MULTIPLE RISK FACTOR INTERVENTION TRIAL

17 23

6 16

NAME

ADDRESSOGRAPH PLATE

Attach ID Label Here

THIRD ANNUAL MEDICAL HISTORY AND BEHAVIOR QUESTIONNAIRE

Year of Follow-up 24 [3]

At the third annual examination the ECOLYZER breath test will be done. You will be asked to read the following consent form at the time of your clinic visit and asked at that time to sign it.

CONSENT FORM FOR ECOLYZER BREATH TEST

Among the tests to be performed at this examination in the MRFIT, the ECOLYZER breath test will be done. This test consists simply of exhaling into several small plastic bags. The carbon monoxide content of this air is measured. Common sources of carbon monoxide are exposure to automobile fumes, industrial pollution and cigarette smoke. There is no known risk associated with this test.

I have had all of my questions satisfactorily answered and hereby consent to this additional test. I understand that I may ask additional questions and that I may choose not to participate in the ECOLYZER breath test at any later time.

CC USE 1☐ 25

Date Signed

Signature of Participant

The following set of questions includes a Medical History Questionnaire and some questions to study the relationship between the occurrence of heart disease and behavioral characteristics. These questions are arranged in three parts. They are as follows:

Part I – Medical History
Part II – Nutrition
Part III – Events During the Past Year

Please follow these directions when completing this questionnaire:

1. Read every question carefully and answer every one. Unless otherwise indicated, only one response should be selected for each question. PLEASE USE BALLPOINT PEN AND PRESS FIRMLY.
2. It is essential that you bring this completed questionnaire with you to your scheduled appointment. A protective envelope is enclosed for your convenience. PLEASE DO NOT FOLD THE QUESTIONNAIRE.

The answers you give are treated completely confidentially and will become part of your study record.

PLEASE BRING ALL MEDICINES THAT YOU ARE CURRENTLY TAKING, OR HAVE TAKEN DURING THE PAST TWO WEEKS, TO THE NEXT VISIT SO THAT THE DOCTOR CAN IDENTIFY THEM.

FORM 394 (1-12) NOV 76
MRFIT—MULTIPLE RISK FACTOR INTERVENTION TRIAL
SPONSORED BY NATIONAL HEART AND LUNG INSTITUTE
OFFICE OF MANAGEMENT AND BUDGET NO. 68-R1378, APPROVAL EXPIRES SEPT. 1, 1979

Your present address and telephone number:

CC USE 1☐ 26

ADDRESS: _____ (Street) _____ (Apartment No.)

_____ (City) _____ (State) _____ (Zip Code)

_____ (Home Telephone Number) _____ (Work Telephone Number)

If you wish the results of the tests, the ECG and physical examination sent to your physician, please give his name and address below and check the box. ☐

CC USE 1☐ 27

NAME: _____

ADDRESS: _____ (Street) _____ (Apartment No.)

_____ (City) _____ (State) _____ (Zip Code)

Please give the name and address of someone who is not living in your household but who will know where you are if we should need to contact you. If this person is a married woman, please give her husband's name also in the space provided.

CC USE 1☐ 28

_____ (Name: First) _____ (Last) _____ (Husband)

_____ (Street No. and Name)

_____ (City) _____ (State) _____ (Zip Code)

PART I – MEDICAL HISTORY QUESTIONNAIRE

A complete and accurate medical history is essential in evaluating your health status. This questionnaire is intended to help you become more aware of your physical well-being and to help our staff with your examination at the next visit.

DURING THE PAST 12 MONTHS HAS A DOCTOR TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING?
(Check either yes, no, or not sure for each item.)

MHQ01V36	1. High blood pressure (hypertension)	29	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ02V36	2. Heart attack (myocardial infarction, coronary occlusion or coronary thrombosis)	30	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ03V36	3. Angina	31	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ04V36	4. Congenital heart disease (born with heart defect)	32	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ05V36	5. Rheumatic fever, chorea (St. Vitus Dance)	33	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ06V36	6. Rheumatic heart disease	34	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ07V36	7. Stroke	35	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ08V36	8. Diabetes (sugar in the blood or urine)	36	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ09V36	9. Gout	37	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ10V36	10. Kidney disease (nephritis, pyelonephritis, glomerulonephritis, kidney infection)	38	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ11V36	11. Kidney stones	39	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ12V36	12. Prostate infection, enlargement or other prostate disease	40	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ13V36	13. Urinary tract infection, bladder infection, other bladder disease	41	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ14V36	14. Bronchitis	42	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ15V36	15. Pneumonia	43	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ16V36	16. Pleurisy	44	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ17V36	17. Emphysema	45	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ18V36	18. Tuberculosis	46	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ19V36	19. Thyroid problem or disease	47	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ20V36	20. Colitis or inflammation of the colon	48	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ21V36	21. Ulcer (stomach or duodenal), or intestinal bleeding	49	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ22V36	22. Hepatitis	50	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ23V36	23. Cirrhosis or other liver disease	51	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ24V36	24. Anemia	52	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ25V36	25. Cancer	53	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ26V36	26. Nervous, emotional or mental disorder	54	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ27V36	27. Rheumatoid arthritis	55	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ28V36	28. Other arthritis	56	1 ☐ yes	2 ☐ no	3 ☐ not sure
☐	29. Epilepsy or seizures or fits	57	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ30V36	30. Allergies	58	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ31V36	31. Asthma	59	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ32V36	32. Hives or hay fever	60	1 ☐ yes	2 ☐ no	3 ☐ not sure
	33. Other major diseases (specify) _____	61	1 ☐ yes	2 ☐ no	3 ☐ not sure
	34. During the past 12 months have you been told by a doctor that you have gallstones or gall bladder disease?	62	1 ☐ yes	2 ☐ no	3 ☐ not sure
	35. During the past 12 months have you had x-rays taken of your gall bladder?	63	1 ☐ yes	2 ☐ no	3 ☐ not sure
	36. During the past 12 months have you had surgery for gall bladder disease?	64	1 ☐ yes	2 ☐ no	3 ☐ not sure
	37. During the past 12 months have you had surgery on your heart or arteries?	65	1 ☐ yes	2 ☐ no	3 ☐ not sure

CASURG36

DURING THE PAST 12 MONTHS HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

	38. Skin rash or unusual bruises?	66	1 ☐ yes	2 ☐ no	3 ☐ not sure
	39. Headaches that were so bad you had to stop what you were doing?	67	1 ☐ yes	2 ☐ no	3 ☐ not sure
	40. Headache attack, racing heart and sweating, all at the same time?	[illegible]	1 ☐ yes	2 ☐ no	3 ☐ not sure
	41. Faintness or light-headedness when you stand up quickly?	[illegible]	1 ☐ yes	2 ☐ no	3 ☐ not sure
	42. Your heart beating unusually fast or skipping beats?	70	1 ☐ yes	2 ☐ no	3 ☐ not sure
	43. Blacking out or losing consciousness?	71	1 ☐ yes	2 ☐ no	3 ☐ not sure
	44. Frequent stomach pains?	[illegible]	1 ☐ yes	2 ☐ no	3 ☐ not sure
	45. Waking up early, having trouble getting back to sleep?	[illegible]	1 ☐ yes	2 ☐ no	3 ☐ not sure
	46. Black or tarry stools?	74	1 ☐ yes	2 ☐ no	3 ☐ not sure
	47. Bright red blood in your stools?	75	1 ☐ yes	2 ☐ no	3 ☐ not sure
	48. Allergies to medicines?	[illegible]	1 ☐ yes	2 ☐ no	3 ☐ not sure
	49. Unexplained weight loss?	[illegible]	1 ☐ yes	2 ☐ no	3 ☐ not sure

50. Were you hospitalized for any reason in the past 12 months?

HOSP36 78 1 ☐ yes → 2 ☐ no

Please give the name and address of the hospital you visited.

A. _____ Hospital
_____ Street
_____ City - State

B. _____ Hospital
_____ Street
_____ City - State

C. _____ Hospital
_____ Street
_____ City - State

51. During the past 12 months, about how many times have you seen or talked to a medical doctor for health reasons? Do not count the MRFIT physicians. (check one)

79 1 ☐ zero times during past year | 2 ☐ one - two times during past year | 3 ☐ three - five times during past year | 4 ☐ six or more times during past year

52. During the past 12 months, about how many visits have you made to the dentist? (check one)

80 1 ☐ zero times during past year | 2 ☐ one time during past year | 3 ☐ two times during past year | 4 ☐ three or more times during past year

53. About how many days during the past 12 months were you kept in bed for all or most of the day because of illness, disability or injury? (check one)

81 1 ☐ zero - three days during past year | 2 ☐ four - six days during past year | 3 ☐ seven - nine days during past year | 4 ☐ ten or more days during past year

RATACT36

54. Considering all the things you do, how would you rate yourself as to the amount of physical activity you get compared with other men your age? (check one)

82 1 ☐ I am much less active than others | 2 ☐ I am somewhat less active than others | 3 ☐ I am about the same | 4 ☐ I am somewhat more active | 5 ☐ I am much more active

ASPIR36 55. During the past four weeks, how often did you take aspirin or similar drugs containing aspirin such as Alka-Seltzer, Anacin, APC, Bufferin, Darvon Compound, Dristan, Empirin, or Excedrin? (check one)

83 1 ☐ daily | 2 ☐ four, five, six days per week | 3 ☐ one, two, three days per week | 4 ☐ occasionally - less often than one day per week | 5 ☐ not at all

THINKING ABOUT THE LAST 12 MONTHS PLEASE ANSWER THE FOLLOWING QUESTIONS:

CHF36 56. Have you ever awakened at night gasping for breath? 84 1 ☐ yes 2 ☐ no

57. Do you usually cough first thing in the morning in the winter? (If you cough with your first smoke or when first going outside, you should mark "yes". Do not respond "yes" for clearing of throat or a single cough.) 85 1 ☐ yes 2 ☐ no

COUGH36 58. Do you usually cough during the day or at night in the winter? (Do not respond "yes" for a single cough.)

86 1 ☐ yes → 59. Do you cough like this on most days for as much as 3 months each year? 87 1 ☐ yes 2 ☐ no

2 ☐ no

Continue with question 60.

60. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter? 88 1 ☐ yes 2 ☐ no

61. Do you usually bring up any phlegm from your chest during the day—or at night—in the winter?

PHLEGM36

89 1 ☐ yes → 62. Do you bring up phlegm like this on most days for as much as 3 months each year? 90 1 ☐ yes 2 ☐ no

2 ☐ no

63. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more? 91 1 ☐ yes, once 2 ☐ yes, more than once 3 ☐ no

64. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 92 1 ☐ yes 2 ☐ no

DYSPNE36

65. Do you get short of breath walking with other people of your own age on level ground? 93 1 ☐ yes 2 ☐ no

66. Have you ever had asthma? 94 1 ☐ yes 2 ☐ no

67. Have you ever had any pain or discomfort in your chest?

95 1 ☐ yes → 69. Do you get it when you walk uphill or hurry? 97 1 ☐ yes 2 ☐ no

2 ☐ no → 70. Do you get it when you walk at an ordinary pace on the level? 98 1 ☐ yes 2 ☐ no

ROSEAN36☐
ROSEMI36

71. When you get it in your chest what do you do?

99 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

72. Does it go away when you stand still?

100 1 ☐ yes → 73. How soon? 101 1 ☐ 10 min. or less 2 ☐ more than 10 min.

Continue with question 74.

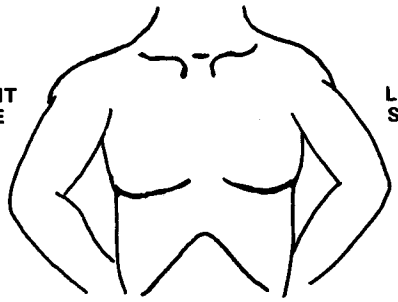
2 ☐ no

68. Have you ever had any pressure or heaviness in your chest?

96 1 ☐ yes

2 ☐ no

74. Where do you get this pain or discomfort? (Mark the place or places with an "X" on the diagram.)



DO NOT USE

102 1 ☐ yes 2 ☐ no

103 1 ☐ yes 2 ☐ no

104 1 ☐ yes 2 ☐ no

75. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 105 1 ☐ yes 2 ☐ no

76. Do you get a pain in either leg on walking?

106 1 ☐ yes → 77. Does this pain ever begin when you are standing still or sitting? 107 1 ☐ yes 2 ☐ no

ROSEIC36

2 ☐ no

78. Do you get this pain in your calf? (or calves?) 108 1 ☐ yes 2 ☐ no

79. Do you get it when you walk uphill or hurry? 109 1 ☐ yes 2 ☐ no

80. Do you get it when you walk at an ordinary pace on the level? 110 1 ☐ yes 2 ☐ no

81. Does the pain ever disappear while you are still walking? 111 1 ☐ yes 2 ☐ no

82. What do you do if you get it when you are walking?

112 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

83. What happens to it if you stand still?

113 1 ☐ usually continues more than 10 min. 2 ☐ usually disappears in 10 min. or less

Continue with question 84.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS DIRECTED

84. In the past 12 months, have you had any sudden feeling of numbness, tingling or loss of feeling in either arm, hand, leg, foot or face?

114 1 ☐ yes → 2 ☐ no

NDNUMB36

85. How many attacks of such numbness or tingling have you had? (Check one)

115 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

86. How long did the attack(s) usually last? (Check one)

116 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours
4 ☐ from 6 to 24 hours 5 ☐ more than a day

87. Did you see a doctor for the numbness or tingling? 117 1 ☐ yes 2 ☐ no

88. During the past 12 months, have you had any sudden attacks of paralysis or loss of use of either arm, hand, leg or foot?

118 1 ☐ yes → 2 ☐ no

NDPARL36

89. How many attacks of such paralysis have you had? (Check one)

119 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

90. How long did the attack(s) usually last? (Check one)

120 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours
4 ☐ from 6 to 24 hours 5 ☐ more than a day

91. Did you see a doctor for this paralysis? 121 1 ☐ yes 2 ☐ no

92. In the past 12 months, have you had any sudden loss of eyesight or blurring of vision for a short period of time?

122 1 ☐ yes → 2 ☐ no

NDANOP36

93. What part of your vision was affected? (Check one)

123 1 ☐ right eye 2 ☐ left eye 3 ☐ both eyes
4 ☐ vision to the right side 5 ☐ vision to the left side

94. How many attacks of loss of eyesight or blurring of vision have you had? (Check one)

124 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

95. How long did the attack(s) usually last? (Check one)

125 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours
4 ☐ from 6 to 24 hours 5 ☐ more than a day

96. Did you see a doctor for this vision problem? 126 1 ☐ yes 2 ☐ no

97. In the past 12 months, have you had any sudden attacks of changes in speech, loss of speech or inability to say words for more than two minutes?

127 1 ☐ yes → 2 ☐ no

NDDYSP36

98. How many attacks of loss of speech have you had? (Check one)

128 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

99. How long did the attack(s) usually last? (Check one)

129 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours
4 ☐ from 6 to 24 hours 5 ☐ more than a day

100. Did you see a doctor for your speech problem? 130 1 ☐ yes 2 ☐ no

Continue with question 101.

101. During the past 12 months, have you had any spells of dizziness, difficulty in walking, lightheadedness or loss of balance? Check yes or no for each condition to indicate whether an attack occurred or not.

		Yes	No
Dizziness	131	1 ☐	2 ☐
Spinning sensation (vertigo)	132	1 ☐	2 ☐
Loss of balance	133	1 ☐	2 ☐
Difficulty walking	134	1 ☐	2 ☐
Blackouts or fainting	135	1 ☐	2 ☐

102. Is "yes" checked one or more times in question 101?

136

1 ☐ yes → 103. About how many total attacks of all conditions checked do you think you have had in the past 12 months? (Check one)

137 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

104. How long did attack(s) usually last? (Check one)

138 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour
3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

105. Did you see a doctor for any of these spells? 139 1 ☐ yes 2 ☐ no

Continue with Part II

2 ☐ no

NDATAX36

Continue with Part II

NDALL36

CC USE

1 ☐
140

SKIP
141-END

PART II – NUTRITION

The questions in this section concern changes you may (or may not) have made in the food you eat during the past year. Approximately 12 months ago you answered similar questions regarding food changes you had made in the second year of the study. Your answers to the following questions should be based on food changes you have made since the second annual visit or during the past year.

1. During the past 12 months has your personal physician (other than MRFIT physician) advised you to follow any special diet or to make any changes in the food you eat?

25 1 ☐ yes → 2 ☐ no

2. Did you personally request the diet information from your physician? 26 1 ☐ yes 2 ☐ no

3. Please summarize the food changes your physician advised you to make.

_____ CC USE

_____ 1 ☐ 27

_____

4. For each item below indicate whether it was for that reason that the physician asked you to follow the special diet. **Answer each item yes or no.**

a. Diabetes	28	1 ☐ yes 2 ☐ no
b. Overweight	29	1 ☐ yes 2 ☐ no
c. High Blood Pressure	30	1 ☐ yes 2 ☐ no
d. High Blood Fat or Cholesterol	31	1 ☐ yes 2 ☐ no
e. Food Allergy	32	1 ☐ yes 2 ☐ no
f. Ulcer	33	1 ☐ yes 2 ☐ no
g. Other	34	1 ☐ yes 2 ☐ no

Specify _____

5. Were you given printed instructions describing the special diet? 35 1 ☐ yes 2 ☐ no

6. Was the special diet explained to you by the physician or his staff?

36 1 ☐ yes → 2 ☐ no

7. Check the following people who explained the diet to you. **Answer each item yes or no.**

a. Physician	37	1 ☐ yes 2 ☐ no
b. Nurse	38	1 ☐ yes 2 ☐ no
c. Dietitian or Nutritionist	39	1 ☐ yes 2 ☐ no
d. Other Staff	40	1 ☐ yes 2 ☐ no

Specify _____

8. How well did you understand the diet changes the physician advised you to make? (Check one)

41 1 ☐ Very well. I understood what changes to make 2 ☐ Fairly well. I understood some of the changes required but had further questions 3 ☐ Not very well. I didn't know what changes to make

9. Have you begun to make the diet changes the physician advised you to follow?

42 1 ☐ yes → 2 ☐ no

10. Approximately how many months during the past 12 months did you follow these food changes? (Check one)

43 1 ☐ less than one month 2 ☐ one-three months 3 ☐ four-six months 4 ☐ seven-nine months 5 ☐ ten-twelve months 6 ☐ more than twelve months

11. In general, how closely have you been following this diet during the past year? (Check one)

44 1 ☐ have changed eating habits consistent with diet and very rarely go off diet 2 ☐ follow diet most of the time 3 ☐ have not been able to stick to the diet consistently

Continue with question 12.

12. We are interested in knowing how much the following reasons influence the choice of food you eat. (Check one box after each reason.)

		None or little influence	Some influence	A great deal of influence
a. Written information media – such as newspapers, magazines, books and ads.	45	1 ☐	2 ☐	3 ☐
b. Audio-visual information media – such as radio and television.	46	1 ☐	2 ☐	3 ☐
c. Advice from MRFIT staff.	47	1 ☐	2 ☐	3 ☐
d. Joining a nutrition education group (other than c above) such as Weight Watchers – Specify group _____	48	1 ☐	2 ☐	3 ☐
e. Family influence.	49	1 ☐	2 ☐	3 ☐
f. Advice from acquaintances or friends.	50	1 ☐	2 ☐	3 ☐
g. Personal concern over own health.	51	1 ☐	2 ☐	3 ☐
h. Advice from personal physician	52	1 ☐	2 ☐	3 ☐
i. Other, specify _____	53	1 ☐	2 ☐	3 ☐

13. Are you presently retired or temporarily unemployed?

1 ☐ yes

2 ☐ no →

14. Which answer best describes the total number of meals you usually eat on a typical work day? (Check one)

55 1 ☐ 1 meal a day 2 ☐ 2 meals a day 3 ☐ 3 meals a day 4 ☐ 4 or more meals a day

15. Which answer best describes the total number of meals you usually eat away from home on a typical work day? (Check one)

56 1 ☐ 0 meals away from home 2 ☐ 1 meal away from home 3 ☐ 2 meals away from home 4 ☐ 3 or more meals away from home

16. Which answer best describes the total number of meals you usually eat on a typical non-work day? (Check one)

57 1 ☐ 1 meal a day 2 ☐ 2 meals a day 3 ☐ 3 meals a day 4 ☐ 4 or more meals a day

17. Which answer best describes the total number of meals you usually eat away from home on a typical non-work day? (Check one)

58 1 ☐ 0 meals away from home 2 ☐ 1 meal away from home 3 ☐ 2 meals away from home 4 ☐ 3 or more meals away from home

18. When you go to work do you usually carry a lunch prepared at home?

59 1 ☐ yes → 19. If yes, how long have you been carrying a lunch? (Check one)

60 1 ☐ less than 1 year 2 ☐ 1-2 years 3 ☐ more than 2 years

59 2 ☐ no

Continue with question 20.

20. Which answer best describes the total number of meals you eat out (e.g. meals purchased at a restaurant, cafeteria, snack bar, delicatessen, vending machine, drive-in or take-out food store) in a typical week? (Check one)

61 1 ☐ 0 meals 2 ☐ 1-3 meals 3 ☐ 4-6 meals 4 ☐ 7-9 meals 5 ☐ 10-12 meals 6 ☐ 13 or more meals

21. Would you consider your answer to question 20 above a change from a year ago of the number of meals you ate out?

62 1 ☐ yes → 22. If yes, how much of a change? (Check one)

63 1 ☐ eat out less often 2 ☐ eat out more often

62 2 ☐ no

Continue with question 23.

Please answer the following questions about your usual pattern of drinking the following beverages: Decaffeinated coffee, coffee, tea, cola and alcoholic beverages.

23. Do you drink decaffeinated coffee (hot or iced)?

DDCAF36 64
1 ☐ yes → 24. Which answer best describes the number of cups of decaffeinated coffee you usually drink in a typical day? (Check one) ADCAF36
65 1 ☐ less than 1 cup a day 2 ☐ 1-3 cups a day 3 ☐ 4-6 cups a day 4 ☐ 7-9 cups a day 5 ☐ 10-15 cups a day 6 ☐ 16 or more cups a day
2 ☐ no

25. Do you drink regular (non-decaffeinated) coffee (hot or iced)?

DCOFF36 66
1 ☐ yes → 26. Which answer best describes the number of cups of coffee you usually drink in a typical day? (Check one) ACOFF36
67 1 ☐ less than 1 cup a day 2 ☐ 1-3 cups a day 3 ☐ 4-6 cups a day 4 ☐ 7-9 cups a day 5 ☐ 10-15 cups a day 6 ☐ 16 or more cups a day
2 ☐ no

27. Do you drink tea (hot or iced)?

DTEA36 68
1 ☐ yes → 28. Which answer best describes the number of cups of tea you usually drink in a typical day? (Check one) ATEA36
69 1 ☐ less than 1 cup a day 2 ☐ 1-3 cups a day 3 ☐ 4-6 cups a day 4 ☐ 7-9 cups a day 5 ☐ 10-15 cups a day 6 ☐ 16 or more cups a day
2 ☐ no

29. Do you drink cola beverages (e.g. Coke, Pepsi, Tab, Diet Pepsi, Shasta Cola)?

DCOLA36 70
1 ☐ yes → 30. Which answer best describes the number of glasses of cola beverages you usually drink in a typical day? Consider one glass to be about 12 ounces. (Check one) ACOLA36
71 1 ☐ less than 1 glass a day 2 ☐ 1-2 glasses a day 3 ☐ 3-5 glasses a day 4 ☐ 6-9 glasses a day 5 ☐ 10 or more glasses a day
2 ☐ no

31. Do you drink wine, beer, whiskey or liquor (cocktails, gin, vodka, scotch, bourbon, rum, etc.)?

DRKALC36 72
1 ☐ yes → 32. Which answer best describes how often you drink wine, beer, whiskey or liquor? (Check one) OFTALC36
73 1 ☐ less than once per week 2 ☐ 1 to 2 times a week 3 ☐ 3 to 4 times a week 4 ☐ nearly every day 5 ☐ every day

33. When you drink alcoholic beverages, how many do you usually drink in a day?
74 ☐☐ number of drinks per day ALCD36
2 ☐ no

Continue with Part III

DRINKS36

PART III – EVENTS DURING THE PAST YEAR

Read down the list of events and put a ✓ after any event which you have experienced within the past 12 months.

Events Concerning Your Health

Within the past 12 months, have you experienced:

1. A physical illness or injury which kept you in bed for a week or more, or sent you to the hospital? 76 1 ☐
2. Worries about physical symptoms which the doctor couldn't explain? 77 1 ☐
3. Mental illness or problems that required hospitalization? 78 1 ☐
4. The realization that you are an alcoholic or a drug addict? 79 1 ☐
5. A major change in eating, sleeping, or smoking habits? 80 1 ☐
6. A change in your physical appearance such as the development of scars, major weight change, or limp? 81 1 ☐
7. Not being able to do things you used to because of age? 82 1 ☐
8. A change in your usual level of physical activity? 83 1 ☐

Events Concerning You and Your Work

Within the past 12 months, have you experienced:

9. Success and/or awards at work? 84 1 ☐
10. A change to a new type of work? 85 1 ☐
11. More responsibilities? 86 1 ☐
12. Fewer responsibilities? 87 1 ☐
13. A promotion? 88 1 ☐
14. A demotion? 89 1 ☐
15. A transfer? 90 1 ☐
16. More hours? 91 1 ☐
17. Fewer hours? 92 1 ☐
18. A major career decision? 93 1 ☐
19. Going into business for yourself? 94 1 ☐
20. Major reorganization of your business? 95 1 ☐
21. A business failure? 96 1 ☐
22. Personal troubles with your boss, fellow workers, or people working under your supervision? 97 1 ☐
23. Not being able to work because of a disability? 98 1 ☐
24. Being fired or laid off work? 99 1 ☐
25. Quitting your job? 100 1 ☐
26. Problems getting a new job? 101 1 ☐
27. Retirement from work? 102 1 ☐
28. Becoming more involved in creative hobbies or sports? 103 1 ☐

Events Concerning Your Feelings and Thoughts

Within the past 12 months, have you experienced:

29. Feelings of being overwhelmed by difficult life situations? 104 1 ☐
30. The realization that you will never attain an important goal? 105 1 ☐
31. More thoughts about dying than usual? 106 1 ☐
32. Planning a suicide? 107 1 ☐
33. Unpleasant thoughts or images which keep coming back? 108 1 ☐
34. Feeling confused for over 3 days? 109 1 ☐
35. Feeling very angry, nervous, or sad for over 3 days? 110 1 ☐
36. Feeling worried about financial security? 111 1 ☐
37. Feelings of intense loneliness? 112 1 ☐
38. Feelings of being intensely disliked by someone? 113 1 ☐
39. Feelings of being uninvolved, distant from others, or very shy? 114 1 ☐

Events Concerning Your Marriage

Within the last 12 months, have you experienced:

40. Getting married? 115 1 ☐
41. In-law problems? 116 1 ☐
42. Separation from your wife because of marital problems? 117 1 ☐
43. Starting to live with your wife again after having been separated? 118 1 ☐
44. Problems because of your wife's health? 119 1 ☐
45. Getting divorced? 120 1 ☐

Events Concerning You and Your Children

Within the last 12 months, have you experienced:

46. Serious concern over your child's health? 121 1 ☐
47. Having your child doing very poorly in school? 122 1 ☐
48. Being persistently disobeyed by your child? 123 1 ☐
49. Having your child run away or get into serious trouble? 124 1 ☐
50. Intense arguments or disagreements with an older child? 125 1 ☐
51. Loss of contact with, or separation on bad terms from your child? 126 1 ☐

Events Concerning You and Others Not of Your Family

Within the last 12 months, have you experienced:

52. Doing something that caused another person's injury? 127 1 ☐
53. A "falling-out" of a close friendship? 128 1 ☐
54. Discrimination because of your race, age, religion, or appearance? 129 1 ☐
55. Fewer social activities than before? 130 1 ☐

Other Important Events

Within the last 12 months, have you experienced:

56. A change in where you live? 131 1 ☐
57. Involvement in a law suit (other than divorce) or a court appearance on a serious charge? 132 1 ☐
58. Serious or persistent financial difficulties? 133 1 ☐
59. Giving up a hobby or sport? 134 1 ☐
60. Being the victim of a crime such as assault or burglary? 135 1 ☐
61. An accident (automobile, at work, home, etc.)? 136 1 ☐
62. A vacation? 137 1 ☐

If any question on this form is not clear, ask for clarification at the time of your examination. If you have not answered questions on this form, please inform someone at the clinic at the time of your examination.

SKIP
138-END