Annual Follow-up Record of Calls

FORM CODE: ARC
VERSION B 10/14/2008

PARTICIPANT ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 9 |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

DATE OF BASELINE VISIT: | | | / | | | / | | | | |
m m d d y y y y

EARLIEST DATE OF CONTACT: | | | / | | | / | | | | |
m m d d y y y y

TARGET CONTACT DATE: | | | / | | | / | | | | |
m m d d y y y y

LATEST CONTACT DATE: | | | / | | | / | | | | |
m m d d y y y y

INSTRUCTIONS: Use this form to record every call to the participant. Complete as indicated, including appropriate Result Codes.

A. RECORD OF CALLS

	A. Day of Week	B. Date mm/dd/yyyy	C. D. Time	E. Int. ID	F. Result Code *	G. Notes
1.	S M T W H F A	/ /	A P			
2.	S M T W H F A	/ /	A P			
3.	S M T W H F A	/ /	A P			
4.	S M T W H F A	/ /	A P			
5.	S M T W H F A	/ /	A P			
6.	S M T W H F A	/ /	A P			

* RESULT CODES [ENTER AND CIRCLE THE FINAL SCREENING RESULT CODE IN ITEM 15.f] (Continue on next page)

- **A** AFU letter sent
- **B** No action taken
- **C** No answer
- **D** Busy signal
- **E** Answering machine
- **F** Privacy block
- **G** Disconnected/non-working number
- **H** Recording/# Change
- **I** Participant does not live here/unknown
- **J** Participant lived here, but moved permanently
- **K** Tracing
- **L** Physically/mentally incompetent
- **M** Language barrier
- **N** Contacted, interview complete
- **O** Contacted, interview partially completed or Rescheduled
- **P** Contacted, interview refused
- **Q** Reported alive, will continue to attempt to contact this year
- **R** Reported alive, contact not possible this year
- **S** Reported deceased
- **T** Unknown/lost to AFU
- **U** Does not want further contact
- **V** Other
- **W** ARIC AFU
- **X** Exam scheduled
- **Y** Clinic exam not scheduled, pending
- **Z** Clinic exam not scheduled, refused
- **AA** Contacted, interview complete by proxy/ Informant

B. THE SOURCE OF INFORMATION FOR ARC RESULT CODES L, Q, R and S

Source's Name

Number/Street/RFD

n n n – n n n – n n n n
Telephone Number

City

State

Zip Code

RECORD OF CALLS (cont'd)

	A. Day of Week	B. Date mm/dd/yyyy	C. D. Time	E. Int. ID	F. Result Code *	G. Notes
7.	S M T W H F A	/ /	A P			
8.	S M T W H F A	/ /	A P			
9.	S M T W H F A	/ /	A P			
10.	S M T W H F A	/ /	A P			
11.	S M T W H F A	/ /	A P			
12.	S M T W H F A	/ /	A P			
13.	S M T W H F A	/ /	A P			
14.	S M T W H F A	/ /	A P			
15.	FINAL CODE OFFICE USE ONLY					

* RESULT CODES [ENTER AND CIRCLE THE FINAL SCREENING RESULT CODE IN ITEM 15.f]

A AFU letter sent
B No action taken
C No answer
D Busy signal
E Answering machine
F Privacy block
G Disconnected/non-working number
H Recording/# Change
I Participant does not live here/unknown
J Participant lived here, but moved permanently
K Tracing
L Physically/mentally incompetent
M Language barrier
N Contacted, interview complete
O Contacted, interview partially completed or Rescheduled
P Contacted, interview refused
Q Reported alive, will continue to attempt to contact this year
R Reported alive, contact not possible this year
S Reported deceased
T Unknown/lost to AFU
U Does not want further contact
V Other
W ARIC AFU
X Exam scheduled
Y Clinic exam not scheduled, pending
Z Clinic exam not scheduled, refused
AA Contacted, interview complete by proxy/ Informant

16. Does participant live within official JHS boundaries? ..... Yes 1
No 2
Unknown 3

Reproductive History:
Menopause Status Update Form

FORM CODE: RHX
VERSION B 10/22/2010

ID NUMBER: | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

INSTRUCTIONS: These questions about menopause status are being asked of FEMALE participants who reported that they had not reached menopause at exam 1. A significant portion of these participants may have reached menopause since Exam 1. For some research questions, it is important to know whether the female has reached menopause.

This form should be completed during the interview portion of the participant's Annual Follow-up call. It will be white if the participant meets the criteria for answering these questions. This form will be administered in the same manner as the Annual Follow Up - Other Form.

A. MENSTRUAL and Menopause Status

1. Have you had any menstrual periods or bleeding during the past 2 years? .....

Yes	Y
No	N
Don't know	D
Refused	R

2. In what month and year was your last menstrual period or bleeding? .....

		/				
m	m		y	y	y	y

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

Natural periods	N
Hormones	H
Illness	I
Other	O
Don't know	D

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

If "00" go to Q 8

5. Have you reached menopause or the change of life? .....

Yes	Y
No	N
Unknown	D

If "No" go to Q 8

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

If still having occasional bleeding, enter "00"

7. Was your menopause natural or the result of surgery or radiation? .....

Natural	N
Surgery	S
Radiation	R
Don't know	D

E. ADMINISTRATIVE INFORMATION

8. Date of data collection: ..... | | | / | | | / | | | | |

m m d d y y y y

9. Method of data collection: .....

Computer	C
Paper form	P

10. Code number of person completing this form: ..... | | | |

Ankle-Brachial Blood Pressure

FORM CODE: ABB
VERSION B 10/21/2008

ID NUMBER: | | | | | | | | CONTACT YEAR: 0 9

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 1 → Exclude; Go to Item 25
[Don't know = 7, Refused = 8, Missing = 9]
No 2

1b. Has the participant undergone bilateral amputation? ..... Yes 1 → Exclude; Go to Item 25
[Don't know = 7, Refused = 8, Missing = 9]
No 2

1c. Is the participant unable to lay at <45 degree angle? ..... Yes 1 → Exclude; Go to Item 25
[Don't know = 7, Refused = 8, Missing = 9]
No 2

1d. Has the participant had a double mastectomy? ..... Yes 1 → Exclude; Go to Item 25
[Don't know = 7, Refused = 8, Missing = 9]
No 2

B. MEASURES

2. Arm cuff size: ..... Small adult (< 24 cm) 1
Regular adult (24–32 cm) 2
Large adult (33–41 cm) 3
Thigh (>41 cm) 4

3a. Arm used [RIGHT PREFERRED]: ..... Right 1 — Go to Item 4a
Left 2

3b. Explain why right arm was not used:

4a. Right ankle cuff size: ..... Small adult (< 24 cm) 1
Regular adult (24–32 cm) 2
Large adult (33–41 cm) 3
Thigh (>41 cm) 4

4b. Left ankle cuff size: ..... Small adult (< 24 cm) 1
Regular adult (24–32 cm) 2
Large adult (33–41 cm) 3
Thigh (>41 cm) 4

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 1 → Go to Item 15
[Don't know = 7, Refused = 8, Missing = 9]
No 2

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

		Yes	No
First arm:	14a. Unable to occlude:	1	2
	14b. Unable to locate artery:	1	2
	14c. Other (please specify):	1	2 → Go to Item 15

14d. Specify:

15. Was the first right ankle blood pressure measurement obtained?..... Yes 1 → Go to Item 17
[Don't know = 7, Refused = 8, Missing = 9]
No 2

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

		Yes	No	
First right ankle:	16a. Unable to occlude:	1	2	
	16b. Amputation:	1	2	
	16c. Unable to locate artery:	1	2	
	16d. Other (please specify):	1	2	Go to Item 17

16e. Specify:

17. Was the first left ankle blood pressure measurement obtained? ..... Yes 1 — Go to Item 19
[Don't know = 7, Refused = 8, Missing = 9]
No 2

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

		Yes	No	
First left ankle:	18a. Unable to occlude:	1	2	
	18b. Amputation:	1	2	
	18c. Unable to locate artery:	1	2	
	18d. Other (please specify):	1	2	Go to Item 19

18e. Specify:

19. Was the second left ankle blood pressure measurement obtained? ..... Yes 1 — Go to Item 21
[Don't know = 7, Refused = 8, Missing = 9]
No 2

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

		Yes	No	
Second left ankle:	20a. Unable to occlude:	1	2	
	20b. Amputation:	1	2	
	20c. Unable to locate artery:	1	2	
	20d. Other (please specify):	1	2	Go to Item 21

20e. Specify:

21. Was the second right ankle blood pressure measurement obtained? ..... Yes 1 — Go to Item 23
[Don't know = 7, Refused = 8, Missing = 9]
No 2

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

		Yes	No	
Second right ankle:	22a. Unable to occlude:	1	2	
	22b. Amputation:	1	2	
	22c. Unable to locate artery:	1	2	
	22d. Other (please specify):	1	2	Go to Item 23

22e. Specify:

23. Was the second arm blood pressure measurement obtained? ..... Yes 1 — Go to Item 25
[Don't know = 7, Refused = 8, Missing = 9]
No 2

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

		Yes	No
Second arm:	24a. Unable to occlude:	1	1
	24b. Unable to locate artery:	1	1
	24c. Other (please specify):	1	1 — 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 1
Paper form 2

27. Code number of person completing this form: ..... | | | |

Health Practices: Alcohol and Drug Use

FORM CODE: ADR
VERSION B 10/21/2008

ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 9 |

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. Since your Jackson Heart Study Exam 1 (date) have you consumed alcoholic beverages .....

Yes	1
No	2 → Go to Item 6
Stopped drinking more than one year ago	3 → Go to Item 5
Don't Know	7
Refused	8
Missing	9

2. During the <u>past 12 months</u>, 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]: .....

[Don't know = 7, Refused = 8, Missing = 9]

Week	1
Month	2
Year	3

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? .....
[Don't know = 7, Refused = 8, Missing = 9]

Beer	1
Wine	2
Liquor	3
No preference or can't say	4

5. Was there ever a time or times since your JHS Exam 1 (date) when you drank 5 or more drinks of any kind of alcoholic beverage almost every day? .....
[Don't know = 7, Refused = 8, Missing = 9]

Yes	1
No	2

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

6. Since your JHS Exam 1 (date) have you ever used crack or cocaine In any form? .....
[SHOW RESPONSE CARD OF CRACK/COCAINE FORMS]

Go to Item 8

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

7. About how many times in that period have you used crack or cocaine (in any form)? .....
[Don't know = 7, Refused = 8, Missing = 9]

1 or 2 times	1
3-10 times	2
11-99 times	3
100 or more times	4

8. Since your JHS Exam 1, have you ever used any other kinds of drugs, including marijuana, heroine, or others? **[SHOW RESPONSE CARD OF OTHER DRUG FORMS]**

[Don't know = 7, Refused = 8, Missing = 9] ..... Yes 1

No 2

ADMINISTRATIVE INFORMATION

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

10. Method of data collection: ..... Computer 1

Paper form 2

11. Data collection: ..... In Clinic 1

Off site 2

12. Code number of person completing this form: ..... | | | |

Body Composition and Anthropometric Form

FORM CODE: BCF
VERSION D 07/11/2012

ID NUMBER: | | | | | | | | CONTACT: | 0 | 9 |

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 using a paper form and 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 correct code corresponding to the most appropriate response. If a number is circled incorrectly, mark through it with an "X" and circle the correct response.

A. PRELIMINARY INFORMATION

1. When was the last time you had anything to drink including water?..... TIME | | | : | | |
   h h m m

2. If you drink alcohol, have you had any alcoholic beverages in the last 48 hours? .....
   [Don't know = 7, Refused = 8, Missing = 9]
   - Don't drink alcohol 1
   - Yes 2
   - No 3

3. Have you engaged in any moderate or vigorous physical activity within the past 12 hours? .....
   [Don't know = 7, Refused = 8, Missing = 9]
   - Yes 1
   - No 2

4. **[ASK WOMEN ONLY – 55 YEARS OR YOUNGER:**
ENTER CODE 4 IF FEMALE 56 YEARS OR >;
ENTER CODE 5 IF MALE]
Have you had a menstrual period within the past two weeks? .....
[Don't know = 7, Refused = 8, Missing = 9]

No longer menstruating	1
Yes	2
No	3
Female 56/older	4
Male	5

B. GIRTH MEASUREMENTS

5. Waist girth (to the nearest tenth of centimeter) ..... | | | | . | | cm

6. Hip girth (to the nearest tenth of centimeter) ..... | | | | . | | cm

RECORD MEASUREMENTS USING BOTH THE BALANCE BEAM SCALE/WALL MEASURE OF STANDING HEIGHT AND THE TANITA BODY COMPOSITION SCALE AND HEIGHT ROD. FOR BALANCE BEAM MEASURES, BMI IS CALCULATED AUTOMATICALLY. ENTER THE BMI MEASUREMENT FROM THE TANITA OUTPUT

Complete Section C **ONLY**

7. Was this participant's height, weight, and BMI measured by:

Balance beam/wall only	1
Tanita body composition only	2
Both	3
Don't Know	7
Refused	8
Missing	9

Complete Section D **ONLY**

Complete Section C **AND** D

C. BALANCE BEAM/WALL MEASUREMENT

8. Standing height (to nearest tenth of centimeter): .... ☐☐☐.☐ centimeters
   IF UNABLE TO MEASURE, ENTER 99
   IF REFUSED, ENTER 88

9. Weight (to nearest tenth of kilogram): ..... ☐☐☐.☐ kilograms
   IF UNABLE TO MEASURE, ENTER 999.9
   IF REFUSED, ENTER 888.8

10. Body mass index (to nearest tenth of a unit) ..... ☐☐.☐ Kg/m^2
    IF UNABLE TO MEASURE, ENTER 99.9
    IF REFUSED, ENTER 88.8

D. TANITA MEASUREMENTS

11. Body Type..... Standard 1
    Athletic 2

12. Height (TANITA)..... ☐☐☐.☐ centimeters
    IF UNABLE TO MEASURE, ENTER 99
    IF REFUSED, ENTER 88

13. Weight (TANITA) (to the nearest tenth of kilogram..... ☐☐☐.☐ kilograms
    IF UNABLE TO MEASURE, ENTER 999.9
    IF REFUSED, ENTER 888.8

14. Body Mass Index (TANITA)..... ☐☐.☐
    IF UNABLE TO MEASURE, ENTER 99.9
    IF REFUSED, ENTER 88.8

15. Percent Body Fat (to the nearest tenth of a percent).....
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

16. Basal Metabolic Rate ..... 16a.
IF UNABLE TO MEASURE, ENTER 9999
IF REFUSED, ENTER 8888 16b.

17. Impedance .....
IF UNABLE TO MEASURE, ENTER 999
IF REFUSED, ENTER 888

Ω

18. Fat Mass (to the nearest tenth of a percent).....
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

%

19. Fat Free Mass (to the nearest tenth of a kilogram) .....
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

kg

20. Total Body Water (to the nearest tenth of a kilogram) .....
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

kg

E. DESIRABLE RANGE

21. Desirable Percent Body Fat .....
IF UNABLE TO MEASURE, ENTER 99
IF REFUSED, ENTER 88

- %

22. Desirable Fat Mass ..... ☐☐ - ☐☐ kg
(to the nearest tenth of a kilogram)
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

F. GOAL SETTING

23. Target Percent Body Fat ..... ☐☐ %
IF UNABLE TO MEASURE, ENTER 99
IF REFUSED, ENTER 88

24. Predicted Fat Mass ..... ☐☐☐☐ kg
(to the nearest tenth of a kilogram)
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

25. Fat to Lose ..... ☐☐☐☐ kg
(to the nearest tenth of a kilogram)
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

G. ADMINISTRATIVE INFORMATION

26. Date of data collection: ..... ☐☐/☐☐/☐☐☐☐
m m d d y y y y

27. Method of data collection: ..... Computer 1
Paper form 2

28. Data collected: ..... In Clinic 1
Off site 2

29. Code number of person completing this form: ..... ☐☐☐

Chronic Burden Form

FORM CODE: CBF
VERSION A 01/27/2009

ID NUMBER: | | | | | | | | CONTACT YEAR: | | 9 |

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. CHRONIC BURDEN

Many people experience ongoing problems in their everyday lives. Please tell us whether any of the following has been a problem for you.

1. Serious ongoing health problem (yourself) ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

1a. Has this been a problem for six months or more? ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

1b. If yes, would you say this problem has been ..... Not Very Stressful 1
Don't Know = 7, Refused = 8, Missing = 9
Moderately stressful 2
Very Stressful 3

2. Serious ongoing health problems (someone close to you) ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

2a. Has this been a problem for six months or more? ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

2b. If yes, would you say this problem has been ..... Not Very Stressful 1
Don't Know = 7, Refused = 8, Missing = 9
Moderately stressful 2
Very Stressful 3

3. Ongoing difficulties with your job or ability to work ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

3a. Has this been a problem for six months or more? ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

3b. If yes, would you say this problem has been ..... Not Very Stressful 1
Don't Know = 7, Refused = 8, Missing = 9
Moderately stressful 2
Very Stressful 3

4. Ongoing financial strain ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

4a. Has this been a problem for six months or more? ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

4b. If yes, would you say this problem has been ..... Not Very Stressful 1
Don't Know = 7, Refused = 8, Missing = 9
Moderately stressful 2
Very Stressful 3

5. Ongoing difficulties in a relationship with someone close to you ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

5a. Has this been a problem for six months or more? ..... Yes 1
Don't Know = 7, Refused = 8, Missing = 9
No 2

5b. If yes, would you say this problem has been ..... Not Very Stressful 1
Don't Know = 7, Refused = 8, Missing = 9
Moderately stressful 2
Very Stressful 3

ADMINISTRATIVE INFORMATION

6. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

7. Method of data collection: ..... Computer 1
Paper form 2

8. Code number of person completing this form: ..... | | | |

Discrimination Form

FORM CODE: DIS
VERSION B 02/12/2009

ID NUMBER | | | | | | | | CONTACT YEAR | 0 | 9 |

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

"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] .....
[Don't Know = 77, Refused = 88, Missing = 99]

Several times a day	1
Almost every day	2
At least once a week	3
A few times a month	4
A few times a year	5
Less than a few times a year	6
Never	7

RESPONSE CODES			
1 -	Several times a day	6 -	Less than a few times a year
2 -	Almost every day	7 -	Never
3 -	At least once a week	77 -	Don't Know
4 -	A few times a month	88 -	Refused
5 -	A few times a year	99 -	Missing

Since your last JHS examination, 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..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

1b. You are treated with less respect than other people..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

1c. You receive poorer service than others at restaurants..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

1d. People act as if they think you are not smart..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

1e. People act as if they are afraid of you..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

1f. People act as if they think you are dishonest..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

1g. People act as if they think you are not as good as they are..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

1h. You are called names or insulted..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

1i. You are threatened or harassed..... 1 2 3 4 5 6 7
[Don't Know = 77, Refused = 88, Missing = 99]

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	1
Your gender	2
Your race	3
Your height or weight	4
Some other reason for discrimination	5

Go to Item 3a

2b. Specify other reason:

3. And when you receive lesser or unfair treatment in your day-to-day life, do you usually:
[Don't Know = 7, Refused = 8, Missing = 9]

3a. Speak up?.....	Yes	1	IF Yes →	3a1.	**[CIRCLE VALUE GIVEN TO RESPONSE]**
	No	2			A lot 1
					Some 2
					A Little 3
3b. Accept it?	Yes	1	IF Yes →	3b1.	**[CIRCLE VALUE GIVEN TO RESPONSE]**
	No	2			A lot 1
					Some 2
					A Little 3
3c. Ignore it?.....	Yes	1	IF Yes →	3c1.	**[CIRCLE VALUE GIVEN TO RESPONSE]**
	No	2			A lot 1
					Some 2
					A Little 3
3d. Try to change it?	Yes	1	IF Yes →	3d1.	**[CIRCLE VALUE GIVEN TO RESPONSE]**
	No	2			A lot 1
					Some 2
					A Little 3
3e. Keep it to yourself?	Yes	1	IF Yes →	3e1.	**[CIRCLE VALUE GIVEN TO RESPONSE]**
	No	2			A lot 1
					Some 2
					A Little 3
3f. Work harder to prove them wrong?	Yes	1	IF Yes →	3f1.	**[CIRCLE VALUE GIVEN TO RESPONSE]**
	No	2			A lot 1
					Some 2
					A Little 3
3g. Pray?	Yes	1	IF Yes →	3g1.	**[CIRCLE VALUE GIVEN TO RESPONSE]**
	No	2			A lot 1
					Some 2
					A Little 3

3h. Avoid it .....Yes 1 → IF Yes → 3h1. [CIRCLE VALUE GIVEN TO RESPONSE]
No 2
A lot 1
Some 2
A Little 3

3i. Get violent? .....Yes 1 → IF Yes → 3i1. [CIRCLE VALUE GIVEN TO RESPONSE]
No 2
A lot 1
Some 2
A Little 3

3j. Forget it?.....Yes 1 → IF Yes → 3j1. [CIRCLE VALUE GIVEN TO RESPONSE]
No 2
A lot 1
Some 2
A Little 3

3k. Blame yourself? .....Yes 1 → IF Yes → 3k1. [CIRCLE VALUE GIVEN TO RESPONSE]
No 2
A lot 1
Some 2
A Little 3

3l. Other? .....Yes 1 → IF Yes → 3l1. [CIRCLE VALUE GIVEN TO RESPONSE]
No 2
A lot 1
Some 2
A Little 3

3m. Specify other:

4. Thinking back over these types of day-to-day experiences, compared with when you were younger, are they more frequent, less frequent, or about the same? ..... More frequent 1
[Don't Know = 7, Refused = 8, Missing = 9]
Less frequent 2
About the same 3

5. When you have had day-to-day experiences like these, would you say they have been very stressful, moderately stressful, or not stressful? ..... Very stressful 1
[Don't Know = 7, Refused = 8, Missing = 9]
Moderately stressful 2
Not stressful 3

6. Overall, how much has day-to-day discrimination interfered with you having a full and productive life? Would you say a lot, some, a little, or not at all? ..... A lot 1
[Don't Know = 7, Refused = 8, Missing = 9]
Some 2
A little 3
Not at all 4

7. Overall, how much harder has your life been because of day-to-day discrimination? Would you say a lot, some, a little, or not at all?.. ..... A lot 1
[Don't Know = 7, Refused = 8, Missing = 9]
Some 2
A little 3
Not at all 4

8. 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 1

[Don't Know = 7, Refused = 8, Missing = 9]

Somewhat better 2

No different 3

Somewhat worse 4

A lot worse 5

9. 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 1

[Don't Know = 7, Refused = 8, Missing = 9]

Somewhat better 2

No different 3

Somewhat worse 4

A lot worse 5

ADMINISTRATIVE INFORMATION

10. Date of data collection: .....

		/			/				
m	m		d	d		y	y	y	y

11. Method of data collection: ..... Computer 1

Paper form 2

12. Code number of person completing this form: .....

Fasting Form

FORM CODE: FTR
VERSION C 10/24/2008

ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 9 |

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. 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: ..... | | | | |
h h m m

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

4a. Day last consumed: .....

Today	1
Yesterday	2
Before Yesterday	3
Don't Know	7
Refused	8
Missing	9

4b. Time last consumed: ..... | | | | |
h h m m

5. Computed fasting time: ..... | | | | | h h m m

6. Have you given blood within the last 7 days? ..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

7. Method of data collection: ..... Computer 1

Paper form 2

8. Data Collected: ..... In house 1

Off Site 2

9. Code number of person completing this form: ..... | | |

Health Care Continuity and Trust

FORM CODE: HCT
VERSION B 12/10/2008

ID NUMBER: | | | | | | | | CONTACT YEAR: 0 9

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 1

   Go to Item 4 — No 2

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

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]:

2a1. Name: _____

2a2. 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	1
Somewhat	2
Not very much	3
Not at all	4

We are interested in understanding how much you trust your doctor or health care provider, the health care system, and your health insurance plan.

The following items refer to the doctor or health care provider that you see most often. If you do not have a regular doctor or other health care provider please think of the last health care provider you saw.

[Don't Know = 7, Refused = 8, Missing = 9]	COMPLETELY	MOSTLY	SOMEWHAT	A LITTLE	NOT AT ALL
4. How much do you trust your doctor to:					
4a. Offer you high-quality medical care.	1	2	3	4	5
4b. Do all necessary medical tests and procedures regardless of cost.....	1	2	3	4	5
4c. Do only medically necessary test and procedures.....	1	2	3	4	5
4d. How much do you trust your doctor's judgement about your health care?	1	2	3	4	5

[Don't Know = 7, Refused = 8, Missing = 9]	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
5a. How would you rate how well your doctor listens to you?.....	1	2	3	4	5
5b. How would you rate how well your doctor explains things to you in a way you can understand?.....	1	2	3	4	5

[Don't Know = 7, Refused = 8, Missing = 9]	COMPLETELY	MOSTLY	SOMEWHAT	A LITTLE	NOT AT ALL
6. These next items rate how much you trust people and the health care system in general.					
6a. Generally, how much do you trust doctors and other health care providers?	1	2	3	4	5
6b. Generally, how much do you trust other people?	1	2	3	4	5
6c. How much do you trust the health care system?	1	2	3	4	5
6d. How much do you trust hospitals?	1	2	3	4	5

[Don't Know = 7, Refused = 8, Missing = 9]

7. These questions refer to your health insurance plan or company. If you do not have health insurance, tell us about your feelings about health insurance plans or companies in general.

_____

_____

[Don't Know = 7, Refused = 8, Missing = 9]	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
7a. I have complete trust in my health insurance plan or company.	1	2	3	4	5
7b. I worry there are a lot of loopholes in my health insurance plan that I do not know about.	1	2	3	4	5
7c. My plan cares more about saving money than about getting me the treatment I need.	1	2	3	4	5

HEALTH CARE ACCESS

8. When was the last time you saw a health care provider for treatment of a medical problem? [HAND RESPONSE CARE]

Within the past year	1
At least 1 year, but less than 2 years ago	2
At least 2 years, but less than 4 years ago	3
5 or more years ago	4
Never	5
Don't know	7
Refused	8
Missing	9

9. When was the last time you saw a health care provider for a routine physical exam or general checkup, that is when you were not sick or pregnant? [HAND RESPONSE CARD]

Within the past year	1
At least 1 year, but less than 2 years ago	2
At least 2 years, but less than 4 years ago	3
5 or more years ago	4
Never	5
Don't know	7
Refused	8
Missing	9

10. Overall how hard has it been for you to get the 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	1
Fairly hard	2
Not too hard	3
Not hard at all	4
Don't know	7
Refused	8
Missing	9

ADMINISTRATIVE INFORMATION

11. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

12. Method of data collection: ..... Computer 1
Paper form 2

13. Data collected: ..... In Clinic 1
Off Site 2

14. Code number of person completing this form: ..... | | | |

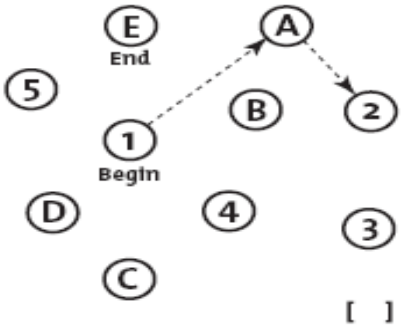
Montreal Cognitive Assessment

FORM CODE: MCA
VERSION A 10/16/2008

ID NUMBER: [ ][ ][ ][ ][ ][ ][ ] CONTACT YEAR: [0][9]

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

VISUOSPATIAL / EXECUTIVE



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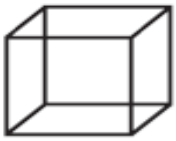


Copy cube

[ ]

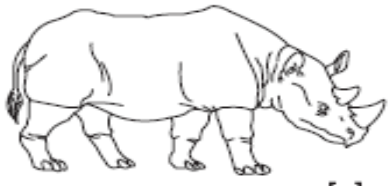
Draw CLOCK (Ten past eleven) (3 points)

[ ] Contour [ ] Numbers [ ] Hands

POINTS ___/5

NAMING

[ ]



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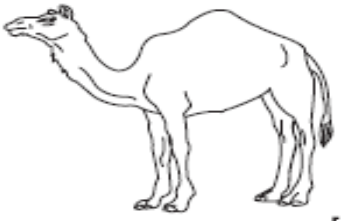


[ ] ___/3

MEMORY Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2 ___/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B ___/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt ___/3

LANGUAGE Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ] ___/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words) ___/1

ABSTRACTION Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler ___/2

DELAYED RECALL

	Has to recall words WITH NO CUE	FACE [ ]	VELVET [ ]	CHURCH [ ]	DAISY [ ]	RED [ ]	Points for UNCUED recall only
Optional	Category cue						
	Multiple choice cue						

___/5

ORIENTATION [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City ___/6

Normal ≥ 26 / 30

TOTAL ___/30

Add 1 point if ≤ 12 yr edu

ADMINISTRATIVE INFORMATION

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

44. Code number of person completing this form: ..... | | | |

45. Method of data collection ..... Computer 1
Paper Form 2

46. Data Collection Site ..... In Clinic 1
Off Site 2

Major Depressive Episode Form

FORM CODE: MDE
VERSION A 01/27/2009

ID NUMBER: | | | | | | | | CONTACT YEAR: | | 9 |

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. DEPRESSION

1. Have you been consistently depressed or down, most of the day, nearly everyday, for the past two weeks? .....

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

→ Go to Item 4

1. In the past two weeks, have you been much less interested in most. things or much less able to enjoy the things you used to enjoy most of the time? .....

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

→ Go to Item 4

3. Over the past two weeks, when you felt depressed or uninterested:

		Yes	No	Don't Know	Refused	Missing
3a.	Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., by ±5% of body weight or ±3.5% kgs., for a 160 lb./70 kg. person in a month)?	1	2	7	8	9
	IF YES TO EITHER CODE YES					
3b.	Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively)?	1	2	7	8	9
3c.	Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	1	2	7	8	9
3d.	Did you feel tired or without energy almost every day?	1	2	7	8	9
3e.	Did you feel worthless or guilty almost every day?	1	2	7	8	9
3f.	Did you have difficulty concentrating or making decisions almost every day?	1	2	7	8	9
3g.	Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	1	2	7	8	9
	ARE 5 OR MORE ANSWERS (A1-A3) CODED YES?					

IF PATIENT HAS CURRENT MAJOR DEPRESSIVE EPISODE CONTINUE TO A4, OTHERWISE MOVE TO DYSTHYMIA

4. During your life time, did you have other periods of two weeks or more when you felt depressed or uninterested in most things, and had most of the problems we just talked about? .....

Yes	1
No	2 → Go to Item 6
Don't Know	7
Refused	8
Missing	9

5. Did you ever have an interval of at least 2 months without any depression and any loss of interest between 2 episodes of depression? .....

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

B. DYSTHYMIA

IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODULE.

		Yes	No	Don't Know	Refused	Missing
6.	Have you felt sad, low or depressed most of the time for the last two years?	1	2	7	8	9
	IF NO GO TO ITEM 9					
6a.	Was this period interrupted by your feelings OK for two months or more?	1	2	7	8	9
7.	During this period of feeling depressed most of the time:					
7a.	Did your appetite change significantly?	1	2	7	8	9
7b.	Did you have trouble sleeping or sleep excessively?	1	2	7	8	9
7c.	Did you feel tired or without energy?	1	2	7	8	9
7d.	Did you lose your self-confidence?	1	2	7	8	9
7e.	Did you have trouble concentrating or making decisions?	1	2	7	8	9
7f.	Did you feel hopeless?	1	2	7	8	9
8.	Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way?	1	2	7	8	9
	ARE 2 OR MORE ANSWERS CODED YES?					

ADMINISTRATIVE INFORMATION

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

10. Method of data collection: ..... Computer 1
Paper form 2

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

Medical History Form

FORM CODE: MHX
VERSION C 10/22/2008

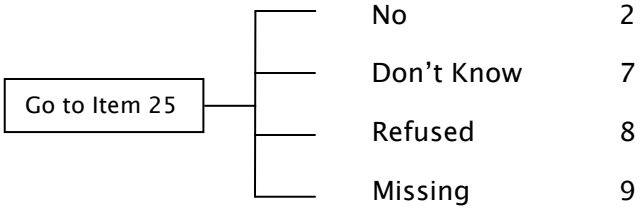
ID NUMBER: _ _ _ _ _ _ _ CONTACT: 0 9

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 paper form is used and 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 number corresponding to the most appropriate response. If a number is circled incorrectly, mark through it with an "X" and circle the correct response.

A. CHEST PAIN ON EFFORT

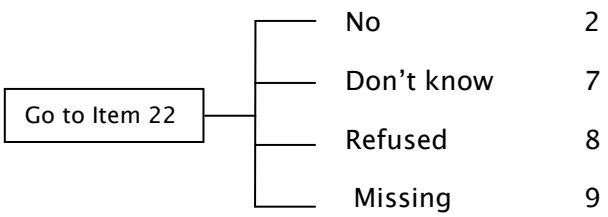
1. Since your last Jackson Heart Study exam on (mm/dd/yyyy) have you had any pain or discomfort in your chest? ..... Yes 1



2. Do you get it when you walk uphill or hurry? .....

Yes	1	
No	2	Go to Item 22
Never hurries or Walks uphill	3	
Don't Know	7	
Refused	8	
Missing	9	

3. Do you get it when you walk at an ordinary pace on the level? ..... Yes 1



4. What do you do if you get it while you are walking? ……. Stop or slow down 1

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

Carry on 2

Don't Know 7

Refused 8

Missing 9

5. If you stand still, what happens to it? ..... Relieved 1

Not relieved 2

Go to Item 22 — Don't Know 7

Refused 8

Missing 9

6. How soon? ..... 10 minutes or less 1

More than 10 minutes 2

Go to Item 22 — Don't Know 7

Refused 8

Missing 9

7. Will you show me where it was? **[CIRCLE "1" OR "2" FOR ALL AREAS]**

		Yes	No	Don't Know	Refused	Missing	
7a.	Sternum (upper or middle).....	1	2	7	8	9	
7b.	Sternum (lower).....	1	2	7	8	9	
7c.	Left anterior chest.....	1	2	7	8	9	
d.	Left arm	1	2	7	8	9	
7e.	Other	1	2	7	8	9	Go to Item 7f

7f. Specify:…….. | | | | | | | | | | | | |

8. Do you feel it anywhere else? **[IF "YES", RECORD ABOVE]** ..... Yes 1
No 2
Don't Know 7
Refused 8
Missing 9

9. Did you see a doctor because of this pain or discomfort?..... Yes 1
No 2
Go to Item 11 — Don't know 7
Refused 8
Missing 9

10. What did the doctor say it was? ..... Angina 1
Heart attack 2
Other Heart Disease 3
Other 4

11. Have you been hospitalized because of this pain? ..... Yes 1
No 2
Don't Know 7
Refused 8
Missing 9

12. How long ago did you start getting this pain?
Within the past: ..... 1 month 1
6 months 2
1 year 3
2 years 4
Over 2 years 5
Don't Know 7
Refused 8
Missing 9

"The next 3 questions on chest pain refer to 3 aspects: how often it occurs, how severe it is, and how long it lasts."

13. Within the past 2 months, has your chest discomfort occurred more often? ..... Yes 1

No 2

Go to Item 15 — Don't know 7

Refused 8

Missing 9

14. Has it occurred at least twice as often as before? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

15. Within the past 2 months, has the pain become more severe? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

16. Within the past 2 months, has the pain lasted longer when it occurs? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

17. Do you ever use nitroglycerin to relieve the pain? ..... Yes 1

No 2

Go to Item 19 — Don't know 7

Refused 8

Missing 9

18. Within the past 2 months, has the pain required more nitroglycerin to relieve it? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

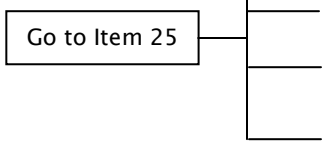
19. Within the past 2 months, have you started getting the pain with less exertion? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

20. Within the past 2 months have you started getting the pain when sitting still? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

21. Within the past 2 months, have you started getting the pain when sleeping? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

B. POSSIBLE INFARCTION

22. Since your last Jackson Heart Study exam, have you had a severe pain across the front of your chest lasting for half an hour or more? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9



23. Did you see a doctor because of this pain? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

24. What did the doctor say it was? ..... Heart Attack 1
Other disorder 2
Don't Know 7
Refused 8
Missing 9

25. Since your last Jackson Heart Study exam, have you had a heart attack for which you were hospitalized one week or more? ..... Yes 1
No 2
Don't Know 7
Refused 8
Missing 9

Go to Item 28

26. How many such heart attacks have you had? ..... ☐
(Don't know = 7, Refused = 8, Missing = 9)

27. How old were you when you had your (first) heart attack? ..... ☐☐☐
(Don't know = 777, Refused = 888, Missing = 999)

28. Have you ever had a test in which you were asked to exercise while an electrocardiogram was taken? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

Go to Item 30

29. Were you told that the results were normal or abnormal? ..... Normal 1

Abnormal 2

Don't know 7

Refused 8

Missing 9

C. INTERMITTENT CLAUDICATION

30. Do you get pain in either leg on walking? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

Go to Item 40

31. Does this pain ever begin when you are standing still or sitting? ..... Yes 1 — Go to Item 39

No 2

Don't know 7

Refused 8

Missing 9

32. In what part of your leg do you feel it? **[IF CALVES NOT MENTIONED, ASK: "ANYWHERE ELSE?"]** ..... Pain includes calf/calves 1

Pain does not include calf/calves 2

Don't Know 7

Refused 8

Missing 9

Go to Item 39

33. Do you get it if you walk uphill or hurry? ..... Yes 1

No 2

Never hurries or walks uphill 3

Don't Know 7

Refused 8

Missing 9

Go to Item 39

34. Do you get it if you walk at an ordinary pace on the level? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

35. Does the pain ever disappear while you are walking? ..... Yes 1 → Go to Item 39

No 2

Don't know 7

Refused 8

Missing 9

36. What do you do if you get it when you are walking? ..... Stop or slow down 1

Carry on 2

Don't Know 7

Go to Item 39

Refused 8

Missing 9

37. What happens to it if you stand still? ..... Relieved 1

Not relieved 2

Don't Know 7

Go to Item 39

Refused 8

Missing 9

38. How soon? ..... 10 minutes or less 1

More than 10 minutes 2

Don't Know 7

Refused 8

Missing 9

39. Were you hospitalized for this problem in your legs? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

D. CONGESTIVE HEART FAILURE

40. Since your last Jackson Heart Study exam, have you had to sleep on 2 or more pillows to help you breathe? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

41. Have you been awakened at night by trouble breathing? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

42. Have you had swelling of your feet or ankles (excluding during pregnancy)? ..... Yes 1

[INCLUDE PARENTHETICAL COMMENT FOR FEMALES ONLY]

No 2

Go to Item 44

Don't know 7

Refused 8

Missing 9

43. Did it tend to come on during the day and go down overnight? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

E. INVASIVE PROCEDURES

44. Since your last Jackson Heart Study exam, have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

45. Did you have:

45a. Coronary bypass: ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

45b1. Other heart procedure:..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

Go to Item 45c

45b2. Specify:

45c. Carotid endarterectomy: ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

Go to Item 45e1

45d. Site: ..... Right 1
Left 2
Both 3
Don't know 7
Refused 8
Missing 9

45e1. Other arterial revascularization or bypass: ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

Go to Item 45f

45e2. Specify:

45f. Any other type of surgery on your heart or the arteries of your neck or legs? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

46. Since your last Jackson Heart Study exam, have you had a balloon angioplasty on the arteries of your heart, neck, or legs? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

Go to Item 48

47. Did you have:
47a. Angioplasty of the coronary arteries? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9

47b. Angioplasty in the arteries of your neck? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

47c. Angioplasty of lower extremity arteries? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

48. Since your last Jackson Heart Study exam, have you had:

48a. Heart catheterization? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

48a1. What was the reason for this procedure?

Emergency for a heart attack	1
Chest pain/discomfort	2
Doctors suspected disease/blockage	3
Follow up after heart attack or procedure (surgery or stent)	4
Other (Specify)	5
Don't Know	7
Refused	8
Missing	9

48a2. Specify:

48b. Carotid artery catheterization? ..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

48b1. What was the reason for this procedure?

Emergency for a stroke 1

Doctors suspected disease/blockage 2

Other (Specify) 3

Don't Know 7

Refused 8

Missing 9

48b2. Specify:

48c1. Other arterial catheterization? ..... Yes 1

No 2

Go to Item 49

Don't know 7

Refused 8

Missing 9

48c2. Specify:

48c3. What was the reason for this procedure?

Leg pain on walking short distance 1

Doctor suspected disease/blockage 2

Other (Specify) 3

Don't Know 7

Refused 8

Missing 9

48c4. Specify:

F. DIAGNOSTIC PROCEDURES

49. Since your last Jackson Heart Study exam, have you 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.

	Yes	No	Don't Know	Refused	Missing
49a. Echocardiogram?	1	2	7	8	9

IF YES ASK:
49a1. What was the reason for this procedure?

Heart failure/fluid on lungs	1
Heart murmur / Valvular heart disease	2
High blood pressure	3
Follow up after heart attack or surgery	4
Other (Specify)	5
Don't know.....	7
Refused	8
Missing.....	9

49a2. Specify:

		Yes	No	Don't Know	Refused	Missing
49b.	Electrocardiogram?	1	2	7	8	9

IF YES ASK:
49b1. What was the reason for this procedure?

Chest pain / discomfort	1
Rhythm disturbance	2
High blood pressure	3
Other (Specify).....	4
Don't know.....	7
Refused	8
Missing.....	9

49b2. Specify:

	Yes	No	Don't Know	Refused	Missing
49c.	Treadmill or cardiac stress test?	1	2	7	8	9

IF YES ASK:
49c1. What was the reason for this procedure?

Chest pain / discomfort	1
Follow up after heart attack or procedure	2
Other (Specify).....	3
Don't know.....	7
Refused	8
Missing.....	9

49c2. Specify:

	Yes	No	Don't Know	Refused	Missing
49d. MRI exam of the brain?	1	2	7	8	9

IF YES ASK:
49d1. What was the reason for this procedure?

Passing out	1
Forgetfulness	2
TIA (little strokes)	3
Stroke	4
Blocked arteries	5
Other (Specify)	6
Don't know	7
Refused	8
Missing	9

49d2. Specify: | | | | | | | | | | | | | | | | |

G. ADMINISTRATIVE INFORMATION

50. Date of data collection:..... | | | / | | | / | | | | |
m m d d y y y y

51. Method of data collection: ..... Computer 1
Paper form 2

52. Data Collected ..... In Clinic 1
Off Site 2

53. Code number of person completing this form: ..... | | | |

Medication Survey Form

FORM CODE: MSR
VERSION C 10/09/2008

CONTACT YEAR: 0 9

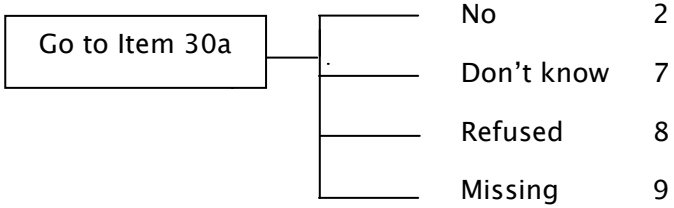
LAST NAME: | | | | | | | | | | | | | ID NUMBER: | | | | | | | |

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. Have you taken any medications in the past two weeks?
This includes all prescription medications, all over-the-counter medications, all vitamins, minerals, herbs and dietary supplements? ..... Yes 1



2. 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? .....

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

- Yes, all 1
- Some of them 2
- None (forgot/unable) 3
- Don't Know 7
- Refused 8
- Missing 9

Go to Item 3a to determine follow up options for medications they did not bring.

Go to Item 4 and transcribe those medications which were brought at this time.

"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 1

Insist to list by memory 3

ATTEMPT TO CONVERT REFUSALS; INDICATE ON ITINERARY FORM

No (don't want a follow-up) 2

Go to Item 29a

- Don't know 7
- Refused 8
- Missing 9

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). For EACH medication, ask the participant if the medication was taken in the last 24 hours and to provide the reason they take the medication.

	INITIAL VISIT – 1 OR FOLLOW-UP – 2	A MEDICATION NAME ENTER NAME EXACTLY AS PRINTED ON LABEL.. ENTER “888” …. IF LABEL UNCLEAR…INCLUDE YOUR BEST EFFORT AT TRANSCRIBING. ENTER “999’ IF MEDICATION CANNOT BE TRANSCRIBED AND NOTE REASON IN NOTES.	B CONCENTRATION	C INSTRUCTIONS FOR ADMINISTRATION	D “DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?” YES – 1, NO – 2 DON’T KNOW – 7 REFUSED – 8 MISSING – 9	E “WHAT IS THE REASON YOU TAKE THIS MEDICATION?” SPECIFY REASON DON’T KNOW – 7 REFUSED – 8 MISSING – 9
					1 2 7 8 9	1 2 7 8 9
4 (1)					1 2 7 8 9	1 2 7 8 9
5 (2)					1 2 7 8 9	1 2 7 8 9
6 (3)					1 2 7 8 9	1 2 7 8 9
7 (4)					1 2 7 8 9	1 2 7 8 9
8 (5)					1 2 7 8 9	1 2 7 8 9
9 (6)					1 2 7 8 9	1 2 7 8 9
10 (7)					1 2 7 8 9	1 2 7 8 9
11 (8)					1 2 7 8 9	1 2 7 8 9
12 (9)					1 2 7 8 9	1 2 7 8 9

	INITIAL VISIT – 1 OR FOLLOW–UP – 2	A MEDICATION NAME ENTER NAME EXACTLY AS PRINTED ON LABEL.. ENTER "888" …. IF LABEL UNCLEAR…INCLUDE YOUR BEST EFFORT AT TRANSCRIBING. ENTER "999' IF MEDICATION CANNOT BE TRANSCRIBED AND NOTE REASON IN NOTES.	B CONCENTRATION	C INSTRUCTIONS FOR ADMINISTRATION	D "DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?" YES – 1, NO – 2 DON'T KNOW – 7 REFUSED – 8 MISSING – 9	E "WHAT IS THE REASON YOU TAKE THIS MEDICATION?" SPECIFY REASON DON'T KNOW – 7 REFUSED – 8 MISSING – 9
13 (10)					1 2 7 8 9	1 2 7 8 9
14 (11)					1 2 7 8 9	1 2 7 8 9
15 (12)					1 2 7 8 9	1 2 7 8 9
16 (13)					1 2 7 8 9	1 2 7 8 9
17 (14)					1 2 7 8 9	1 2 7 8 9
18 (15)					1 2 7 8 9	1 2 7 8 9
19 (16)					1 2 7 8 9	1 2 7 8 9
20 (17)					1 2 7 8 9	1 2 7 8 9
21 (18)					1 2 7 8 9	1 2 7 8 9
22 (19)					1 2 7 8 9	1 2 7 8 9
23.(20)					1 2 7 8 9	1 2 7 8 9
24 (21)					1 2 7 8 9	1 2 7 8 9
25 (22)					1 2 7 8 9	1 2 7 8 9
26 (23)					1 2 7 8 9	1 2 7 8 9

27a. Is the transcription being done at the initial visit or a follow-up contact? ..... Initial 1

IF INITIAL, PROCEED TO QUESTION 27b, IF A FOLLOW-UP, SKIP TO 27g

Follow-Up 2

27b. Total number of medications in participant medication bag: ..... | | |

27c. Is additional follow-up needed? .....Yes 1

IF NO, THE SKIP TO 27f

No 2

Don't Know 7

Go to 28a

Refused 8

Missing 9

27d. Reason for follow-up:

27e. Method of follow-up up:

Code numbers for persons transcribing and coding medications:

27f. Code number of medication transcriber at the visit: ..... | | | |

ASK THESE ITEMS FOR FOLLOW-UP ONLY

27g. Participant has provided information on.....

All medications taken in the past 2 weeks	1 — Go to Item 27J
Some medications taken in the past 2 weeks	2
None of the medications taken in the past 2 weeks	3
Don't know	7
Refused	8
Missing	9

27h. What is the reason that information on all medications was not provided.....

Can't find the container(s), bottle	1
Can't read the label(s)	2
Don't Know	7
Refused	8
Missing	9

27i. Other: Specify:

27j. Code number of person completing follow-up: .....

27k. Date of follow-up: ..... | | | / | | | / | | | | |
m m d d y y y y

END HERE FOR FOLLOW-UP CONTACT

28a Code Number of medication coder: ..... | | | |

28b. Date of medication coding: ..... | | | / | | | / | | | | |
m m d d y y y y

C. INTERVIEW

"Now I know these next questions may seem repetitive, but it is important that we make sure we know the reasons that you are taking various medications. Please bear with me."

Were any of the medications you took during the past two weeks for:

[IF YES, VERIFY THAT MEDICATION NAME IS ON MEDICATION RECORD.]

	Yes	No	Don't Know	Refused	Missing
29a. High blood pressure?	1	2	7	8	9
29b. High blood cholesterol?	1	2	7	8	9
29c. Angina or chest pain?	1	2	7	8	9
29d. Control of heart rhythm?	1	2	7	8	9
29e. Heart failure or fluid on the lungs.....	1	2	7	8	9
29f. Blood thinning?	1	2	7	8	9

29g. Diabetes or high blood sugar?	1	2	7	8	9
29h. Stroke?	1	2	7	8	9
29i. Leg pain when walking?	1	2	7	8	9

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."

	Reason Indicated	Not a Reason	Don't Know	Refused	Missing
30a. You were in a hurry, too busy, or forgot	1	2	7	8	9
30b. It was inconvenient, for example, the medication needed to be refrigerated, or had to be taken with food	1	2	7	8	9
30c. You thought the medication wouldn't do you any good	1	2	7	8	9
30d. The medication made you feel bad	1	2	7	8	9
30e. If you took the medication, you wouldn't be able to carry out your normal activities—for example, driving	1	2	7	8	9
30f. You thought you might become addicted or hooked on the medication	1	2	7	8	9
30g. You don't like to take medicine	1	2	7	8	9
30h. You were trying to do without it	1	2	7	8	9
30i. You did not have money to purchase the medication (or its refills)	1	2	7	8	9
30j. Did not have the medication available	1	2	7	8	9
30k. Are there any other reasons why you haven't taken a prescribed medication?	1	2	7	8	9

Go to Item 31

30l. If yes, specify reason:

Now, I am going to ask you questions pertaining to your non prescription medication taking behavior.

31a. Do you ever forget to take you medicine?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

31b. Are you careless at times about taking your medicine?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

31c. When you feel better do you sometimes stop taking your medicine?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

31d. Sometimes if you feel worse when you take your medicine, do you stop taking it?.....Yes 1

No 2

Don't know 7

Refused 8

Missing 9

E. ASPIRIN AND NSAID USE

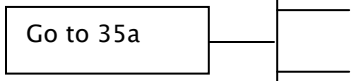
32. During the past two weeks, did you take any aspirin, Alka-Seltzer, cold medicine or headache powder.....Yes 1

No 2

Don't know 7

Refused 8

Missing 9



"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."

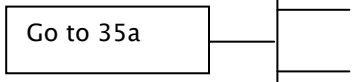
33. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol nor Advil .....Yes 1

No 2

Don't know 7

Refused 8

Missing 9



34a. What is the strength of aspirin in the pill? **[CHECK THE PREPARATION, IF AVAILABLE; OTHERWISE SHOW RC #1]** .....

Less than 300 mg (Baby)	1
300 - 499 mg (Regular)	2
500 mg or greater (Extra strength)	3
Don't know	7
Refused	8
Missing	9

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

34c. How many pills are you taking <u>per week</u>, on average? ..... ☐☐ Pills

34d. For what purpose are you taking this medication? .....

Participant mentioned to avoid heart attack or stroke	1
Participant did NOT mention to avoid heart attack or stroke	2

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, Aleve, Naprosyn, Feldene and Clinoril.....

Yes	1
No	2
Don't know	7

→ Go to 36a

Refused 8

Missing 9

35b. What is the brand name of the medicine?
[CHECK THE PREPARATION, IF AVAILABLE] ..... Ibuprofen or Advil 1 — Go to Item 35d

Other 2

Don't Know 7

Refused 8

Missing 9

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?.....

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 1

No 2

Don't Know 7

Refused 8

Go to Item 37a

Missing 9

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

36c. For what purpose?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

37a. Epsom Salts? ..... Yes 1

No 2

Go to Item 38a — Don't know 7

Refused 8

Missing 9

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

37c. For what purpose?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

38a. Lemon juice or lemon? ..... Yes 1

No 2

Go to Item 39a — Don't Know 7

Refused 8

Missing 9

38b. How many days during the past 2 weeks? ..... ☐☐ Days

38c. For what purpose?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

39a. Garlic? ..... Yes 1

No 2

Go to Item 40a — Don't Know 7

Refused 8

Missing 9

39b. How many days during the past 2 weeks? ..... ☐☐ Days

39c. For what purpose?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

40a. Teas? ..... Yes 1

No 2

Go to Item 41a — Don't Know 7

Refused 8

Missing 8

☐☐ Days

40b. How many days during the past 2 weeks? .....

40c. For what purpose?

40d. Specify type:

41a. Roots? ..... Yes 1

No 2

Go to Item 42a — Don't Know 7

Refused 8

Missing 9

41b. How many days during the past 2 weeks? ..... | | |

Days

41c. For what purpose?

41d. Specify type:

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

	Yes	1
Go to Item 43a	No	2
	Don't Know	7
	Refused	8
	Missing	9

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

42c. For what purpose?

41d. Specify type:

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

	Yes	1
Go to Item 44	No	2
	Don't Know	7
	Refused	8
	Missing	9

43b. Was this for your heart or for other symptoms? ..... Heart 1 — Go to Item 43d

Other 2

Don't Know 7

Refused 8

Missing 9

42c. 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 1

Weekly 2

Several times a month 3

Monthly 4

Several times a year 5

Yearly 6

Rarely 7

Almost never 8

Never 9

Don't Know 77

Refused 88

Missing 99

G. ADMINISTRATIVE INFORMATION

44. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

45. Method of data collection: ..... Computer 1

Paper form 2

46. Place of data collection: ..... In Clinic 1

Off site 2

47. Code number of Interviewer: ..... | | | |

Physical Activity Form

FORM CODE: PAC
VERSION B 2/2/2009

ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 9 |

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. During the past year 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 1
[Don't know=7, Refused=8, Missing=9]
At least 5 but less than 15 minutes 2
At least 15 but less than 30 minutes 3
At least 30 but less than 45 minutes 4
At least 45 minutes 5

2. During the past year during leisure time, how often did you walk for at least 15 minutes at a time? **[RC #2]** ..... Less than once a month 1
[Don't know=7, Refused=8, Missing=9]
Once a month 2
2-3 times a month 3
Once a week 4
More than once a week 5

3. During the past year during leisure time, how often did you bike for at least 15 minutes at a time? **[RC #2]**
[Don't know = 7, Refused = 8, Missing = 9] .....Less than once a month 1
Once a month 2
2-3 times a month 3
Once a week 4
More than once a week 5

4. During the past year during leisure time, how often do you sweat from exertion? **[RC #2]**
[Don't know = 7, Refused = 8, Missing = 9] .....

Less than once a month	1
Once a month	2
2-3 times a month	3
Once a week	4
More than once a week	5

5. During the past year, how often did you watch television? **[RC #3]** .....
[Don't Know = 7, Refused = 8, Missing = 9]

Less than 1 hour a week	1
At least 1 hour a week but less than 7 hours a week	2
At least 1 hour a day but less than 2 hours a day	3
At least 2 hours a day but less than 4 hours a day	4
4 or more hours a day	5

B. OCCUPATIONAL ACTIVITIES:

"Now, some questions about your employment situation."

6. Did you work for pay or do volunteer work during the past year? ..... Yes 1
[Don't Know = 7, Refused = 8, Missing = 9]

Go to Item 10

No 2

7. 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 #4]** ..... Much lighter 1
[Don't Know = 7, Refused = 8, Missing = 9]

Lighter 2

The same as 3

Heavier 4

Much heavier 5

8. After work are you physically tired? **[RC #5]** ..... Never 1
[Don't Know = 7, Refused = 8, Missing = 9]

Seldom 2

Sometimes 3

Often 4

Always 5

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

9a. Sit: **[RC #5]** ..... Never 1
[Don't Know = 7, Refused = 8, Missing = 9]

Seldom 2

Sometimes 3

Often 4

Always 5

9b.	Stand: **[RC #5]**	Never	1
	[Don't Know = 7, Refused = 8, Missing = 9]	Seldom	2
		Sometimes	3
		Often	4
		Always	5
9c.	Walk: **[RC #5]**	Never	1
	[Don't Know = 7, Refused = 8, Missing = 9]	Seldom	2
		Sometimes	3
		Often	4
		Always	5
9d.	Lift heavy loads: [RC #5]	Never	1
	[Don't Know = 7, Refused = 8, Missing = 9]	Seldom	2
		Sometimes	3
		Often	4
		Always	5
9e.	Sweat from exertion: [RC #5]	Never	1
	[Don't Know = 7, Refused = 8, Missing = 9]	Seldom	2
		Sometimes	3
		Often	4
		Always	5

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."

10. 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 #6]** ..... Less than 1 hour per week 1
    [Don't Know = 7, Refused = 8, Missing = 9]
    At least 1 but less than 20 hours per week 2
    More than 20 hours per week 3

11. During the past year (12 months) how much time did you spend preparing meals or cleaning up from meals? **[RC #7]** .....Less than ½ hour per day 1
    [Don't Know = 7, Refused = 8, Missing = 9]
    At least ½ hour but less than 1 hour per day 2
    At least 1 hour but less than 1 ½ hours per day 3
    At least 1 ½ hours but less than 2 hours per day 4
    2 or more hours per day 5

12. 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 #2]** ..... Less than once a month 1
    [Don't Know = 7, Refused = 8, Missing = 9]
    Once a month 2
    2-3 times a month 3
    Once a week 4
    More than once a week 5

13. 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 #2] ..... Less than once a month 1
[Don't Know = 7, Refused = 8, Missing = 9]
Once a month 2
2-3 times a month 3
Once a week 4
More than once a week 5

14. 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 #2] ..... Less than once a month 1
[Don't Know = 7, Refused = 8, Missing = 9]
Once a month 2
2-3 times a month 3
Once a week 4
More than once a week 5

15. 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 #2]** ..... Less than once a month 1
[Don't Know = 7, Refused = 8, Missing = 9]
Once a month 2
2-3 times a month 3
Once a week 4
More than once a week 5

16. 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 # 2]** ..... Less than once a month 1
[Don't Know = 7, Refused = 8, Missing = 9]

Once a month 2

2-3 times a month 3

Once a week 4

More than once a week 5

D. SPORTS AND EXERCISE

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

17. "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 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2 — Go to Item 29

18. How often did you play sports or exercise during the past year? [RC #8] ..... Less than once a month 1
[Don't Know = 7, Refused = 8, Missing = 9]

Once a month 2

2-3 times a month 3

Once a week 4

More than once a week 5

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

19a. Is this activity on the code list? .....Yes 1
[Don't Know = 7, Refused = 8, Missing = 9]

No 2 — Go to Item 19c

19b. Code for most frequent sport or exercise: ..... | | | |

Go to Item 20

19c. If the activity is not coded, specify the activity:

20. How many months in the past year did you do this activity? **[RC #9]** ..... Less than one month 1
[Don't Know = 7, Refused = 8, Missing = 9]

1 to 3 months 2

4 to 6 months 3

7 to 9 months 4

More than 9 months 5

21. How many hours a week did you do this activity? **[RC #10]** ..... Less than 1 hour 1
[Don't Know = 7, Refused = 8, Missing = 9]

At least 1 but less than 2 hours 2

At least 2 but less than 3 hours 3

At least 3 but less than 4 hours 4

4 or more hours 5

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

IF NONE, GO TO ITEM 29

22a. Is this activity on the code list? ..... Yes 1
[Don't Know = 7, Refused = 8, Missing = 9]

No 2 — Go to Item 22c

22b. Code for the second most frequent sport or exercise: ..... | | |

Go to Item 23

22c. If the activity is not coded, specify the activity:

23. How many months in the past year did you do this activity? **[RC #9]** ..... Less than one month 1
[Don't Know = 7, Refused = 8, Missing = 9]

1 to 3 months 2

4 to 6 months 3

7 to 9 months 4

More than 9 months 5

24. How many hours a week did you do this activity?
[RC #10] ..... Less than 1 hour 1
[Don't Know = 7, Refused = 8, Missing = 9]

At least 1 but less than 2 hours 2

At least 2 but less than 3 hours 3

At least 3 but less than 4 hours 4

4 hours or more 5

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

IF NONE, GO TO ITEM 28

25a. Is this activity on the code list? .....Yes 1
[Don't Know = 7, Refused = 8, Missing = 9]

No 2 — Go to Item 25c

25b. Code for the third most frequent sport or exercise: ..... | | | |

Go to Item 26

25c. If the activity is not coded, specify the activity:

26. How many months in the past year did you do this activity? **[RC #9]** ..... **[Don't Know = 7, Refused = 8, Missing = 9]**

Less than one month	1
1 to 3 months	2
4 to 6 months	3
7 to 9 months	4
More than 9 months	5

27. How many hours a week did you do this activity? **[RC# 10]** ..... **[Don't Know = 7, Refused = 8, Missing = 9]**

Less than 1hour	1
At least 1 but less than 2 hours	2
At least 2 but less than 3hours	3
At least 3 but less than 4 hours	4
4 hours or more	5

28. 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 # 11] ..... Much Less 1
[Don't Know = 7, Refused = 8, Missing = 9]

Less 2

Same as 3

More 4

Much more 5

E. ADMINISTRATIVE INFORMATION

29. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

30. Code number of person completing this form: ..... | | | |

JHS Participant Itinerary Form – Exam 3

FORM CODE: PIT
VERSION C 02/11/2009

ID NUMBER: | | | | | | | | DATE: _____/____/_____ CONTACT: | 0 | 9 |

NAME: | | | | | | | | | | | | | | | | | | | | |

VISIT TYPE: ___ **Initial** ___ **Re-scheduled** (If re-scheduled, go to procedure(s)/interview(s) being done at this visit)

DATE OF BIRTH _____ / _____ / _____ GENDER: ___1 Male ___2 Female TIME OF CHECK-IN: _____:_____

AGE _____

1. **ANY MAJOR MEDICAL PROBLEMS WE SHOULD KNOW ABOUT?**

_____ Diabetes _____ Recent blackouts _____ Heart Troubles
_____ Seizure disorders _____ Surgery in past six weeks _____ Hx Aneurysms

Specify : _____

2. **SUB/ANCILLARY STUDY PARTICIPANT?** ____ YES ____ NO

[USE THE FOLLOWING CODES FOR ALL ITEMS:
IF COMPLETE, ENTER 1 **IF DON'T KNOW, ENTER 7**
IF INCOMPLETE, ENTER 2 **IF REFUSED, ENTER 8**
IF RESCHEDULED, ENTER 3 **IF MISSING, ENTER 9**

3. CLINIC PROCEDURES	Start Time	End Time	Tech Code
_____ Reception (ICF, CON, FTR, Medications collected..... *Comment*: _____	_____:_____	_____:_____	___ ___ ___
_____ SBP ..... Cuff Size _____ ..... Comment: _____	_____:_____	_____:_____	___ ___ ___
_____ Body Composition & Anthropometric..... *Comment*: _____	_____:_____	_____:_____	___ ___ ___
_____ Venipuncture ..... Fast Time _____ ..... *Comment*: _____	_____:_____	_____:_____	___ ___ ___
_____ *Urine*..... *Comment:* _____	_____:_____	_____:_____	___ ___ ___
_____ *Snack*..... *Comment:* _____	_____:_____	_____:_____	___ ___ ___
_____ *ABI*..... *Comment:* _____	_____:_____	_____:_____	___ ___ ___
Imaging Procedures			
_____ *CT*..... *Comment:* _____	_____:_____	_____:_____	___ ___ ___

_____ *MRI* ..... _____:_____ _____:_____ ___ ___ ___
Comment: _____

_____ *ECG* ..... _____:_____ _____:_____ ___ ___ ___
Comment: _____

_____ *Phantom & Non-Participant* ..... _____:_____ _____:_____ ___ ___ ___
Comment: _____

4. INTERVIEWS

_____ Medication Survey ..... _____:_____ _____:_____ ____ ____ ____

_____ Medical History..... _____:_____ _____:_____ ____ ____ ____

_____ Personal and Family Health History ..... _____:_____ _____:_____ ____ ____ ____

_____ Stroke Symptoms..... _____:_____ _____:_____ ____ ____ ____

_____ Renal Disease ..... _____:_____ _____:_____ ____ ____ ____

_____ Chronic Burden..... _____:_____ _____:_____ ____ ____ ____

_____ Discrimination ..... _____:_____ _____:_____ ____ ____ ____

_____ Major Depressive Episode Form ..... _____:_____ _____:_____ ____ ____ ____

_____ Hassles and Moods D ..... _____:_____ _____:_____ ____ ____ ____

_____ Tobacco ..... _____:_____ _____:_____ ____ ____ ____

_____ Alcohol and Drug ..... _____:_____ _____:_____ ____ ____ ____

_____ Montreal Cognitive Assessment ..... _____:_____ _____:_____ ____ ____ ____

_____ Sleep..... _____:_____ _____:_____ ____ ____ ____

_____ Health Continuity and Trust..... _____:_____ _____:_____ ____ ____ ____

_____ Physical Activity Form..... _____:_____ _____:_____ ____ ____ ____

_____ Personal Data-Social Economic Status..... _____:_____ _____:_____ ____ ____ ____

5. MEDICAL DATA REVIEW

_____ Medical Data Review (Comment: .....) _____:_____ _____:_____ ____ ____ ____

_____ Exit Interview/Satisfaction Survey
Comment: ..... _____:_____ _____:_____ ____ ____ ____

6. IF EXAM PROCEDURE OR INTERVIEW RESCHEDULED, PLEASE NOTE DATE AND TIME

7a. Date: _____/_____/_____ 7b. : _____:_____

INSTRUCTIONS

PART 1. USE THE FOLLOWING CODES FOR MAJOR MEDICAL PROBLEMS:

1: Yes
2: No
7: Don't know
8: Refused
9: Missing

PART 4. IF ANY CLINIC PROCEDURE IS NOT COMPLETED, PROVIDE A COMMENT WITH THE PRIMARY REASON FOR NOT COMPLETING THE PROCEDURE USING ONE OF THE FOLLOWING CODES:

1: Computer/Equipment Malfunction
2: Overall Time Constraint
3: Participant Uncomfortable with Assessment
4: Participant has to leave due to unforeseen circumstances
5: Other

PART 5 & 6. IF ANY INTERVIEW OR MEDICAL DATA REVIEW IS NOT COMPLETED, PROVIDE A COMMENT WITH THE PRIMARY REASON FOR NOT COMPLETING IT USING ONE OF THE FOLLOWING CODES:

1: Overall Time Constraint
2: Questionnaire is too long
3: Questions are too sensitive
4: Participant has to leave due to unforeseen circumstances
5: Computer Malfunction
6: Other

Personal Data – Socioeconomic Status

FORM CODE: PDS
VERSION B 1/29/2009

ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 9 |

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?"

1a. 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: …….. | | |

1b. People think of their communities in different ways. When you answered the last question, what did you think of as your community?

| | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |

2. We would like to know your work status. Looking at this card, **[SHOW RC #2]** please tell me the number which best describes your current work status?

Working now, full-time	1
Working now, part-time	2
Employed, but temporarily laid off	3
Sick or on leave for health reasons	4
Unemployed, looking for work	5
Unemployed, not looking for work	6
Homemaker, not working outside the home	7
Retired from my usual job and not working	8
Retired from my usual job but working for pay	9

→ Go to Item 4

3. When was your last regular job for pay? [RECORD YEAR] ..... [ ][ ][ ][ ] → Go to Item 5a
[ENTER '9999' IF NEVER HAD A REGULAR JOB FOR PAY] y y y y

4. Are you currently working one or more jobs? ..... One 1
More than one 2

5a. 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]

5b. (Are/were) you self employed for this occupation? ..... Yes 1
No 2

6. 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.)

7. 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]

8a. How long (have you had/did you have) your main job? (Number of years)…….

8b. (Is/was) your job one that (provides/provided) <u>regular steady work</u> throughout the year, (is/was) it <u>seasonal</u>, (are/were) there <u>frequent layoffs</u>, or what? ……..

Regular, steady work	1
Seasonal	2
Frequent layoffs	3
Don't know	4
Other	5

Go to Item 9a

8c. Specify:

9a. Thinking over your entire work life, have you <u>ever</u> been unemployed (that is looking for a job but unable to find one) for 6 months or longer? …….

Yes	1
No	2

Go to Item 10

9b. How many times have you been unemployed for more than 6 months? **[SPECIFY NUMBER OF TIMES]** ..... | | |

10. How satisfied are you with your job? Are you satisfied, dissatisfied, or neither? ..... Satisfied 1

Dissatisfied 2

Neither 3

11. 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.]

12. 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: ..... | | |

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

Specify step on ladder: ..... | | |

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

Specify step on ladder: ..... | | |

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

Specify step on ladder:..... | | |

16. How disappointed would you be if you found out that you could never reach (STEP # IN Q#14)? Would you be very disappointed, fairly disappointed, slightly disappointed, or not at all disappointed? ..... Very disappointed 1

Fairly disappointed 2

Slightly disappointed 3

Not at all disappointed 4

17a. 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

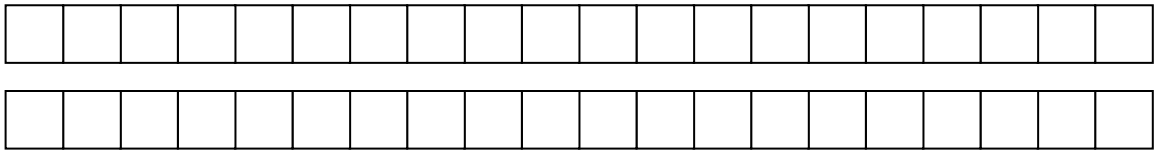
17b. **[IF LESS THAN 12, ASK:]** Did you complete a GED? ..... Yes 1

No 2

18a. Have you completed any other training or education outside of formal school programs? ..... Yes 1

Go to Item 19 — No 2

18b. Specify:



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

[HAS RESPONDENT EVER HAD SPOUSE OR CURRENTLY **HAS SPOUSE/PARTNER?]** ..... Yes 1

Go to Item 23 — No 2

20. **[SELECT APPROPRIATE WORDING]**

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

OR

Did your (husband/wife/partner) ever work for pay? ..... Yes, currently 1

Yes, in the past 2

Go to Item 22a — No 3

21a. 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]

21b. 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.)

21c. 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]

22a. 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	☐☐
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

22b. **[IF LESS THAN 12, ASK:]** Did (he/she) complete a GED? ..... Yes 1

No 2

"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."

23. 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	1
Buying (paying a mortgage)	2
Owns	3
Neither owns nor pays rent	4
Don't know	5

24. Do you own or are buying/leasing one or more cars? .....

Yes, one	1
Yes, more than one	2
No	3

25. 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	1
$500 – 999	2
$1,000 – 4,999	3
$5,000 – 9,999	4
$10,000 – 19,999	5
$20,000 – 49,999	6
$50,000 – 99,999	7
$100,000 – 199,999	8
$200,000 or more	9
Don't know	10
Refused	11

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

	YES	NO/ DON'T KNOW	REFUSED
26a. Investments?	1	2	3
26b. Social Security?	1	2	3
26c. Worker's Compensation?	1	2	3
26d. Unemployment Compensation?	1	2	3
26e. ADC or AFDC? (Aid to Dependent Children)	1	2	3
26f. Food Stamps?	1	2	3
26g. Other Welfare Programs?	1	2	3
26h. Supplemental Security Income (SSI)?	1	2	3
26i. Gambling?	1	2	3

27a. 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 <u>total</u> <u>combined</u> family income before taxes in (YEAR)? Using this card **[RC #5]** tell me the number that most closely matches your total combined family income.

Less than $5,000	1
$5,000 – 7,999	2
$8,000 – 11,999	3
$12,000 – 15,999	4
$16,000 – 19,999	5
$20,000 – 24,999	6
$25,000 – 34,999	7
$35,000 – 49,999	8
$50,000 –74,999	9
$75,000 – 99,999	10
$100,000 or more	11
Don't Know	12
Refused	13

Go to Item 28

27b. 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 1

Go to Item 27f — No 2

Go to Item 28 — Don't know 3

Refused 4

27c. Was it $50,000 or above? ..... Yes 1

No 2

Go to Item 28 — Don't know 3

Refused 4

27d. Was it $75,000 or above? ..... Yes 1

No 2

Go to Item 28 — Don't know 3

Refused 4

27e. Was it $100,000 or above? ..... Yes 1

No 2

Go to Item 28 — Don't know 3

Refused 4

[IF THE FAMILY <u>DID NOT</u> RECEIVE $35,000 OR MORE IN (YEAR)]

27f. Was it $10,000 or above? ..... Yes 1

No 2

Go to Item 28 — Don't know 3

Refused 4

27g. Was it $25,000 or above? ..... Yes 1

No 2

Don't know 3

Refused 4

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

[HAND RC #5] ..... Less than $5,000 1

$5,000 – 7,999 2

$8,000 – 11,999 3

$12,000 – 15,999 4

$16,000 – 19,999 5

$20,000 – 24,999 6

$25,000 – 34,999 7

$35,000 – 49,999 8

$50,000 – 74,999 9

$75,000 to 99,999 10

$100,000 or more 11

Don't know 12

Refused 13

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

Number of persons: ..... ☐☐

30a. Including yourself, how many people lived in your house during the past 12 months?

Number of persons: ..... ☐☐

30b. Of these, how many are under the age of 18?

Number of persons: ..... ☐☐

31. **[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

32. Date of data collection:..... | | | / | | | / | | | | |
m m d d y y y y

33. Code number of person completing this form: ..... | | | |

34. Method of data collection..... Computer 1

Paper Form 2

35. Data collection ..... In Clinic 1

Off Site 2

Personal and Family Health History Form

FORM CODE: PFH
VERSION B 2/3/2009

ID NUMBER: | | | | | | | | CONTACT YEAR: 0 9

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? ..... **[Don't know = 7, Refused = 8, Missing = 9]**

Excellent	1
Good	2
Fair	3
Poor	4

2. Since this time last year, would you say your health is ..... **[Don't know = 7, Refused = 8, Missing = 9]**

Better	1
Worse	2
About the same	3

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

Since your last JHS exam has your doctor or health professional ever said you have:

2a. High blood pressure or hypertension? .....

Yes	1
No	2
Don't know	7
Refused	8
Missing	9

Go to Item 3a

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

Age

3a. High blood cholesterol? ..... Yes 1

No 2

Don't know 7

Go to Item 4a

Refused 8

Missing 9

3b. How old were you when told that you had high blood cholesterol?..... ☐☐☐ Age

4a. Heart attack? ..... Yes 1

No 2

Don't know 7

Go to Item 5a

Refused 8

Missing 9

4b. How old were you when told that you had a heart attack? ..... ☐☐☐ Age

5a. Stroke? ..... Yes 1

No 2

Don't know 7

Go to Item 6a

Refused 8

Missing 9

5b. How old were you when told that you had a stroke? ..... ☐☐☐ Age

Since your last JHS exam has your doctor or health professional said you have:

6a. Sugar in the blood or diabetes? ..... Yes 1

No 2

Don't know 7

Go to Item 7a — Refused 8

Missing 9

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

7a. Kidney problem? ..... Yes 1

No 2

Don't know 7

Go to Item 8a — Refused 8

Missing 9

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

8a. Cancer? ..... Yes 1

No 2

Don't know 7

Go to Item 9a — Refused 8

Missing 9

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

9a. Chronic lung disease, such as bronchitis or emphysema? ..... Yes 1

No 2

Don't know 7

Go to Item 10a

Refused 8

Missing 9

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

10a. Asthma? ..... Yes 1

No 2

Don't know 7

Go to Item 11a

Refused 8

Missing 9

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

11a. A blood circulation problem? ..... Yes 1

No 2

Don't know 7

Go to Item 12a

Refused 8

Missing 9

11b. How old were you when 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 1

No 2

Don't know 7

Go to Item 13

Refused 8

Missing 9

12b. Reason:

PERSONAL HEALTH HISTORY

"I would like to ask you a few questions about your health."

ASK WOMEN ONLY

13. Have you ever had a tubal-ligation (had one or more of your tubes tied)?..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

→ Go to Item 14

IF YES:

13a. How old were you when you had a tubal-ligation?..... | | | Age

Don't know 7

Refused 8

Missing 9

ASK WOMEN ONLY IF < 55 YEARS OLD

14. Are you currently pregnant? ..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

ASK MEN ONLY:

15. Have you ever had a vasectomy? ..... Yes 1
No 2
Don't Know 7
Refused 8
Missing 9

C. HEALTH BEHAVIORS

16. What is the most that you have ever weighed (WOMEN: except when you were pregnant)? ..... ☐☐☐ Pounds
Don't know 7
Refused 8
Missing 9

16a. How old were you when you weighed this much? ..... ☐☐☐ Age
Don't know 7
Refused 8
Missing 9

17. Do you consider yourself now to be **overweight**, **underweight**, or **about the right weight**?
Overweight 1
Underweight 2
About right weight 3
Don't know 7
Refused 8
Missing 9

18. Have you ever been on a diet to lose weight? ..... Yes 1
No 2
Don't know 7
Refused 8
Missing 9
→ Go to Item 19

18a. Are you on such a diet now? ..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

19. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Yes 1

No 2

Don't know 7

Refused 8

Missing 9

20. IS YOUR NATURAL MOTHER LIVING?

Yes 1 — Go to Item 23

No 2 — Go to Item 20a

Don't know 7 — Go to Item 24

Refused 8

Missing 9

20a. What is the year of death?

Before first exam 1 — Go to Item 29

Since first exam 2

Don't know 7

Refused 8

Missing 9

21. Approximately how old was your mother when she died? ..... ☐☐☐

Age

22a. What was the cause of your natural mother's death? ..... Cancer 1

Heart attack 2

Stroke 3

Unknown 4

Other (Specify) 5

→ Go to Item 24

22b. Specify:

Go to Item 24

23. How old is your mother?

Age

Since your Jackson Heart Study Exam 1 (date), has your mother had (or does she have) any of the following diseases? **[READ EACH DISEASE NAME]**

24. Cancer?..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2 → Go to 25

24a. How old was she when she was told she had cancer? .....

Age

25. Diabetes (sugar in the blood)? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2 → Got to 26

25a. How old was she when she was told she had diabetes? .....

Age

26a. High blood pressure or hypertension?..... Yes 1

No 2

Don't know 7

Refused 8

→ Go to Item 27a

Missing 9

26b. How old was she when she was told that she had high blood pressure or hypertension?..... ☐☐☐ Age

27a. Stroke? ..... Yes 1

No 2

Don't know 7

Go to Item 28a

Refused 8

Missing 9

27b. How old was she when she was told that she had had a stroke? ..... ☐☐☐ Age

28a. Heart disease? ..... Yes 1

No 2

Don't know 7

Go to Item 29a

Refused 8

Missing 9

28b. How old was she when she was told that she had heart disease? ..... ☐☐☐ Age

29. IS YOUR NATURAL FATHER LIVING?

..... Yes 1 → Go to Item 32

No 2

Don't know 7

Refused 8 → Go to Item 38a

Missing 9

29a. What is the year of death?

Before first exam	1
Since first exam	2
Don't know	7
Refused	8
Missing	9

30. Approximately how old was your father when he died? .... [ ][ ][ ] Age

31a. What was the cause of your natural father's death? ....

Cancer	1	Go to Item 33
Heart attack	2	Go to Item 33
Stroke	3	Go to Item 33
Unknown	4	Go to Item 33
Other (Specify)	5	

31b. Specify: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Go to Item 33

32. How old is your father? .... [ ][ ][ ] Age

Since your Jackson Heart Study Exam 1 (date) has your father ever had (or does he have) any of the following diseases? **[READ EACH DISEASE NAME]**

33. Cancer? ....

Yes	1	
No	2	Go to 34

[ ][ ][ ] Age

33a. How old was he when he was told he had cancer.....

34. Diabetes (sugar in the blood)?..... Yes 1

No 2 — Go to 35

34a. How old was he when he was told he had diabetes? ..... ☐☐☐ Age

35a. High blood pressure or hypertension?..... Yes 1

No 2

Don't know 7

Go to Item 36a — Refused 8

Missing 9

35b. How old was he when he was told that he had high blood pressure or hypertension?..... ☐☐☐ Age

36a. Stroke? ..... Yes 1

No 2

Don't know 7

Go to Item 37a — Refused 8

Missing 9

36b. How old was he when he was told that he had had a stroke? ..... ☐☐☐ Age

37a. Heart disease?. ..... Yes 1

No 2

Don't know 7

Go to Item 38a — Refused 8

Missing 9

37b. How old was he when he was 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."

38a. FULL BROTHERS LIVING. ..... ☐☐

38b. FULL SISTERS LIVING.] ..... ☐☐

38c. Since your JHS exam 1(mm/dd/yyyy) are there any full brothers or sisters who are no longer living? ..... Yes 1

No 2

Don't know 7

Go to Item 38f — Refused 8

Missing 9

38d. How many full brothers are no longer living? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

38e. How many full sisters are no longer living? ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

38f. [TOTAL NUMBER OF FULL BROTHERS AND FULL SISTERS. **DO NOT ASK; COMPUTE.** IF NONE, ENTER "00".] ..... ☐☐

If "00" Go to Item 44a

Since your JHS Exam 1 (date) have any of your brothers or sisters (whether living or no longer living)had any of the following diseases? **[READ EACH RESPONSE]**

39a. Cancer? ..... Yes 1

No 2

Don't know 7

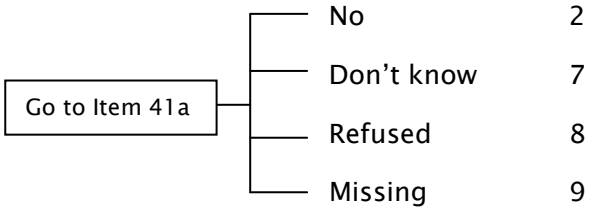
Go to Item 40a — Refused 8

Missing 9

39b. How many? ..... ☐☐

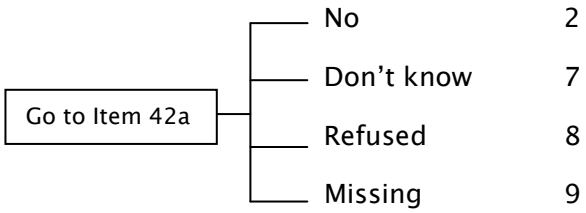
[Don't Know = 77, Refused =88, Missing = 99]

40a. Diabetes (sugar in the blood)? ..... Yes 1



40b. How many? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

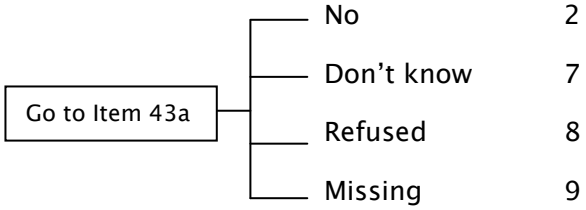
41a. High blood pressure or hypertension? ..... Yes 1



41b. How many? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

41c. Since your Exam 1 (date) how many of these brothers and sisters were younger than 60 years of age when told they had high blood pressure or hypertension? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

42a. Stroke? ..... Yes 1



42b. How many? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

42c. How many of these brothers and sisters were younger than 60 years of age when told they had a stroke? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

43a. Heart disease? ..... Yes 1

No 2

Don't know 7

Go to Item 44a

Refused 8

Missing 9

43b. How many? ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

43c. How many of these brothers and sisters were younger than 60 years of age when told they had heart disease? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

44a. How many live births (Natural children) have you had? ..... ☐☐

IF "00" Go to Item 44c

44b. How many natural children are no longer living? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

44c. How many of your living children are over 18 years old? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

If "00" Go to Item 50

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

45a. Cancer? ..... Yes 1

No 2

Don't know 7

Go to Item 46a

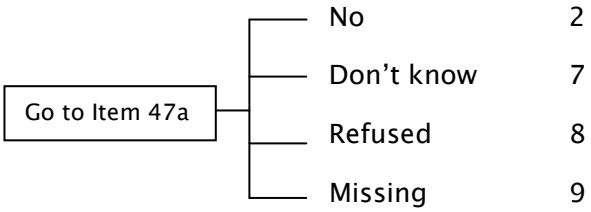
Refused 8

Missing 9

☐☐

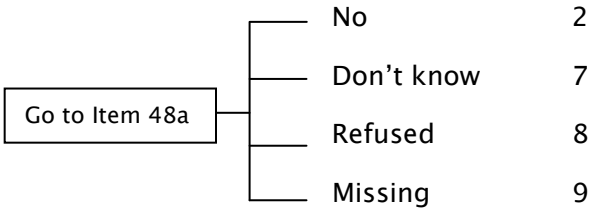
45b. How many?.....
[Don't Know = 77, Refused =88, Missing = 99]

46a. Diabetes (sugar in the blood)? ..... Yes 1



46b. How many? .....
[Don't Know = 77, Refused =88, Missing = 99]

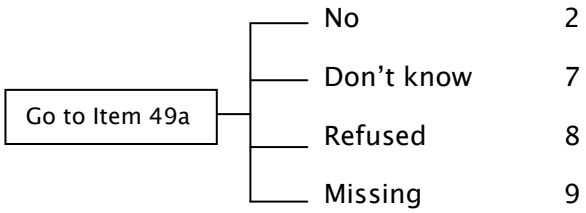
47a. High blood pressure or hypertension? ..... Yes 1



47b. How many?.....
[Don't Know = 77, Refused =88, Missing = 99]

47c. How many of these children were younger than 60 years of age when told they had high blood pressure or hypertension? .....

48a. Stroke? ..... Yes 1



48b. How many? .....
[Don't Know = 77, Refused =88, Missing = 99]

48c. How many of these children were younger than 60 years of age when told they had a stroke? .....
[Don't Know = 77, Refused =88, Missing = 99]

49a. Heart disease?. ..... Yes 1

No 2

Don't know 7

Go to Item 50a

Refused 8

Missing 9

49b. How many? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

49c. How many of these children were younger than 60 years of age when told they had heart disease? ..... ☐☐
[Don't Know = 77, Refused =88, Missing = 99]

ADMINISTRATIVE INFORMATION

50. Date of data collection: ..... ☐☐/☐☐/☐☐☐☐
m m d d y y y y

51. Code number of person completing this form: ..... ☐☐☐

52. Method of data collection ..... Computer 1
Paper Form 2

53. Data Collection Site ..... In Clinic 1
Off Site 2

Quality Control Phantom Participant & Non-Participant ID Form

FORM CODE: PNP
VERSION C 01-29-2009

ID NUMBER: | | | | | | | | CONTACT YEAR: 0 9

LAST NAME: | | | | | | | | | | | | | INITIALS: | |

INSTRUCTIONS: 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. ID ASSIGNMENT

1. This form is being filled out for: .....
   - A quality control (QC) phantom participant — 1
   - A non-participant — 2

2. The ID in the header of this form is the JHS ID assigned to the phantom (or non-participant). Is a laboratory ID also required for this phantom (or non-participant)? ..... Yes — 1
   - Go to Item 4 — No — 2
   - Don't Know — 7
   - Refused — 8
   - Missing — 9

3. Laboratory ID assigned to phantom (or non-participant): ..... | | | | | | | | |

4. Date ID(s) assigned: ..... | | | / | | | / | | | | |
   m m d d y y y y

5. Code number of person assigning ID(s): ..... | | |

FOR NON-PARTICIPANTS, STOP HERE
FOR QC PHANTOMS, CONTINUE WITH LOGS ON PAGES 2 & 3 OF THIS FORM

B. LOG: BODY COMPOSITION (BCF) FORM ITEMS

	Item	a. Matching (real JHS ID	b. Date of Measurement (mm/dd/yyyy)	c. Tech Code
6.	Height	J	/ /	
7.	Weight	J	/ /	
8.	Waist Girth	J	/ /	
9.	Hip Girth	J	/ /	
10	Body Fat %	J	/ /	

C. LOG: SITTING BLOOD PRESSURE (SBP) FORM ITEMS

	Item	a. Matching (real) JHS ID	b. Date of Measurement (mm/dd/yyyy)	c. Tech Code
11.	Heart Rate, 1st & 2nd BP	J	/ /	

D. LOG: VENIPUNCTURE & URINE

	a. Tubes	b. Matching (real) JHS ID	c. Date of Measurement (mm/dd/yyyy)	D. Tech Code
12.	1	J	/ /	
13.	2	J	/ /	
14.	3	J	/ /	
15.	Urine	J	/ /	

E. LOG: IMAGING PROCEDURES

	a. Procedure	b. Matching (real) JHS ID	c. Date of Measurement (mm/dd/yyyy)	d. Tech Code
16.	CT	J	/ /	
17.	MRI	J	/ /	

Renal Disease Form

FORM CODE: RDF
VERSION B 10/21/2008

ID NUMBER: | | | | | | | | CONTACT YEAR: 0 9

LAST NAME: | | | | | | | | | | | | | INITIALS: | |

INSTRUCTIONS: This form 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.

1. "The following are possible warning signs for kidney or urinary tract disease. Can you tell me if you experience any of these on a regular basis, that is, multiple times in the course of a week?

		Yes	No	Don't Know	Refused	Missing
1a.	Burning or difficulty urinating	1	2	7	8	9
1b.	Urgency of urination, that is, you can't hold it	1	2	7	8	9
1c.	Uncontrolled, or constant urination	1	2	7	8	9
1d.	More frequent urination, particularly at night (when you are NOT taking a diuretic or water pill)	1	2	7	8	9
1e.	Foam in the toilet after urination	1	2	7	8	9
1f.	Puffiness around your eyes or swelling of both hands and feet	1	2	7	8	9
1g.	Pain in the small of your back just below the ribs (not caused by movement)	1	2	7	8	9
1h.	Difficulty emptying your bladder	1	2	7	8	9

2. Have you ever been told by a health care provider that you had a:

		Yes	No	Don't Know	Refused	Missing
2a.	Kidney stone?	1	2	7	8	9
2b.	Frequent bladder or urinary tract infections?	1	2	7	8	9
2c.	Anemia (low blood count)?	1	2	7	8	9
2d.	Autoimmune disease, such as lupus?	1	2	7	8	9
2e.	Polycystic kidney diseases?.....	1	2	7	8	9
2f.	Venereal disease (Chlamydia, syphilis, or gonorrhea)?	1	2	7	8	9
2g.	Kidney damage due to dehydration?.....	1	2	7	8	9
2h.	Protein in your urine?	1	2	7	8	9
2i.	Blood in your urine?	1	2	7	8	9
2j.	Temporary or acute renal failure or damage?	1	2	7	8	9
2k.	Chronic or ongoing renal insufficiency or damage (e.g. not requiring dialysis)?	1	2	7	8	9

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

	Yes	1
Go to Item 5	No	2
	Don't Know	7
	Refused	8
	Missing	9

4. Were you or have you ever been on kidney dialysis for more than one month? ..... Yes 1

Go to Item 5

No 2

Don't Know 7

Refused 8

Missing 9

4a. In total, how many years and months were you on/have been on dialysis? **[IF MORE THAN 6 MONTHS, RECORD AS ENTIRE YEAR. IF LESS THAN 6 MONTHS, ENTER LOWER VALUE]** ..... ☐☐ Years

Don't Know 77

Refused 88

Missing 99

5. Have you ever been evaluated to receive a kidney transplant?..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

6. Since your last JHS exam, that is in [date], have you been told that you have kidney disease? ..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

ADMINISTRATIVE INFORMATION

7. Date of data collection: ..... ☐☐/☐☐/☐☐☐☐ (m m / d d / y y y y)

8.	Method of data collection:	Computer	1
		Paper form	2
9.	Data collected:	In Clinic	1
		Off site	2

10. Code number of person completing this form: ..... | | | |

Sitting Blood Pressure Form

FORM CODE: SBP
VERSION C 10/21/2008

ID NUMBER: | | | | | | | | CONTACT YEAR: 0 9

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. TEMPERATURE

1. Room Temperature (degrees centigrade):..... | |

B. TOBACCO AND CAFFEINE USE, PHYSICAL ACTIVITY, AND MEDICATION

2. Have you smoked or used chewing tobacco, nicotine gum or snuff today or do you wear a nicotine patch?.....

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

→ Go to Item 4

3. How long ago did you last smoke or last use chewing tobacco or snuff?. | | | | : | | |

h h m m

4. Have you had any caffeinated beverages, such as coffee, tea, or colas, or any chocolate today?.....

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

→ Go to Item 6

5. About what time was it when you had any caffeinated beverage (tea, cola, coffee, or chocolate)? ..... | | | | : | | |

6. Have you participated in any intense physical activity in the Past 2 hours? ..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

[IF YES, ASK 7a]

7. Do you take any medications for high blood pressure? ..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

7a. Have you taken your blood pressure medication in the Past 2 hours ..... Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

C. PRELIMINARY MEASUREMENTS

8. Right Arm Circumference (cm):..... | | |

9. Cuff Size:
{arm circumference in brackets}..... Small adult {<24 cm} 1

Regular Arm {24-32 cm} 2

Large Arm {33-41 cm} 3

Thigh {>41cm} 4

10. Heart Rate (30 seconds):..... | | |

11. Time of Day: ..... | | | : | | |
h h m m

D. OMRON CALIBRATION:

12. P-Set Level: ..... [ ][ ][ ]

E. FIRST OMRON BLOOD PRESSURE MEASUREMENT

13. Systolic: ..... [ ][ ][ ] mm/hg

14. Diastolic: ..... [ ][ ][ ] mm/hg

15. Heart Rate: ..... [ ][ ][ ] BPM

F. SECOND OMRON BLOOD PRESSURE MEASUREMENT

16. Systolic: ..... [ ][ ][ ] mm/hg

17. Diastolic ..... [ ][ ][ ] mm/hg

18. Heart Rate: ..... [ ][ ][ ] BPM

G. COMPUTED NET AVERAGE OF FIRST AND SECOND OMRON BLOOD PRESSURE MEASUREMENTS

19. Systolic ..... [ ][ ][ ] mm/hg

20. Diastolic ..... [ ][ ][ ] mm/hg

21. Heart Rate: ..... [ ][ ][ ] BPM

H. ADMINISTRATIVE INFORMATION

22. Date of data collection:..... | | | / | | | / | | | | |
m m d d y y y y

23. Method of Data Collection:..... Computer 1
Paper Form 2

24. Data Collected ..... In Clinic 1
Off Site 2

25. Technician Code ..... | | |

Sleep History Form

FORM CODE: SLE
VERSION A 1/29/2009

PARTICIPANT ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 9 |

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 paper form is used and 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 sleep. Please consider both what others have told you about your sleep and what you know yourself.

1. How much sleep do you usually get at night (or your main sleep period) on weekdays or workdays? | | | hours

2. How long does it usually take you to fall asleep at bedtime? | | | hours **(1 = 1 hour or less)**

3. In the past 12 months, how often do you snore while you are sleeping?
[Don't know = 7, Refused = 8, Missing = 9]..... Never 1
Rarely (1 to 2 nights a week) 2
Occasionally (3-4 nights a week) 3
Frequently (5 or more nights a week) 4

4. In the past 12 months, how often do you snort, gasp, or stop breathing while you are asleep? (select one answer)
[Don't know = 7, Refused = 8, Missing = 9]..... Never 1
Rarely (1 to 2 nights a week) 2
Occasionally (3-4 nights a week) 3
Frequently (5 or more nights a week) 4

5. Please indicate how often in the past month you experienced each of the following. (mark one answer for each item)

		NEVER *(0)*	RARELY *(Once per month or less)*	SOMETIMES *(2-4 times per month)*	OFTEN *(5-15 times per month)*	ALMOST ALWAYS *(16-30 times per month)*	DON'T KNOW	REFUSED	MISSING
5a.	Have trouble falling asleep.....	1	2	3	4	5	7	8	9
5b.	Wake up during the night and have difficulty getting back to sleep.....	1	2	3	4	5	7	8	9
5c.	Wake up in the morning and be unable to get back to sleep.....	1	2	3	4	5	7	8	9
5d.	Feel excessively (overly) sleepy during the day.....	1	2	3	4	5	7	8	9

6. During the past month, how would you rate your sleep quality overall?
[Don't know = 7, Refused = 8, Missing = 9].....

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

7. What is the chance that you would doze off or fall asleep (not just "feel tired") in each of the following situations? (Select one answer for each situation. If you are never or rarely in the situation, please give your best guess for what would happen.)

	NO	SLIGHT	MODERATE	HIGH	DON'T

		CHANCE	CHANCE	CHANCE	CHANCE	KNOW	REFUSED	MISSING
7a.	Sitting and reading	1	2	3	4	7	8	9
7b.	Watching TV.....	1	2	3	4	7	8	9
7c.	Sitting inactive in a public place (such as a theater or a meeting).....	1	2	3	4	7	8	9
7d.	Riding as a passenger in a car for an hour without a break	1	2	3	4	7	8	9
7e.	Lying down to rest in the afternoon when circumstances permit	1	2	3	4	7	8	9
7f.	Sitting and talking to someone	1	2	3	4	7	8	9
7g.	Sitting quietly after lunch without alcohol.....	1	2	3	4	7	8	9
7h.	In a car, while stopped for a few minutes in traffic	1	2	3	4	7	8	9
7i.	At the dinner table.....	1	2	3	4	7	8	9
7j.	While driving.....	1	2	3	4	7	8	9

8. Have you ever been told by a doctor or other health professional that you have any of the following (Select one response for each item)

		YES	NO	DON'T KNOW	REFUSED	MISSING
8a.	Sleep apnea or obstructive sleep apnea	1	2	7	8	9
8b.	Insomnia.....	1	2	7	8	9
8c.	Restless legs.....	1	2	7	8	9

B. ADMINISTRATIVE INFORMATION

9. Method of data collection: ..... Computer 1

Paper form 2

10. Data Collected. ..... In house 1

Offsite 2

11. Date of data collection: ..... | | | / | | | / | | | | |

m m d d y y y y

12. Code number of person completing this form: ..... | | | |

Stroke Symptoms Form

FORM CODE: SSF
VERSION C 10/22/2008

ID NUMBER: | | | | | | | | CONTACT YEAR: 0 9

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. STROKE HISTORY

1. Since your last Jackson Heart Study exam in (mm/dd /yyyy), have you been told by a physician that you had a stroke? ..... Yes 1

   Go to Item 3 — No 2

   Don't know 7

   Refused 8

   Missing 9

2. When did this stroke occur? ..... | | | / | | | | | (m m / y y y y)

B. SUDDEN LOSS OR CHANGE OF SPEECH

3. In the past 5 years, since your last Jackson Heart Study exams, have you had any sudden loss or changes in speech lasting 24 hours or longer?..... ..... Yes 1

   Go to Item 7 — No 2

   Don't know 7

   Refused 8

   Missing 9

4. Did the episode come on suddenly?..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

5. Do any of the following describe your change in speech?
[READ ALL CHOICES]

	Yes	No	Don't Know	Refused	Missing
5a. Slurred speech like you were drunk?.....	1	2	7	8	9
5b. Could talk but the wrong words came out?.....	1	2	7	8	9
5c. Know what you wanted to say, but the words would not come out?	1	2	7	8	9
5d. Could not think of the right words?	1	2	7	8	9

5e. [IF MORE THAN ONE OF ITEMS A-D INDICATED, ASK "WHICH OF THESE MOST CLOSELY DESCRIBES THE PROBLEMS?"]..... Slurred speech 1

Wrong words came out 2

Words would not come out 3

Could not think of the right 4

6. While you were having your episode of change in speech, did any of the following occur? [INCLUDE ALL THAT APPLY]

6a. Numbness or tingling? ..... Yes 1

Go to Item 6c — No 2

Don't know 7

Refused 8

Missing 9

6b. Did you have difficulty on: ..... The right side only 1
[READ ALL CHOICES]

The left side only 2

Both sides 3

Don't know 7

Refused 8

Missing 9

6c. Paralysis or weakness? ..... Yes 1

Go to Item 6e — No 2

Don't know 7

Refused 8

Missing 9

6d. Did you have difficult on:..... The right side only 1
[READ ALL CHOICES]
[Don't know = 7, Refused = 8, Missing = 9] The lift side only 2

Both sides 3

6e. Lightheadedness, dizziness,
or loss of balance? .....Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

6f. Blackouts or fainting? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

6g. Seizures or convulsions? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

6h. Headache? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

6i. Visual disturbances? ..... Yes 1

Go to Item 7 — No 2

Don't know 7

Refused 8

Missing 9

6j. Did you have: [READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision	01
Vision loss in right eye only	02
Vision loss in left eye only	03
Total loss of vision in both eyes	04
Trouble in both eyes seeing to the right	05
Trouble in both eyes seeing to the left	06
Trouble in both eyes seeing to both sides or straight ahead	07
Don't know	77
Refused	88
Missing	99

C. SUDDEN LOSS OF VISION

7. In the past 5 years, since your last Jackson Heart Study exam, have you had any sudden loss of vision, or blurring, lasting 24 hours or longer? ..... Yes 1

Go to Item 11a

No	2
Don't know	7
Refused	8
Missing	9

8. Did the episode come on suddenly?..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

9a. During the episode, which of the following parts of your vision were affected? ..... Only the right eye 1 → Go to Item 10a
[READ ALL CHOICES]

Only the left eye 2 → Go to Item 10a

Both eyes 3

Don't know 7

Refused 8

Missing 9

9b. Did you have: ..... Trouble seeing to the right, but not the left 1
[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Trouble seeing to the left, but not the right 2

Trouble seeing both sides or straight ahead 3

Don't know 7

Refused 8

Missing 9

10. While you were having your loss of vision, did any of the following occur? [INCLUDE ALL THAT APPLY]

10a. Speech disturbance?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9
10b. Numbness or tingling?	Yes	1
Go to Item 10d	No	2
	Don't know	7
	Refused	8
	Missing	9
10c. Did you have difficulty on: ..... [READ ALL CHOICES] **[Don't know = 7, Refused = 8, Missing = 9]**	The right side only	1
	The left side only	2
	Both sides	3
10d. Paralysis or weakness?	Yes	1
Go to Item 10f	No	2
	Don't know	7
	Refused	8
	Missing	9

10e. Did you have difficulty on: ..... The right side only 1
[READ ALL CHOICES]

The left side only 2

Both sides 3

Don't know 7

Refused 8

Missing 9

10f. Lightheadedness, dizziness, or loss of balance? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

10g. Blackouts or fainting? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

10h. Seizures or convulsions? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

10i. Headache? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

10j. Flashing lights? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

D. DOUBLE VISION

11a. In the past 5 years, since your last Jackson Heart Study visit, have you had a sudden spell of double vision, which lasted 24 hours or longer? ..... Yes 1

No 2

Go to Item 14

Don't know 7

Refused 8

Missing 9

11b. If you closed one eye, did the double vision go away? ..... Yes 1

Go to Item 14 — No 2

Don't know 7

Refused 8

Missing 9

12. Did the episode come on suddenly? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

13. While you were having your double vision did any of the following occur? [INCLUDE ALL THAT APPLY]

13a. Speech disturbance? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]

No 2

13b. Numbness or tingling? ..... Yes 1

Go to Item 13d — No 2

Don't know 7

Refused 8

Missing 9

13c. Did you have difficulty on: ..... The right side only 1
[READ ALL CHOICES]
[Don't know = 7, Refused = 8, Missing = 9] The left side only 2

Both sides 3

13d. Paralysis or weakness? ..... Yes 1

Go to Item — No 2

Don't know 7

Refused 8

Missing 9

13e. Did you have difficulty on ..... The right side only 1
[READ ALL CHOICES]
[Don't know = 7, Refused = 8, Missing = 9] The left side only 2

Both sides 3

13f. Lightheadedness, dizziness, or
loss of balance? ..... Yes 1

No 2

13g. Blackouts or fainting? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

13h. Seizures or convulsions? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

13i. Headache? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

E. SUDDEN NUMBNESS OR TINGLING

14. In the past 5 years, since your last Jackson Heart Study exam, have you ever had sudden numbness, tingling, or loss of feeling on one side of your body, including your face, arm, or leg which lasted 24 hours or longer? ..... Yes 1

No 2

Go to Item 20

Don't know 7

Refused 8

Missing 9

15. Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position? ..... Yes 1 — Go to Item 20
[Don't know = 7, Refused = 8, Missing = 9]
No 2

16. Did the episode come on suddenly? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

17. During the episode of sudden numbness or tingling, which part or parts of your body were affected? [READ ALL CHOICES]

	Yes	No	Don't Know	Refused	Missing
17a. Left arm or hand?	1	2	7	8	9
17b. Left leg or foot?	1	2	7	8	9
17c. Left side of face?	1	2	7	8	9
17d. Right arm or hand?	1	2	7	8	9
17e. Right leg or foot?	1	2	7	8	9
17f. Right side of face?	1	2	7	8	9
17g. Other?	1	2	7	8	9

18. During this episode, did the abnormal sensation start in one part of your body and spread to another, or did it stay in the same place? **[Don't know = 7, Refused = 8, Missing = 9]**

Started in one part and spread to another 1

Stayed in one part 2

19. While you were having your episode of numbness, tingling or loss of sensation, did any of the following occur? [INCLUDE ALL THAT APPLY]

19a. Speech disturbance? **[Don't know = 7, Refused = 8, Missing = 9]**

Yes 1

No 2

19b. Paralysis or weakness? **[Don't know = 7, Refused = 8, Missing = 9]**

Yes 1

No 2 → Go to Item 19d

19c. Did you have difficulty on: ..... The right side only 1
[READ ALL CHOICES]
[Don't know = 7, Refused = 8, Missing = 9] The left side only 2

Both sides 3

19d. Lightheadedness, dizziness,
or loss of balance? .....Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

19e. Blackouts or fainting? .....Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

19f. Seizures or convulsions? .....Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

19g. Headache? .....Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

19h. Pain in the numb or tingling arm,
leg or face? .....Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

19i. Visual disturbances? .....Yes 1

Go to Item 20 — No 2

Don't know 7

Refused 8

Missing	9

19j. Did you have: [READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision	01
Vision loss in right eye only	02
Vision loss in left eye only	03
Total loss of vision in both eyes	04
Trouble in both eyes seeing to the right	05
Trouble in both eyes seeing to the left	06
Trouble in both eyes seeing to both sides or straight ahead	07
Don't know	77
Refused	88
Missing	99

F. SUDDEN PARALYSIS OR WEAKNESS

20. In the past 5 years, since your last Jackson Heart Study exam, have you had any sudden episode of paralysis or weakness on one side of your body, including your face, arm, or leg which lasted at least 24 hours? ..... Yes 1

Go to Item 25	No	2
	Don't know	7
	Refused	8
	Missing	9

21. Did the episode come on suddenly? ..... Yes 1

No 2

22. During this episode, which part or parts of your body were affected? [READ ALL CHOICES]

	Yes	No	Don't Know	Refused	Missing
22a. Left arm or hand?	1	2	7	8	9
22b. Left leg or foot?	1	2	7	8	9
22c. Left side of face?	1	2	7	8	9
22d. Right arm or hand?	1	2	7	8	9
22e. Right leg or foot?	1	2	7	8	9
22f. Right side of face?	1	2	7	8	9
22g. Other?	1	2	7	8	9

23. During this episode, did the paralysis or weakness start in one part of your body and spread to another, or did it stay in the same place? .....

Started in one part and spread to another	1
Stayed in one part	2
Don't know	7
Refused	8
Missing	9

24. While you were having your episode of paralysis or weakness, did any of the following occur? [INCLUDE ALL THAT APPLY]

24a. Speech disturbances? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

24b. Numbness or tingling? ..... Yes 1
Go to Item 24d — No 2
Don't know 7
Refused 8
Missing 9

24c. Did you have difficulty on: ..... The right side only 1
[READ ALL CHOICES]
The left side only 2
Both sides 3
Don't know 7
Refused 8
Missing 9

24d. Lightheadedness, dizziness, or loss of balance?..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

24e. Blackouts or fainting? ..... Yes 1

[Don't know = 7, Refused = 8, Missing = 9]

No 2

24f. Seizures or convulsions? ..... Yes 1

[Don't know = 7, Refused = 8, Missing = 9]

No 2

24g. Headache? ..... Yes 1

[Don't know = 7, Refused = 8, Missing = 9]

No 2

24h. Pain in the weak arm, leg or face? ..... Yes 1

[Don't know = 7, Refused = 8, Missing = 9]

No 2

24i. Visual disturbances? ..... Yes 1

Go to Item 25 — No 2

Don't know 7

Refused 8

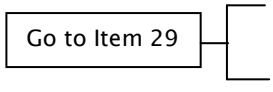
Missing 9

24j. Did you have:
[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision	01
Vision loss in right eye only	02
Vision loss in left eye only	03
Total loss of vision in both eyes	04
Trouble in both eyes seeing to the right	05
Trouble in both eyes seeing to the left	06
Trouble in both eyes seeing to both sides or straight ahead	07
Don't know	77
Refused	88
Missing	99

G. SUDDEN SPELLS OF DIZZINESS OR LOSS OF BALANCE

25. In the past 5 years, since your last Jackson Heart Study exam, have you had any sudden spells of dizziness, loss of balance, or sensation of spinning which lasted 24 hours or longer? ..... Yes 1



No 2

Don't know 7

Refused 8

Missing 9

26. Did the dizziness, loss of balance or spinning sensation occur only when changing the position of your head or body? ..... Yes 1 — Go to Item 29

[Don't know = 7, Refused = 8, Missing = 9]

No 2

27. While you were having your episode of dizziness, loss of balance or spinning sensation, did any of the following occur? [INCLUDE ALL THAT APPLY]

27a. Speech disturbances? ..... Yes 1

[Don't know = 7, Refused = 8, Missing = 9]

No 2

27b. Paralysis or weakness? ..... Yes 1

Go to Item 27d — No 2

Don't know 7

Refused 8

Missing 9

27c. Did you have difficulty on: ..... The right side only 1

[READ ALL CHOICES]

The left side only 2

Both sides 3

Don't know 7

Refused 8

Missing 9

27d. Numbness or tingling? ..... Yes 1

Go to Item 27f — No 2

Don't know 7

Refused 8

Missing 9

27e. Did you have difficulty on: ..... The right side only 1

[READ ALL CHOICES]

[Don't know = 7, Refused = 8, Missing = 9] The left side only 2

Both sides 3

27f. Blackouts or fainting? ..... Yes 1

[Don't know = 7, Refused = 8, Missing = 9]

No 2

27g. Seizures or convulsions? ..... Yes 1

[Don't know = 7, Refused = 8, Missing = 9]

No 2

27h. Headache? ..... Yes 1

[Don't know = 7, Refused = 8, Missing = 9]

No 2

27i. Visual disturbances? ..... Yes 1

Go to Item 28 — No 2

Don't know 7

Refused 8

Missing 9

27j. Did you have:
[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision	01
Vision loss in right eye only	02
Vision loss in left eye only	03
Total loss of vision in both eyes	04
Trouble in both eyes seeing to the right	05
Trouble in both eyes seeing to the left	06
Trouble in both eyes seeing to both sides or straight ahead	07
Don't know	77
Refused	88
Missing	99

28. Did the episode of dizziness, loss of balance, or spinning sensation come on suddenly? ..... Yes 1

No	2
Don't know	7
Refused	8
Missing	9

H. ADMINISTRATIVE INFORMATION

29. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

30. Method of data collection: ..... Computer 1

Paper orm 2

31. Data Collected: ..... In clinic 1

Off site 2

32. Code number of person completing this interview: ..... | | | |

Hassles and Moods D

FORM CODE: STX
VERSION B 02/02/2009

ID NUMBER: | | | | | | | |

CONTACT YEAR: | 0 | 9 |

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 | | | |

Spot Urine Collection Form

FORM CODE: SUC
VERSION C 10-23-2008

ID NUMBER: | | | | | | | | CONTACT YEAR: 0 9

LAST NAME: | | | | | | | | | | | | | INITIALS: | |

INSTRUCTIONS: This form should be completed during participant's visit (or at the initiation of the procedure). 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. Lab ID: …….. | | | | | | | | |

2 Date of Specimen collection: …….. | | | / | | | / | | | | |
m m d d y y y y

Unable to Collect 8

Refused 9

STUDY INITIATION

3. Did the participant verbally agree to complete the urine collection? ……..Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

B. ADMINISTRATIVE INFORMATION

4. Method of data collection: …….. Computer 1

Paper Form 2

5. Data Collected: ..... In house 1

Off site 2

6. Number of microvials processed……. ☐

7. Code number of person processing urine specimen…… ☐☐☐

8. Code number of person completing this form: …….. ☐☐☐

Health Practices: Tobacco Use

FORM CODE: TOB
Version B 02/24/2009

ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 9 |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

"Now I have a series of questions about your health habits. The first question involves your exposure to cigarette smoke. The remaining questions will be about tobacco use."

1. In 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? ..... | | | 00=less than 1hr
Hours

2. Since you initially enrolled in the Jackson Heart Study, have you used tobacco for the first time? ..... Yes 1
No 2 — Skip to Question 29 in Section B

3. 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 1
No 2 — Go to Item 16

4. How old were you when you first started to smoke cigarettes regularly, that is, every day? [ENTER "00" IF NEVER SMOKED REGULARLY] ..... | | |
Age
If "00", go to Item 14

5. Do you now smoke cigarettes? ..... Yes 1 — Go to Item 7
No 2

6. How long has it been since you last smoked cigarettes? ..... 6a. ☐☐ Months
[CALCULATE # OF MONTHS AND YEARS BASED ON PARTICIPANT RESPONSE]

6b. ☐☐ 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."

7. How many cigarettes do (did) you smoke per day?..... ☐☐ Cigarettes
[ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00.]

7a. Is (Was) your preferred brand of cigarettes menthol flavored?
[Don't know=7, Refused=8, Missing =9]..... Yes 1
No 2

8. Do (did) you smoke more frequently during the first few hours after awakening than during the rest of the day? ..... Yes 1
No 2

9. In the past year, 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 1
6-30 minutes 2
31-60 minutes 3
61 minutes or more 4

10. Of all the cigarettes you smoke (smoked) during the day, which one would you hate (have hated) to give up most? [IF PARTICIPANT STATES "IN THE MORNING", "WHEN I GET UP" "WITH MY COFFEE" OR A SIMILAR RESPONSE, CLARIFY.] ..... First of the day 1
Any other 2

11. 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 1
No 2

12. Do (did) you smoke if you are (were) so ill that you are (were) in bed most of the day? ..... Yes 1

No 2

13. On the average, for the entire time you have smoked, how many cigarettes did you usually smoke per day? .....
[ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00]

☐☐ Cigarettes

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

☐☐ Years

15. How deeply do (did) you inhale the cigarette smoke—not at all, slightly, moderately, or deeply? ..... Not at all 1

Slightly 2

Moderately 3

Deeply 4

16. Have you ever used any other tobacco products regularly, that is cigars or cigarillos, pipes, chewing tobacco, or snuff/dip? ..... Yes 1

No 2 — Go to Item 29

17. What is the total number of years you have smoked cigars or cigarillos regularly? .....

☐☐ Years

If "00", go to Item 20

18. 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

19. Do you currently smoke cigars or cigarillos? ..... Yes 1

No 2

20. What is the total number of years you have smoked a pipe regularly? .....

☐☐ Years

If "00", go to Item 23

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

22. Do you currently smoke a pipe?..... Yes 1
No 2

23. 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 26

24. 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

25. Do you currently use chewing tobacco?..... Yes 1
No 2

26. 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 29

27. 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

28. Do you currently use dip or snuff? ..... Yes 1
No 2

Go to 36

B. TOBACCO USE FOLLOW-UP

FOR ALL THE FOLLOWING ITEMS, ASK ABOUT THE PAST 1 YEAR

29. In the past 12 months have you ever regularly used a tobacco product?. Yes 1

Go to 36 — No 2

Don't Know 7

Refused 8

Missing 9

30. In the past 12 months, how many cigarettes did you smoke per day? [ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00.] ..... ☐☐ Cigarettes

30a. In the past 12 months, was your preferred brand of cigarettes menthol flavored?
[Don' know=7, Refused=8, Missing=9] ..... Yes 1

No 2

31. In the past 12 months, how soon after you woke up 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 1

6-30 minutes 2

31-60 minutes 3

61 minutes or more 4

32. In the past 12 months, if you smoked cigars or cigarillos, how many cigars or cigarillos per week have you typically smoked? ..... ☐☐ Cigars or Cigarillos

33. In the past 12 months, if you have smoked a pipe, how many pipefuls per week have you typically smoked?..... ☐☐ Pipefuls

34. In the past 12 months, if you have used chewing tobacco, how many pouches per week have you typically chewed? .....
[A STANDARD POUCH CONTAINS 3 OUNCES] ☐☐ Pouches

35. In the past 12 months, if you have used dip or snuff, how many cans per week have you typically used? [A STANDARD CAN CONTAINS 1.2 OUNCES]..... ☐☐ Cans

36. Please indicate whether you have used any of the following forms of tobacco during the past 12 months:

		YES	NO	DON"T KNOW	REFUSED	MISSING
36a.	Bidi.....	1	2	7	8	9
36b.	Hookah.....	1	2	7	8	9
36c.	Kreteks.....	1	2	7	8	9
36d.	Betel Quid.....	1	2	7	8	9
36e.	Herbal Cigarettes.....	1	2	7	8	9
36f.	Ariva Cigalette lozenges (Note: this is not the Commit Lozenge)	1	2	7	8	9

36g. Other, please specify:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

C. ADMINISTRATIVE INFORMATION

37. Date of data collection: ..... ☐☐/☐☐/☐☐☐☐ (m m / d d / y y y y)

38. Data Collected:..... In Clinic 1
Off Site 2

39. Method of Data Collected.....Computer 1
Paper 2

40. Code number of person completing this form:..... ☐☐☐

Venipuncture

FORM CODE: VEN
VERSION C 10/21/2008

ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 9 |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

INSTRUCTIONS: This form should be completed on paper during the participant's clinic visit. Verify the participant's Name and ID Number before beginning the interview or procedure. If a number or response is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry.

A. VENIPUNCTURE SESSION

1. Lab ID (label): ..... | | | | | | | | |

2. Do you have any bleeding disorders? ..... Yes 1
[Don't know = 7, Refused = 8, Missing = 9]
No 2

[IF YES, REVIEW SPECIAL PRECAUTIONS AND SPECIFY IN ITEM 11f.]

3a. Date of blood draw: ..... | | | / | | | / | | | | |
m m d d y y y y

3b. Time of blood draw: ..... | | | : | | |
h h m m

4. Phlebotomist technician code:..... Primary | | | |
Secondary | | | |

5. Number of venipuncture attempts: ..... Primary ☐

Secondary ☐

B. BLOOD COLLECTION AND PROCESSING

6. Tube 1 (**9.5 mL red**) collected ..... Yes 1
[Don't know = 7, Refuse = 8, Missing = 9]

No 2

6a. Time of tube centrifugation..... ☐☐:☐☐
h h m m

7. Tube 2 (**10mL purple**)..... Yes 1
[Don't know=7, Refuse =8, Missing =9]

No 2

7a. Time of tube centrifugation..... ☐☐:☐☐
h h m m

8. Tube 3 (**3 mL purple**)..... Yes 1
[Don't know=7, Refuse =8, Missing =9]

No 2

*If unable to obtain tube 3, place 1 mL of well mixed WHOLE Blood in a microvial and save for the hemoglobin A1c sample, then proceed as normal with Tube 2 processing.

9. Blood drawing incidents (Problems in venipuncture session documentation)
List affected tube in comment. Comment examples: Partial sample collected
Hemoglobin A1c in microvial
Tourniquet reapplied
Fist clenched
Needle movement

10. Microvial Preparation:

		Number of Vials Prepared	Optimum Number of Vials (volume equally distributed)
9a.	Tube 1 (red cap)		5
9b.	Tube 2 (purple cap		5
9c.	Tubes 3	N/A	N/A

11. Microvial Freezing:

11a. Time microvials from tube 1 were placed in -70^{0}C freezer: ..... | | | : | | |
h h m m

11b. Time microvials from tube 2 were placed in -70^{0}C freezer: ..... | | | : | | |
h h m m

11c. Processing Technician Code: ..... | | | |

12. **Blood Processing Incidents:** This item is completed to document problems processing the specimens. Place an "X" in boxes corresponding to the tubes in which processing problems occurred. If a problem other than those listed occurred use item 12f.

Blood Processing Incidents:		Tubes		
		1	2	3
12a.	Broken tube			
12b.	Clotted			
12c.	Hemolyzed			
12d.	Lipemic			
12e.	Other contamination			

12f. Comments on Problems with Processing:

13. Comments on blood drawing processing:

C. ADMINISTRATIVE INFORMATION

14. Method of data collection: ..... Computer 1

Paper form 2

15. Data Collected . .....In Clinic 1

Offsite 2