RC #5]	Less than \$5,000	A
	\$5,000 – 7,999	B
	\$8,000 – 11,999	C
	\$12,000 – 15,999	D
	\$16,000 – 19,999	E
	\$20,000 – 24,999	F
	\$25,000 – 34,999	G
	\$35,000 – 49,999	H
	\$50,000 – 74,999	I
	\$75,000 to 99,999	J
	\$100,000 or more	K
	Don't know	L
	Refused	M

30. On average, how many people, including yourself does your total family income support?

Number of persons:

31a. Including yourself, how many people lived in your house during the past 12 months?

Number of persons:

31b. Of these, how many are under the age of 18?

Number of persons:

32. **[SHOW RC #6]** Now, think of a ladder with 10 steps representing where people stand in the United States. At **step 10** are the people who are the best off—those who have the most money, the most education and the most respected jobs. At **step 1** are the people who are the worst off—who have the least money, least education, and the worst jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top, and the lower you are, the closer you are to the people at the very bottom. Where would you place yourself on this ladder? Tell me a number that represents where you think you stand at this point in time relative to other people in the United States.

Specify number of step:

--	--

ADMINISTRATIVE INFORMATION

33. Date of data collection:.....

		/			/				
m	m		d	d		y	y	y	y

34. Code number of person completing this form:

--	--	--



Physical Activity Form

FORM CODE: PAC
VERSION A 08/24/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I’m going to ask you some questions about your physical activity during the past year. First, we would like to know about the general level of physical activity involved in your daily routine.”

A. ACTIVE LIVING

1. How many minutes a day do you usually walk and/or bicycle to and from work, school or errands?

- [RC #1] Less than 5 minutes **A**
- At least 5 but less than 15 minutes **B**
- At least 15 but less than 30 minutes **C**
- At least 30 but less than 45 minutes **D**
- At least 45 minutes **E**

2. How many city blocks (10 city blocks is about 1 mile) do you usually walk each day to and from work or doing errands? [RC #2]

- Less than 5 blocks **A**
- At least 5 but less than 10 blocks **B**
- At least 10 but less than 15 blocks **C**
- At least 15 but less than 20 blocks **D**
- More than 20 blocks **E**

3. During leisure time, how often did you walk for at least 15 minutes at a time? **[RC #3]** Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

4. During leisure time, how often did you bike for at least 15 minutes at a time? **[RC #3]** Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

5. During leisure time, how often do you sweat from exertion? **[RC #3]** Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

6. During the past year, how often did you watch television? **[RC #4]** Less than 1 hour a week A
- At least 1 hour a week but less than 7 hours a week B
- At least 1 hour a day but less than 2 hours a day C
- At least 2 hours a day but less than 4 hours a day D
- 4 or more hours a day E

7. During a usual week in the past year, about how many times a week did you do physical exercise in your free time for at least 20 minutes without stopping, which was hard enough to make your heart rate and breathing increase a large amount?

B. OCCUPATIONAL ACTIVITIES:

“Now, some questions about your employment situation.”

8. Did you work for pay or do volunteer work during the past year? Yes Y

— No N

9. In comparison with other men (women) of your age, do you think your work (volunteer work) is physically much lighter, lighter, the same as, heavier, or much heavier? [RC #5] Much lighter A

Lighter B

The same as C

Heavier D

Much heavier E

10. After work are you physically tired? [RC #6] Never A

Seldom B

Sometimes C

Often D

Always E

11. When you are working (doing volunteer work) how often do you do each of the following?

11a. Sit: [RC #6] Never A

Seldom B

Sometimes C

Often D

Always E

11b. Stand: [RC #6] Never A
Seldom B
Sometimes C
Often D
Always E

11c. Walk: [RC #6] Never A
Seldom B
Sometimes C
Often D
Always E

11d. Lift heavy loads: [RC #6] Never A
Seldom B
Sometimes C
Often D
Always E

11e. Sweat from exertion: [RC #6] Never A
Seldom B
Sometimes C
Often D
Always E

C. HOME, FAMILY, YARD AND GARDEN

"Now, we want to know about your activities at home, not including activities you may do at your home or other people's home for pay or volunteer work."

12. During the past year (12 months) how much time did you spend caring for children under 5 years of age or for a disabled child or elderly person? **[RC #7]** Less than 1 hour per week **A**
- At least 1 but less than 20 hours per week **B**
- More than 20 hours per week **C**
-
13. During the past year (12 months) how much time did you spend preparing meals or cleaning up from meals? **[RC #8]** Less than ½ hour per day **A**
- At least ½ hour but less than 1 hour per day **B**
- At least 1 hour but less than 1 ½ hours per day **C**
- At least 1 ½ hours but less than 2 hours per day **D**
- 2 or more hours per day **E**
-
14. During the past year (12 months) how much time did you spend doing major cleaning activities such as shampooing carpets, waxing floors, washing windows or washing a car or other vehicle? **[RC #3]** Less than once a month **A**
- Once a month **B**
- 2-3 times a month **C**
- Once a week **D**
- More than once a week **E**

15. During the past year (12 months) how much time did you spend doing routine cleaning such as dusting, laundry, vacuuming, changing bed sheets or grocery shopping and pushing a cart?
[RC #3] Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

16. During the past year (12 months) how much time did you spend doing gardening or yard work, such as mowing lawn or raking leaves?
[RC #3] Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

17. During the past year (12 months) how much time did you spend doing heavy outdoor work such as chopping wood, tilling soil, shoveling or bailing hay? **[RC #3]** Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

18. During the past year (12 months) how much time did you spend doing major home decoration or repair, such as plumbing, tiling, painting or building? **[RC # 3]** Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

D. SPORTS AND EXERCISE

"In this last section, we want to know if you were involved in any sports or exercise."

19. "During the past year did you participate in any of these activities or in any other similar activities not included on the list? **[HAND RESPONDENT SPORTS AND EXERCISE LIST]** Yes Y
- No N

20. How often did you play sports or exercise during the past year? **[RC #9]** Never or less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

21. Which sport or exercise did you do most frequently? **[SPECIFY ONLY ONE; REFER TO LIST]**

- 21a. Is this activity on the code list? Yes Y
- No N

21b. Code for most frequent sport or exercise:

21c. If the activity is not coded, specify the activity :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

22. How many months in the past year did you do this activity? [RC #10] Less than one month A
- 1 to 3 months B
- 4 to 6 months C
- 7 to 9 months D
- More than 9 months E

23. How many hours a week did you do this activity? [RC #11] Less than 1 hour A
- At least 1 but less than 2 hours B
- At least 2 but less than 3 hours C
- At least 3 but less than 4 hours D
- 4 or more hours E

24. What was the second most frequent sport or exercise you did? [SPECIFY ONLY ONE; REFER TO LIST]

IF NONE, GO TO ITEM 30

- 24a. Is this activity on the code list? Yes Y
- Go to Item 24c — No N

- 24b. Code for the second most frequent sport or exercise:

--	--	--
- Go to Item 25

24c. If the activity is not coded, specify the activity:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

25. How many months in the past year did you do this activity? **[RC #10]** Less than one month A
1 to 3 months B
4 to 6 months C
7 to 9 months D
More than 9 months E

26. How many hours a week did you do this activity? **[RC #11]** Less than 1 hour A
At least 1 but less than 2 hours B
At least 2 but less than 3 hours C
At least 3 but less than 4 hours D
4 hours or more E

27. What was the third most frequent sport or exercise you did? **[SPECIFY ONLY ONE; REFER TO LIST]**

IF NONE, GO TO ITEM 30

- 27a. Is this activity on the code list? Yes Y
Go to Item 27c — No N

- 27b. Code for the third most frequent sport or exercise:

--	--	--

Go to Item 28

27c. If the activity is not coded, specify the activity:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

28. How many months in the past year did you do this activity? [RC #10] Less than one month A
- 1 to 3 months B
- 4 to 6 months C
- 7 to 9 months D
- More than 9 months E

29. How many hours a week did you do this activity? [RC# 11] Less than 1 hour A
- At least 1 but less than 2 hours B
- At least 2 but less than 3 hours C
- At least 3 but less than 4 hours D
- 4 hours or more E

30. In comparison with others of your own age, do you think your recreational activity is much less, less, the same as, more, or much more? [RC # 12] Much Less A
- Less B
- Same as C
- More D
- Much more E

E. ADMINISTRATIVE INFORMATION

31. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

32. Code number of person completing this form:

--	--	--



Post ABPM Form

FORM CODE: ABP
VERSION A 12/07/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

1. Date Monitor Removed: ... / /
m m d d y y y y

2. Time Monitoring Ended (Conclusion of Test)
 [24-HOUR CLOCK]: :
h h m m

3. ABPM ID Number: -

4. ABP Serial Number:

5a. Did you wear the monitor for the entire 24 hour period? Yes Go to Item 6
No N

Was this because:

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 5b. It fell off?Y | Y | N |
| 5c. You were too uncomfortable? Y | Y | N |
| 5d. You took it off to bathe or swim? Y | Y | N |
| 5e. The monitor malfunctioned? Y | Y | N |

	<u>Yes</u>	<u>No</u>	
5f. Any other reasons?.....	Y	N	Go to Item 6

List other reason _____

6. How comfortable was it to wear the monitor?
 Was it very comfortable, somewhat comfortable,
 somewhat uncomfortable, or very
 uncomfortable?Very comfortable A

Somewhat comfortable B

Somewhat uncomfortable C

Very uncomfortable D

Not sure E

7. Would you agree to repeating this procedure in the future if asked to do so?	Yes	Y	Go to Item 9a
	No	N	

We are interested in knowing the reasons why you are not interested in repeating this procedure.

	<u>Yes</u>	<u>No</u>
8a. Was the monitor too noisy?	Y	N
8b. Did you sleep poorly because of the monitor?	Y	N
8c. Was the monitor painful?	Y	N
8d. Did the monitor cause any numbness, swelling, or bruising?	Y	N
8e. Would you not agree to repeat this procedure in the future because you couldn't continue your normal activities?	Y	N

8f. Or, because this procedure seemed unimportant? Yes Y No N

8g. Are there any other reasons? (Specify) Y N Go to Item 9a

Specify: _____

9a. What time did you get up this morning?

		:		
h	h		m	m

 9b. AM A
PM P

10a. What time did you go to sleep last night?

		:		
h	h		m	m

 10b. AM A
PM P

11a. Did you remove the monitor during the 24-hour period? Yes Y
No N

11b. Tell me, as best you can recall, what time the monitor was removed

		:		
h	h		m	m

 11c. AM A
PM P

11d. Did you reapply the monitor? Yes Y
Go to Item 12 No N

11e. At what time was the monitor reapplied

		:		
h	h		m	m

 11f. AM A
PM P

ADMINISTRATIVE INFORMATION

12. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

13. Method of data collection: Computer C
Paper form P

14. Code number of person completing this form:

--	--	--

15. Did the monitor meet quality control?Yes

Y

No

N



Pre ABPM Form

FORM CODE: BAP
VERSION A 12/07/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

1. Was the ABPM instruction sheet given to the participant? Yes Y
No N

2. Did the technician explain the ABPM procedure to the participant? Yes Y
No N

3. Did the participant verbally agree to wear the ABPM? Yes Y
No N

Go to Item 23

4. Date Monitor Applied: / /
m m d d y y y y

5. ABP Serial Number:

6. Arm [NONDOMINANT PREFERRED]: Left L
Right R

7. Cuff Size: Small adult (17–26cm) A
 Standard adult (24–32cm) B
 Large adult (32–42cm) C
 Extra large adult (38–50cm) D

8. ABPM ID Number: J S -

CORRELATION USING T-TUBE CONNECTOR

<u>Sphygmomanometer</u>		<u>Ambulatory Monitor</u>		<u>Accept (A)</u>	<u>Reject (R)</u>				
9a. #1 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	9b. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	9c. #1 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	9d. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	9e.	A R
10a. #2 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	10b. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	10c. #2 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	10d. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	10e.	A R
11a. #3 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	11b. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	11c. #3 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	11d. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	11e.	A R
12a. #4 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	12b. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	12c. #4 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	12d. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	12e.	A R
13a. #5 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	13b. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	13c. #5 SBP	<input type="text"/> <input type="text"/> <input type="text"/>	13d. DBP	<input type="text"/> <input type="text"/> <input type="text"/>	13e.	A R

[EXCLUDE THE HIGHEST AND LOWEST DBP AND CALCULATE THE MEAN OF THE REMAINING 3 READINGS. IF THERE IS A DIFFERENCE OF + OR - 7mmHg, THE PARTICIPANT SHOULD BE EXCLUDED FROM ABPM.]

<u>Sphygmomanometer</u>		<u>Ambulatory Monitor</u>					
14a. Mean Accepted SBP:	<input type="text"/> <input type="text"/> <input type="text"/>	14b. Mean Accepted DBP:	<input type="text"/> <input type="text"/> <input type="text"/>	14c. Mean Accepted SBP:	<input type="text"/> <input type="text"/> <input type="text"/>	14d. Mean Accepted DBP:	<input type="text"/> <input type="text"/> <input type="text"/>

15. Time Monitoring Begun [24-HOUR CLOCK]:

		:		
--	--	---	--	--

h h m m

16. Is nondominant arm used? Yes Y — Go to Item 18
No N

17a. Unable to use nondominant arm: Dialysis graft A
Mastectomy on B
nondominant side — Go to Item 18
Infection C
Other (specify) D

17b. Specify:

18. Is ABPM being done? Yes Y — Go to Item 20
No N

19a. Unable to use ABPM: Exceeded maximum cuff size A
Known atrial B
fibrillation — Go to Item 23
Unable to correlate C
Refusal (specify) D
Other (specify) E

19b. Specify:

Go to Item 23

20. Has an appointment been made for the return of the ABPM? Yes Y

No N
 Go to Item 23

21. Date of ABPM return:
m m / d d / y y y y

22. Method of ABPM return: Participant delivery P
Clinic pick-up C

ADMINISTRATIVE INFORMATION

23. Code number of person completing this form:

24. Method of data collection: Computer C
Paper form P



Pre Physical Activity Monitoring Form

FORM CODE: BPA
VERSION A 10/09/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

1. Date monitor applied: / /

 / /

2. Was the activity monitoring instruction sheet given to the participant? Yes Y
 No N

3. Did the technician explain the activity monitoring procedure to the participant? Yes Y
 No N

4. Did the participant verbally agree to wear the activity monitor? Yes Y
 No N

5. Did the participant verbally agree to wear the step counter? Yes Y
 No N

6. CSA ID Number:

7. Step counter ID Number:

8. Was the CSA monitor initialized prior to giving it to the participant? Yes Y
 No N
9. Was time for CSA synchronized with ABPM? Yes Y
 No N
10. Was the step counter set to "0" prior to giving it to the participant? Yes Y
 No N

11a. Time monitoring started:

		:		
--	--	---	--	--

 11b. AM A
 PM P

h h m m

ADMINISTRATIVE INFORMATION

12. Date of data collection:

		/			/				
--	--	---	--	--	---	--	--	--	--

 y y y y

m m d d y y y y

13. Method of data collection: Computer C
 Paper form P

14. Code number of person completing this form:

--	--	--



Report and Referral Form

FORM CODE: REF
VERSION A 08/17/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. BASELINE VISIT CLINIC EXAMINATION

1. Referral/alert made at this time? Yes Y
Go to Item 13 — No N

Was a referral made for:

	<u>Yes</u>	<u>No</u>
2. Blood pressure.....	Y	N
3. Glucose.....	Y	N
4. Lipids.....	Y	N
5. Other chemistries (Specify).....	Y	N — Go to Item 7

6. Specify:

- 7. Pulmonary function..... Y N
- 8. Echocardiogram..... Y N
- 9. Ultrasound..... Y N
- 10. ECG..... Y N
- 11. Other conditions (Specify)..... Y N

Go to Item 13

12. Specify:

B. ADMINISTRATIVE INFORMATION

13. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

14. Method of data collection: Computer C
 Paper Form P

15. Code number of person completing this form:

--	--	--



Reproductive History Form

FORM CODE: RHX
VERSION A 11/29/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed for FEMALE participants only. It should be completed during the interview portion of the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. MENSTRUAL HISTORY AND PREGNANCIES

"Next we would like to ask a few questions about your menstrual or bleeding history and pregnancies."

1. Approximately how old were you when your menstrual periods or bleeding started? age

If Never Menstruated, Enter "00" and Go to Item 12

2. How many times have you been pregnant?

If "00", Go to Item 4

3. How many live-born children have you had?

4. Have you had any menstrual periods or bleeding during the past 2 years? Yes Y
No N

5. In what month and year was your last menstrual period or bleeding? /
m m y y y y

6. Was this a natural period, or was it due to the use of hormones, or to some other cause? [HAND RESPONSE

CARD TO PARTICIPANT AND READ EACH RESPONSE

- CATEGORY [RC # 1] Natural periods N
Hormones H
Illness I
Other O
Don't know D

7. [IF RESPONSE TO ITEM 4 IS "NO," ENTER "99"]

In the past 2 years, how many periods did you miss?

If "00", Go to Item 11

8. Have you reached menopause or the change of life? Yes Y

- Go to Item 11 — No N
Don't know D

9. At approximately what age did you stop having all menstrual periods or bleeding?

age

If still having occasional bleeding, enter "00"

10. Was your menopause natural or the result of surgery or radiation? Natural N

- Surgery S
Radiation R
Don't know D

11. Are you having hot flashes? Yes Y

- No N
Don't know D

B. BIRTH CONTROL PILLS

12. Have you ever taken birth control pills to prevent pregnancy? Yes Y
 No N

13. At what age did you start taking birth control pills for the first time?
 age

14. Are you currently taking birth control pills? Yes Y
 No N

15. At what age did you stop taking birth control pills?
 age

16. For how many years altogether have you used birth control pills?
 years

C. HORMONE USE

17. Have you ever taken female hormone pills, skin patches, shots, or implants, including birth control pills for reasons other than preventing pregnancy? Yes Y
 No N
 Don't know D

Please give me the name of all female hormones you are or have used, starting with the most recent one.

18a. Name 1:

Concentration 1 (mg or mcg units):

18b.
 first hormone

18c.
 second hormone (if any)

18d. Code 1:

19. At what age did you start taking this hormone for the first time?
age

20. Are you currently taking this hormone? Yes Y — Go to Item 22a
No N

21. At what age did you stop taking this hormone?
age

22. For how long altogether have you used this hormone? 22a.
years

22b.
months

23. How many days (do/did) you take this hormone in a four week period?
days

24a. Have you also used a **second** female hormone? Yes Y
 Go to Item 42 — No N

24b. Name 2:

Concentration 2 (mg or mcg units):

24c.
first hormone

24d.
second hormone (if any)

24e. Code 2:

25. At what age did you start taking this hormone for the first time?

--	--

age

26. Are you currently taking this hormone? Yes Y —

Go to Item 28a

No N

27. At what age did you stop taking this hormone?

--	--

age

28. For how long altogether have you used this hormone? 28a.

--	--

years

28b.

--	--

months

29. How many days do (did) you take this hormone in a four week period?

--	--

days

30a. Have you also used a **third** female hormone? Yes Y

Go to Item 42

 — No N

30b. Name 3:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Concentration 3 (mg or mcg units):

30c.

--	--	--	--	--	--

first hormone

30d.

--	--	--	--	--	--

second hormone (if any)

30e. Code 3:

--	--	--	--	--	--

31. At what age did you start taking this hormone for the first time?

--	--

age

32. Are you currently taking this hormone? Yes Y —

Go to Item 34a

No N

33. At what age did you stop taking this hormone?

--	--

age

34. For how long altogether have you used this hormone? 34a.

--	--

years

34b.

--	--

months

35. How many days do (did) you take this hormone in a four week period?

--	--

days

36a. Have you also used a **fourth** female hormone? Yes Y

Go to Item 42

 — No N

36b. Name 4:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Concentration 4 (mg or mcg units):

36c.

--	--	--	--	--	--

first hormone

36d.

--	--	--	--	--	--

second hormone (if any)

36e. Code 4:

--	--	--	--	--	--

37. At what age did you start taking this hormone for the first time? age

38. Are you currently taking this hormone? Yes Y —
No N

39. At what age did you stop taking this hormone? age

40. For how long altogether have you used this hormone? 40a. years

40b. months

41. How many days do (did) you take this hormone in a four week period? days

D. GYNECOLOGIC SURGERY

42. Have you had surgery to have your uterus (womb) or ovaries (egg sacs) removed? [THAT IS A PARTIAL OR TOTAL HYSTERECTOMY] Yes Y
No N
Don't know D

43. Was your uterus (womb) removed? Yes Y
No N
Don't know D

44. How old were you when this operation was performed? age

45. Have you had either one or both ovaries removed? Yes, one O
 Yes, both B
 No N
 Don't know D

Go to Item 47

46. How old were you when this operation was performed?

--	--

age

E. ADMINISTRATIVE INFORMATION

47. Date of data collection:

		/			/				
--	--	---	--	--	---	--	--	--	--

m m d d y y y y

48. Method of data collection: Computer C
 Paper form P

49. Code number of person completing this form:

--	--	--



Respiratory Symptoms Form

FORM CODE: RPA
VERSION A 09/22/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form is to be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. COUGH

1. Do you usually have a cough? Yes Y

[COUNT A COUGH WITH FIRST SMOKE OR
OR ON FIRST GOING OUT-OF-DOORS.
EXCLUDE CLEARING THROAT.]

— No N

2. Do you usually cough as much as 4 to 6 times a day,
4 or more days out of the week? Yes Y

No N

3. Do you usually cough like this on most days for
3 consecutive months or more during the year? Yes Y

No N

B. PHLEGM

4. Do you usually bring up phlegm from your chest? Yes Y

[COUNT PHLEGM WITH THE FIRST SMOKE
OR ON FIRST GOING OUT-OF-DOORS.
EXCLUDE PHLEGM FROM THE NOSE.
COUNT SWALLOWED PHLEGM.]

Go to Item 7

No N

5. Do you usually bring up phlegm like this as much
as twice a day, 4 or more days out of the week? Yes Y

No N

6. Do you bring up phlegm like this on most days
for 3 consecutive months or more during the year? Yes Y

No N

C. WHEEZING

7. Does your chest ever sound wheezy or whistling when
you have a cold? Yes Y

No N

8. Does your chest ever sound wheezy or whistling
apart from colds? Yes Y

No N

If both Item 7 and Item 8 are "No", then Go to Item 10

9. Does your chest sound wheezy or whistling most days? Yes Y

No N

10. Have you had an attack of wheezing that has made you feel short of breath? Yes Y

Go to Item 13 — No N

11. Have you had 2 or more such episodes? Yes Y

No N

12. Have you required medicine or treatment for the attack(s)? Yes Y

No N

D. ASTHMA

13. Have you ever had asthma? Yes Y

Go to Item 18 — No N

14. Was it confirmed by a doctor? Yes Y

No N

15. At what age did your asthma start?

16. Do you still have asthma? Yes Y Go to Item 18

No N

17. At what age did your asthma stop?

E. BREATHLESSNESS

18. Are you disabled from walking by any condition other than heart or lung disease? Yes Y

Go to Item 24 — No N

19. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? Yes Y

Go to Item 24 — No N

20. Do you have to walk slower than people of your age on the level because of breathlessness? Yes Y

No N

21. Do you ever have to stop for breath when walking at your own pace on the level? Yes Y

No N

22. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? Yes Y

No N

23. Are you too breathless to leave the house or breathless on dressing or undressing? Yes Y

No N

F. ADMINISTRATIVE INFORMATION

24. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

25. Method of data collection: Computer C
Paper form P

26. Code number of person completing this form:

--	--	--



Social Support Form

FORM CODE: SOC
VERSION A 09/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I have some questions about your relationships with your family and others.”

1a. First, are you married, separated, divorced, widowed or have you never been married?

Married	M
Separated	S
Divorced	D
Widowed	W
Never been married	N

Go to Item 2

1b. How long have you been (married, separated, divorced, widowed)? years

[0-6 months = 00
7-12 months = 01]

2. Are you currently living with your spouse or another person in an intimate relationship?

Yes	Y
No	N

Go to Item 5

3. How much does (did) your (husband/wife/partner/person you live with) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all? [RC #1]

A great deal	A
Quite a bit	B
Some	C
A little	D
Not at all	E

4. How much do you feel (he/she) (makes/made) too many demands on you? Would you say a great deal, quite a bit, some, a little, or not at all? [RC #1] A great deal A
 Quite a bit B
 Some C
 A little D
 Not at all E

5. How many close friends do you have (people you feel at ease with, can talk to about private matters, and can call on for help)? [RC #2] None A
 1 or 2 B
 3 to 5 C
 6 to 9 D
 10 or more E

6. How many relatives do you have that you feel close to? [RC #2] None A
 1 or 2 B
 3 to 5 C
 6 to 9 D
 10 or more E

7. How many of these friends or relatives do you see at least once per month? [RC #2] None A
 1 or 2 B
 3 to 5 C
 6 to 9 D
 10 or more E

8a. Do you belong to any social, recreational, work, church or other community groups? (For example, social clubs, groups, ball clubs, exercise groups, PTA, scouts, charity or community service) Yes Y
 No N — Go to Item 9

8b. What is the total number of groups to which you belong?

ADMINISTRATIVE INFORMATION

9. Date of data collection:

		/			/				
--	--	---	--	--	---	--	--	--	--

m m d d y y y y

10. Code number of person completing this form.....

--	--	--



Stress

FORM CODE: STS
VERSION A 05/03/2000

ID NUMBER:

CONTACT YEAR:

0	1
---	---

LAST NAME:

INITIALS:

“We are interested in the amount of stress that you have experienced over the past 12 months. Over the past 12 months, how much stress did you experience...”

[HAND RESPONDENT CARD]

	Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful
1. In your job? (This would include feeling overworked, hassled at work, job insecurity, etc.)	A	B	C	D
2. In your relationships with others? (This would include your marriage, friendships, dealing with relatives, etc.)	A	B	C	D
3. Related to living in your neighborhood? (This would include crime, traffic, events affecting your personal safety, etc.)	A	B	C	D
4. Related to caring for others? (This would include caring for an elderly parent or relative, caring for children, etc.)	A	B	C	D
5. Related to legal problems? (This would include dealing with lawyers, judges, or other court officials, being accused or convicted of crime, etc.)	A	B	C	D
6. Related to medical problems? (This would include personal health problems or illness in the family, availability of health care, etc.)	A	B	C	D
7. Related to racism and discrimination? (This would include feeling mistreated or discriminated against at work, in a restaurant, at the grocery store, etc.)	A	B	C	D
8. Related to meeting basic needs? (This would include housing, buying food, paying bills,	A	B	C	D

Not Stressful Mildly Stressful Moderately Stressful Very Stressful

etc.)

ADMINISTRATIVE INFORMATION

9. Date of data collection:.....

		/			/				
m	m		d	d		y	y	y	y

10. Code number of person completing this form:

--	--	--