

DVA COOPERATIVE STUDY #996
PATHS

FORM 2
DATA COLLECTION FORM

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART_NO
Date Completed MONTH DAY YEAR
Mo Day Yr

CODE APPROPRIATE RATING PERIOD RAT_PER
SCREENING: S1=91 S2=92 S3=93 FOLLOW-UP MONTH: 01 02 03 04 05 06 09 12 15 18 21 24
IF INTERIM VISIT, ENTER INTERIM VISIT NUMBER INT

1. DID PARTICIPANT COME IN FOR THIS VISIT? (1=Yes, 2=No) Q1
IF NO, EXPLAIN COM1

2. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS

- a. Time of day
WAIT FIVE MINUTES
- b. Room temperature
- c. Arm circumference .. (Code: 1=Right arm, 2=Left arm)
- d. Cuff size (code)
1=Small adult (<25 cm) 3=Large adult (33-41 cm)
2=Adult (25-32 cm) 4=Thigh (>41 cm)
- e. Resting 30-second heart rate
- f. Resting one-minute heart rate (2 x e)
- g. Pulse obliteration pressure (using standard mercury manometer)
- h. Maximum zero
- i. Random zero peak inflation level
- j. Certification number of random zero device

Q2HR : Q2MIN Q2APM
AM / PM
Q2B °F
Q2C cm Q2C ARM
Q2D
Q2E / 30 sec.
Q2F / 1 min.
Q2G mm Hg
+ 3 0
+ Q2H mm Hg
Q2I mm Hg
Q2J

3. FIRST RANDOM ZERO SITTING BLOOD PRESSURE

- a. Reading
- b. Zero value
- c. Corrected value (a - b)

SBP / DBP
Q3A SBP / Q3A DBP mm Hg
Q3B SBP / Q3B DBP
Q3C SBP / Q3C DBP mm Hg

WAIT 30 SECONDS

4. SECOND RANDOM ZERO SITTING BLOOD PRESSURE

- a. Reading
- b. Zero value
- c. Corrected value (a - b)

SBP / DBP
Q4A SBP / Q4A DBP mm Hg
Q4B SBP / Q4B DBP
Q4C SBP / Q4C DBP mm Hg

STAND PARTICIPANT AND WAIT 60 SECONDS

5. RANDOM ZERO STANDING BLOOD PRESSURE

- a. Reading
- b. Zero value
- c. Corrected value (a - b)

SBP / DBP
Q5A SBP / Q5A DBP mm Hg
Q5B SBP / Q5B DBP
Q5C SBP / Q5C DBP mm Hg

6. SUM OF 2 SITTING BLOOD PRESSURES (3c + 4c) Q6SBP / Q6DBP mm Hg

7. MEAN BLOOD PRESSURES (item 6 + 2) Q7SBP / Q7DBP mm Hg

8. IF SCREENING VISIT, Does participant meet blood pressure inclusion criteria? (1=Yes, 2=No) Q8

9. HEIGHT (Screening Visit 3 ONLY) Q9 inches

10. WEIGHT Q10 lbs.

CONCURRENT MEDICATION:

	<u>Drug Name</u>	<u>A. Drug Code</u>	<u>B. Daily Dose (mg/day)</u>
11.	<u>Q11</u>	<u>Q11-A</u>	<u> </u> <u> </u> <u> </u>
12.	<u>Q12</u>	<u>Q12-A</u>	<u> </u> <u> </u> <u> </u>
13.	<u>Q13</u>	<u>Q13-A</u>	<u> </u> <u> </u> <u> </u>
14.	<u>Q14</u>	<u>Q14-A</u>	<u> </u> <u> </u> <u> </u>
15.	<u>Q15</u>	<u>Q15-A</u>	<u> </u> <u> </u> <u> </u>
16.	<u>Q16</u>	<u>Q16-A</u>	<u> </u> <u> </u> <u> </u>

INTERCURRENT ILLNESS:

17. Has participant been ill, had any medical or psychiatric treatment initiated, or been hospitalized since last visit? (1=Yes, 2=No) Q17

IF YES, complete Form 19.

18. DATE OF NEXT VISIT Q18MC Mo Q18DAY Day Q18YR Yr

COMMENTS: _____

Participating Investigator's Signature

DVA COOPERATIVE STUDY #996
PATHS

FORM 3
DEMOGRAPHIC CHARACTERISTICS

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART_NO
Date Completed MONTH DAY YEAR
Mo Day Yr

1. Please tell me your date of birth, starting with the month, the day, and then the year Mo Q1MO Day Q1DAY Yr Q1YR

2. Which of the following best describes your racial/ethnic background? Q2
1-White, not of hispanic origin
2-Black, African American
3-Hispanic or Latino
4-Asian
5-American Indian
6-Other, specify Q2COM

3. Marital status Q3
1-Married and living with spouse
2-Not married, living with another
3-Separated
4-Widowed
5-Divorced
6-Never married, not living with someone

4. Including yourself, how many persons are now living in your household?
a. Adults (18 and older) Q4A
b. Children (17 and younger) Q4B

5. Are you currently self-employed or employed outside the home? (1=Yes, 2=No) Q5
IF YES, ANSWER QUESTIONS 6 AND 7 AND GO TO QUESTION 11.
IF NO, SKIP TO QUESTION 8.

6. How many hours do you work each week? Q6
1-35 hrs or more 3-Less than 10 hrs
2-10-34 hrs 4-Variable

7. What kind of work are you doing now?
Q7

8. IF NOT EMPLOYED, code main reason Q8
1-Retired
2-Permanently disabled (but not hospitalized)
3-Temporarily disabled (but not hospitalized)
4-Temporarily laid off
5-Looking for a job but none available
6-Doesn't want to work
7-Other, specify Q8COM

9. When was the last time you were employed? Mo Q9M0 Yr Q9YR

10. What kind of work did you do then? Q10

11. In some households, it is difficult to pay for basic expenses like food, transportation, and heating. How hard would you say it is for you to find money for these basics? Q11
1=Very hard
2=Somewhat hard
3=Not very hard at all

12. How many years of education have you finished? Q12

13. Do you have a high school diploma? (1=Yes, 2=No) Q13

14. Do you have a GED? (1=Yes, 2=No) Q14

15. Do you have an associate's degree, a bachelor's degree or study beyond a bachelor's degree? Q15
1=No
2=Associate's degree
3=Bachelor's degree
4=Beyond bachelor's degree
Specify Q15COM

16. Have you moved residence in the past year? (1=Yes, 2=No) Q16

17. Do you expect to move within the next six months? (1=Yes, 2=No) Q17

INTERVIEWER SHOULD NOTE EASE OF LANGUAGE ABILITY AND ANY POSSIBLE LITERACY PROBLEMS:
COM

Participating Investigator's Signature

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART_NO
Date Completed MONTH DAY YEAR
Mo Day Yr

1. HAVE YOU HAD "SHAKES" WHEN SOBERING UP (HANDS TREMBLE, SHAKE INSIDE) AS A RESULT OF DRINKING? Q1
0 - No
1 - Yes, sometimes
2 - Yes, almost every time I drink
2. DO YOU GET PHYSICALLY SICK (E.G., VOMIT, STOMACH CRAMPS) AS A RESULT OF DRINKING? Q2
0 - No
1 - Sometimes
2 - Almost everytime I drink
3. DO YOU PANIC BECAUSE YOU FEAR YOU MAY NOT HAVE A DRINK WHEN YOU NEED IT? Q3
0 - No 1 - Yes
4. HAVE YOU HAD BLACKOUTS ("LOSS OF MEMORY" WITHOUT PASSING OUT) AS A RESULT OF DRINKING? Q4
0 - No, never 2 - Often
1 - Sometimes 3 - Almost every time I drink
5. DO YOU CARRY A BOTTLE WITH YOU OR KEEP ONE CLOSE AT HAND? Q5
0 - No
1 - Some of the time
2 - Most of the time
6. HAVE YOU PASSED OUT AS A RESULT OF DRINKING? Q6
0 - No
1 - Sometimes
2 - Almost every time
7. AS A RESULT OF BEING DRUNK, HAS YOUR THINKING BEEN FUZZY OR UNCLEAR? Q7
0 - No 2 - Yes, for one or two days
1 - Yes, but only 3 - Yes, for many days
for a few hours
8. CAN YOU DRINK MORE THAN YOU USED TO BEFORE GETTING DRUNK? Q8
0 - No 1 - Yes
9. HAVE YOU HAD WEIRD AND FRIGHTENING SENSATIONS WHEN DRINKING? Q9
0 - No
1 - Yes, perhaps once or twice
2 - Yes, often
10. AFTER TAKING ONE OR TWO DRINKS, CAN YOU USUALLY STOP? Q10
0 - Yes 1 - No

Participating Investigator's Signature

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART_NO
Date Completed MONTH DAY YEAR
Mo Day Yr

1. HAVE SCREENING CONSENT AND VA 10-1086 BEEN SIGNED? (1 = Yes, 2 = No) Q1
2. PARTICIPANT'S SOCIAL SECURITY NUMBER Q2SSN

MEDICAL HISTORY

CODE:
1=YES
2=NO

COMMENTS

IS THERE A HISTORY OF:

- | | | |
|--|------------|-------|
| 3. Cirrhosis | <u>Q3</u> | _____ |
| 4. Alcoholic hepatitis | <u>Q4</u> | _____ |
| 5. Pancreatitis | <u>Q5</u> | _____ |
| 6. Alcohol-related UGI bleeding | <u>Q6</u> | _____ |
| 7. Varices | <u>Q7</u> | _____ |
| 8. Peripheral neuropathy | <u>Q8</u> | _____ |
| 9. Cerebellar dysfunction | <u>Q9</u> | _____ |
| 10. Encephalopathy | <u>Q10</u> | _____ |
| 11. Significant cognitive deficits | <u>Q11</u> | _____ |
| 12. Psychoactive substance dependence | <u>Q12</u> | _____ |
| 13. Major psychotic disorder | <u>Q13</u> | _____ |
| 14. Major affective disorder | <u>Q14</u> | _____ |
| 15. Severe anxiety disorder | <u>Q15</u> | _____ |
| 16. Major personality disorder | <u>Q16</u> | _____ |
| 17. Malignancy (active) | <u>Q17</u> | _____ |
| 18. Seizure disorder | <u>Q18</u> | _____ |
| 19. Clotting or bleeding disorder | <u>Q19</u> | _____ |
| 20. Stroke | <u>Q20</u> | _____ |
| 21. Cerebral or subarachnoid hemorrhage | <u>Q21</u> | _____ |
| 22. Myocardial infarction | <u>Q22</u> | _____ |
| 23. Symptomatic ischemic heart disease | <u>Q23</u> | _____ |
| 24. Congestive heart failure | <u>Q24</u> | _____ |
| 25. Atrial fibrillation or other dysrhythmia | <u>Q25</u> | _____ |
| 26. Retinopathy (grade III-IV: hypertensive
hemorrhages and/or exudates with or
without papilledema) | <u>Q26</u> | _____ |
| 27. Surgically curable or secondary
hypertension | <u>Q27</u> | _____ |

28. Are there any reasons for excluding the participant? (1=Yes, 2=No) Q28

IF YES:

- a. Summary of significant medical/psychiatric diagnoses and findings that would exclude participant: Q28A

IF YES, STOP HERE. PARTICIPANT NOT ELIGIBLE FOR THE STUDY. COMPLETE FORM 20.

HYPERTENSION TREATMENT HISTORY

29. Has the participant been previously diagnosed as having hypertension? (1=Yes, 2=No) Q29

IF YES:

A. How long ago was participant's hypertension first detected? (years) Q29A

B. How long ago was participant first treated for hypertension? (years) Q29B

C. When screened, was participant currently being treated for hypertension? (1=Yes, 2=No) Q29C

LIST ALL MEDICATIONS USED FOR HYPERTENSION AT TIME OF INITIAL SCREENING.

<u>Drug Name</u>	<u>A.</u> <u>Drug Code</u>	<u>B.</u> <u>Daily Dose (mg/day)</u>	<u>C.</u> <u>Duration</u> 1=<1 mo 2=1 mo-6 mo 3=>6 mo <1 yr 4=>1 yr
30. _____	<u>Q30A</u>	<u>Q30B</u>	<u>Q30C</u>
31. _____	<u>Q31A</u>	<u>Q31B</u>	<u>Q31C</u>
32. _____	<u>Q32A</u>	<u>Q32B</u>	<u>Q32C</u>
33. _____	<u>Q33A</u>	<u>Q33B</u>	<u>Q33C</u>
34. _____	<u>Q34A</u>	<u>Q34B</u>	<u>Q34C</u>
35. _____	<u>Q35A</u>	<u>Q35B</u>	<u>Q35C</u>
36. _____	<u>Q36A</u>	<u>Q36B</u>	<u>Q36C</u>
37. _____	<u>Q37A</u>	<u>Q37B</u>	<u>Q37C</u>

Participating Investigator's Signature

DVA COOPERATIVE STUDY #996 - PATHS

FORM 6 - LIFETIME DRINKING HISTORY

MEDICAL CENTER NAME _____ MEDICAL CENTER NO. CENTER PARTICIPANT NAME _____
 FORM COMPLETED BY _____ DATE COMPLETED Mo MONTH Day DAY Yr YEAR

PARTICIPANT NO. PART-NO
 TOTAL NUMBER OF PHASES RAT-PER

PHASE	FREQUENCY	QUANTITY	TYPE (%)	STYLE (Circle One)	LIFE EVENT OR CHANGES	CONTEXT (%)	TIME (%)
PAST WEEK		Drinks/Day Average <u>PWAVE</u>	<u>PWBEER</u> Beer <u>PWLIQ</u> Liquor <u>PWINE</u> Wine	<u>PWSTYLE</u> 1 Occasional 2 Weekend 3 Binge 4 Frequent	Code: 1=Positive, 2=Negative <u>PWL1</u> 1 Family <u>PWL7</u> 7 Financial <u>PWL2</u> 2 Work <u>PWL8</u> 8 Peer Group <u>PWL3</u> 3 School <u>PWL9</u> 9 Drug Use <u>PWL4</u> 4 Medical <u>PWL10</u> 10 Treatment <u>PWL5</u> 5 Residence <u>PWL11</u> 11 Death <u>PWL6</u> 6 Legal-Jail <u>PWL12</u> 12 Emotional	Alone <u>PWALONE</u> With <u>PWOTHER</u> Others <u>---</u>	Morning <u>PWMORN</u> Afternoon <u>PWAFTR</u> Evening <u>PWEVE</u>
PAST SIX MO.		Average <u>PSAVE</u> Maximum <u>PSMAX</u>	<u>PSBEER</u> Beer <u>PSLIQ</u> Liquor <u>PSWINE</u> Wine	<u>PSSTYLE</u> 1 Occasional 2 Weekend 3 Binge 4 Frequent	<u>PSL1</u> 1 Family <u>PSL7</u> 7 Financial <u>PSL2</u> 2 Work <u>PSL8</u> 8 Peer Group <u>PSL3</u> 3 School <u>PSL9</u> 9 Drug Use <u>PSL4</u> 4 Medical <u>PSL10</u> 10 Treatment <u>PSL5</u> 5 Residence <u>PSL11</u> 11 Death <u>PSL6</u> 6 Legal-Jail <u>PSL12</u> 12 Emotional	Alone <u>PSALONE</u> With <u>PSOTHER</u> Others <u>---</u>	Morning <u>PSMORN</u> Afternoon <u>PSAFTR</u> Evening <u>PS EVE</u>

1 Drink (approx.) = 12 oz. beer
 1-1/2 oz. liquor
 5 oz. wine
 3 oz. fortified wine
 13.6 g absolute alcohol

Liquor: 1 mickey (12 oz.) = 8 drinks
 1 bottle (25 oz.) = 17 drinks
 Wine: 1 bottle (25 oz.) = 5 drinks
 1 bottle fortified = 8 drinks

To Calculate Drinks/Week: FREQUENCY (___ Days/Mo.) x Average QUANTITY (___ Drinks/Day) ÷ 4.3 = DRINKS . ___ Drinks/Week

PARTICIPANT MEETS ALCOHOL CONSUMPTION INCLUSION CRITERION? (CIRCLE ONE) YES MEETS NO

IF YES, COMPLETE DRINKING HISTORY. IF NO, STOP.

DVA COOPERATIVE STUDY #996 - PATHS

FORM 6 (Cont.) - LIFETIME DRINKING HISTORY

FORM 61

MEDICAL CENTER NAME _____ MEDICAL CENTER NO. CENTER

PARTICIPANT NO. PART-NO

FORM COMPLETED BY _____

DATE COMPLETED Mo MONTH Day DAY Yr YEAR

PHASE	FREQUENCY Days/Month	QUANTITY Drinks/Day	TYPE (%)	STYLE (Circle One)	LIFE EVENT OR CHANGES Code: 1=Positive, 2=Negative	CONTEXT (%)	TIME (%)
PHASE <u>FR</u> From <u>FR</u> Younger Age To <u>TO</u> Older Age	<u>FREQ</u>	Average <u>AUG</u> Maximum <u>MAX</u>	Beer <u>BEER</u> Liquor <u>LQ</u> Wine <u>WINE</u>	1 Occasional 2 Weekend 3 Binge 4 Frequent	Code: 1 Family <u>L1</u> 2 Work <u>L2</u> 3 School <u>L3</u> 4 Medical <u>L4</u> 5 Residence <u>L5</u> 6 Legal-Jail <u>L6</u> 7 Financial <u>L7</u> 8 Peer Group <u>L8</u> 9 Drug Use <u>L9</u> 10 Treatment <u>L10</u> 11 Death <u>L11</u> 12 Emotional <u>L12</u>	Alone <u>ALONE</u> With Others <u>OTHER</u>	Morning <u>MORN</u> Afternoon <u>AFTER</u> Evening <u>EVE</u>
PHASE _____ From _____ Younger Age To _____ Older Age		Average ____ Maximum ____	Beer ____ Liquor ____ Wine ____	1 Occasional 2 Weekend 3 Binge 4 Frequent	Code: 1 Family ____ 2 Work ____ 3 School ____ 4 Medical ____ 5 Residence ____ 6 Legal-Jail ____ 7 Financial ____ 8 Peer Group ____ 9 Drug Use ____ 10 Treatment ____ 11 Death ____ 12 Emotional ____	Alone ____ With Others ____	Morning ____ Afternoon ____ Evening ____
PHASE _____ From _____ Younger Age To _____ Older Age		Average ____ Maximum ____	Beer ____ Liquor ____ Wine ____	1 Occasional 2 Weekend 3 Binge 4 Frequent	Code: 1 Family ____ 2 Work ____ 3 School ____ 4 Medical ____ 5 Residence ____ 6 Legal-Jail ____ 7 Financial ____ 8 Peer Group ____ 9 Drug Use ____ 10 Treatment ____ 11 Death ____ 12 Emotional ____	Alone ____ With Others ____	Morning ____ Afternoon ____ Evening ____
PHASE _____ From _____ Younger Age To _____ Older Age		Average ____ Maximum ____	Beer ____ Liquor ____ Wine ____	1 Occasional 2 Weekend 3 Binge 4 Frequent	Code: 1 Family ____ 2 Work ____ 3 School ____ 4 Medical ____ 5 Residence ____ 6 Legal-Jail ____ 7 Financial ____ 8 Peer Group ____ 9 Drug Use ____ 10 Treatment ____ 11 Death ____ 12 Emotional ____	Alone ____ With Others ____	Morning ____ Afternoon ____ Evening ____

1 Drink (approx.) = 12 oz. beer
 1-1/2 oz. liquor
 5 oz. wine
 3 oz. fortified wine
 13.6 g absolute alcohol

Liquor: 1 mickey (12 oz.) = 8 drinks
 1 bottle (25 oz.) = 17 drinks

Wine: 1 bottle (25 oz.) = 5 drinks
 1 bottle fortified = 8 drinks

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VA FORM 10-29010(NR)j
 AUGUST 1980

Participating Investigator's Signature _____

MEDICAL CENTER NAME _____

MEDICAL CENTER NO. _____

CENTER

PARTICIPANT NAME _____

PARTICIPANT NO. _____

PART No

FORM COMPLETED BY _____

DATE COMPLETED Mo MONTH Day DAY Yr YEAR

CODE APPROPRIATE RATING PERIOD (MONTH) 00 (PRE) 06 12 18 24 RAT. PER

READ TO PARTICIPANT: These questions are about physical exercise. In the PAST SEVEN DAYS, have you done any of the following exercises, sports, or physically active hobbies?

A. How many TIMES in the past week did you (play/go/do) this activity?

B. On the average, about how many MINUTES did you actually spend on this activity on each occasion?

C. What usually happened to your heart rate or breathing when you did this activity? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

CODE: 1 = SMALL 2 = MODERATE 3 = LARGE 4 = NONE

CODE: 1 = YES 2 = NO

CODE: TIMES

CODE: MINUTES

- 1. WALKING FOR EXERCISE ... Q1
2. JOGGING/RUNNING Q2
3. HIKING Q3
4. GARDENING/YARD WORK Q4
5. AEROBICS/AEROBIC DANCING Q5
6. OTHER DANCING Q6
7. CALISTHENICS OR GENERAL EXERCISE Q7
8. GOLF Q8
9. TENNIS Q9
10. BOWLING Q10
11. BIKING Q11
12. SWIMMING/WATER EXERCISES Q12
13. YOGA Q13
14. WEIGHT LIFTING/TRAINING Q14
15. BASKETBALL Q15
16. BASEBALL/SOFTBALL Q16
17. FOOTBALL Q17
18. SOCCER Q18
19. VOLLEYBALL Q19
20. HANDBALL, RACQUETBALL, OR SQUASH Q20
21. SKATING Q21
22. SKIING Q22

- 1A. Q1A
2A. Q2A
3A. Q3A
4A. Q4A
5A. Q5A
6A. Q6A
7A. Q7A
8A. Q8A
9A. Q9A
10A. Q10A
11A. Q11A
12A. Q12A
13A. Q13A
14A. Q14A
15A. Q15A
16A. Q16A
17A. Q17A
18A. Q18A
19A. Q19A
20A. Q20A
21A. Q21A
22A. Q22A

- 1B. Q1B
2B. Q2B
3B. Q3B
4B. Q4B
5B. Q5B
6B. Q6B
7B. Q7B
8B. Q8B
9B. Q9B
10B. Q10B
11B. Q11B
12B. Q12B
13B. Q13B
14B. Q14B
15B. Q15B
16B. Q16B
17B. Q17B
18B. Q18B
19B. Q19B
20B. Q20B
21B. Q21B
22B. Q22B

- 1C. Q1C
2C. Q2C
3C. Q3C
4C. Q4C
5C. Q5C
6C. Q6C
7C. Q7C
8C. Q8C
9C. Q9C
10C. Q10C
11C. Q11C
12C. Q12C
13C. Q13C
14C. Q14C
15C. Q15C
16C. Q16C
17C. Q17C
18C. Q18C
19C. Q19C
20C. Q20C
21C. Q21C
22C. Q22C

Have you done any (other) exercises, sports or physically active hobbies in the past week (that I haven't mentioned)? (1=Yes, 2=No)

- 23. Anything else? Q23 (IF YES, DESCRIBE BELOW)
24. Q24 24A. Q24A
25. Q25 25A. Q25A

- 24B. Q24B 24C. Q24C
25B. Q25B 25C. Q25C

Signature of Participating Investigator _____

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART_NO
Date Completed MONTH DAY YEAR
Mo Day Yr

CODE APPROPRIATE RATING PERIOD (MONTH) RAT_PER
CODE: 00 (PRE) 06 12 18 24

1. How would you rate your general state of health during the past six months? Q1
1-Excellent 4-Fair
2-Very good 5-Poor
3-Good

SMOKE HABITS

2. Have you ever smoked? (1-Yes, 2-No) Q2
IF NO, skip to Q. 10.

3. Do you currently smoke cigarettes? (1-Yes, 2-No) Q3
a. IF NO, when did you stop smoking? Mo Q3A-Mo Yr Q3A-YR
(SKIP TO Q. 10)

4. How many cigarettes do you smoke each day? Q4

5. Do you inhale? (1-Never, 2-Sometimes, 3-Always) Q5

6. Do you smoke more during the morning than during the rest of the day? (1-Yes, 2-No) Q6

7. How soon after you wake up do you smoke your first cigarette? Q7
1-Less than 15 minutes 3-Within 2 hours
2-Within 1 hour 4-Greater than 2 hours

8. Do you find it difficult to refrain from smoking in places where it is forbidden (work, cinema, airplanes, etc.)? (1-Yes, 2-No) Q8

9. Do you smoke if you are so ill that you are in bed most of the day? (1-No, 2-Yes, but lesser amount, 3-Yes, the same) Q9

10. Do you use chewing tobacco, snuff or other smokeless tobacco? (1-Yes, 2-No) Q10
a. How often each day? Q10A

CAFFEINE

11. On a typical day, how many cups of regular coffee do you drink? Q11
1-One or two 4-Seven +
2-Three or four 5-None
3-Five or six

12. On a typical day, how many cups of tea do you drink? Q12
1-One or two 4-Seven +
2-Three or four 5-None
3-Five or six

MEDICATIONS

During the past six months, how often have you used any of the following medications or drugs: USE CODES BELOW

(0=Never, 1=Less than monthly, 2=Monthly, 3=Weekly, 4=Daily or almost daily)

- | | | | |
|---------------------------------|------------|------------------------------------|------------|
| 21. Allergy pills | <u>Q21</u> | 28. Pain killers | <u>Q28</u> |
| 22. Amphetamines (uppers) | <u>Q22</u> | 29. Sleeping pills | <u>Q29</u> |
| 23. Antibiotics | <u>Q23</u> | 30. Medicine for indigestion | <u>Q30</u> |
| 24. Antidepressants | <u>Q24</u> | 31. Tranquilizers | <u>Q31</u> |
| 25. Aspirin | <u>Q25</u> | 32. Vitamins | <u>Q32</u> |
| 26. Diet pills | <u>Q26</u> | 33. Marijuana | <u>Q33</u> |
| 27. Laxatives | <u>Q27</u> | 34. Cocaine | <u>Q34</u> |

STRESS

35. Some people live a calm, predictable life. Others find themselves facing unexpected changes, frequent interruptions, inconveniences, or "things going wrong." How often are you faced with these minor (or major) annoyances or frustrations?
- | | |
|-----------------------------------|-----------------------|
| 1=Once a month or less (or never) | 4=About once a day |
| 2=Once a week | 5=Several times a day |
| 3=A few times a week | |
- Q35
36. When you are under pressure or stress, what do you usually do?
- | |
|---|
| 1=Do something about it immediately |
| 2=Plan carefully before taking any action |
| 3=Do nothing at all |
- Q36
37. Some people easily get angry with others around them because of problems or just because they are not feeling happy. During the past six months, how often have you gotten into an argument with a fellow worker, friend, or family member that ended in yelling or loud shouting?
- | | |
|-----------------------------------|-----------------------|
| 1=Once a month or less (or never) | 4=About once a day |
| 2=Once a week | 5=Several times a day |
| 3=A few times a week | |
- Q37
38. During the past six months, about how often have you been in an argument or disagreement in which you or another person hit, slapped or shoved?
- | | |
|-----------------------------------|-----------------------|
| 1=Once a month or less (or never) | 4=About once a day |
| 2=Once a week | 5=Several times a day |
| 3=A few times a week | |
- Q38

SOCIAL NETWORKS

- 39. About how many friends do you have, people you know more than just casually? Q39
- 40. How many close friends do you have, people you feel at ease with and can talk with about personal problems? Q40
- 41. How many people do you know from whom you can expect real help in times of trouble? (include family and friends) Q41
- 42. Is there a member of your family, other than those in your household, who lives less than 1 hour's travel (car, bus) from you? (1=Yes, 2=No) Q42
- 43. How many clubs and organizations (e.g., church group, VFW, PTA, bowling team, etc.) do you belong to? Q43
- 44. In the last month, how often did you attend religious services? Q44
- 45. In the last month, how often did you read a book, magazine, or newspaper? Q45
- 46. During the last month, how many times did you get together with one or more friends? Q46
- 47. During the last month, how many times did you visit with relatives? Q47

COPING FUNCTION AND ALCOHOL

Here are some different reasons people have for drinking alcohol. Thinking of yourself and your reasons, how true are each of these reasons for you personally? (Choices are very true, true, not true.)

1-Very True 2-True 3-Not True

- 48. A drink helps me relax Q48
- 49. I drink to be sociable Q49
- 50. A drink helps me to forget my worries Q50
- 51. A drink helps me gain self-confidence Q51
- 52. A drink helps cheer me up when I am in a bad mood Q52
- 53. A drink helps me when I am lonesome Q53
- 54. I like the way a drink tastes Q54
- 55. I drink when I am bored Q55
- 56. I am used to drinking often Q56

SLEEP

In the past six months:

- 57. On the average, how many hours of sleep have you gotten each night? Q57
- 58. Do you have difficulty falling asleep? (1=Yes, 2=No) Q58
- 59. Do you find yourself waking up during the night? (1=Yes, 2=No) Q59
- 60. Do you snore? (1=Never, 2=Rarely, 3=Sometimes, 4=Often) Q60

SEXUAL FUNCTION

- 61. Thinking of your current sex life, how would you describe it? Q61
 - 1=Could not be better 6=Somewhat inadequate
 - 2=Excellent 7=Poor
 - 3=Good 8=Highly inadequate
 - 4=Above average 9=Could not be worse
 - 5=Adequate

- 62. How often do you have sexual intercourse now? Q62
 - 1=Not at all 5=More than once a week
 - 2=Less than once per week 6=Once a day
 - 3=Once or twice a month 7=More than once a day
 - 4=Once a week

- 63. How often would you like to have sexual intercourse now? Q63
 - 1=Not at all 5=More than once a week
 - 2=Less than once per week 6=Once a day
 - 3=Once or twice a month 7=More than once a day
 - 4=Once a week

Participating Investigator's Signature

DVA COOPERATIVE STUDY #996
PATHS

FORM 10
LOCAL LABORATORY DATA

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART_NO
Date Completed MONTH DAY YEAR
Mo Day Yr

CODE APPROPRIATE RATING PERIOD (MONTH) RAT. PER

CODE: 00 (PRE) 06 12 18 24

1. Hemoglobin (g) Q1
2. Hematocrit (%) Q2
3. WBC (total neutrophils, lymphocytes) ($\times 10^3$ cells/mm³) Q3
4. Platelets ($\times 10^3$ /mm³) Q4
5. Mean cell volume (MCV) (μ^3) Q5
6. Mean cell hemoglobin (MCH) ($\mu\mu\text{g}$) Q6
7. Mean cell hemoglobin concentration (MCHC) (%) Q7

8. Creatinine (mg %) Q8
9. Urea nitrogen (BUN) (mg %) Q9
10. Sodium (mEq/L) Q10
11. Potassium (mEq/L) Q11
12. Bicarbonate (HCO_3 or CO_2) (mEq/L) Q12
13. Chloride (mEq/L) Q13
14. Glucose (mg %) Q14
15. Cholesterol (mg %) Q15
16. Uric acid (mg %) Q16
17. Calcium (mg %) Q17
18. Phosphorus (mg%) Q18
19. Magnesium (mg %) Q19
20. AST (SGOT) (U/L) Q20
21. Alkaline phosphatase (U/L) Q21
22. LDH (U/L) Q22
23. Albumin (g %) Q23
24. Bilirubin (mg %) Q24
25. Prothrombin time (sec.) Q25PT. / Q25CTRL
(patient) (control)

Urinalysis:

- 26. Glucose (1=None, 2=Trace, 3=1+, 4=2+, 5=3+, 6=4+) Q26
- 27. Protein (1=None, 2=Trace, 3=1+, 4=2+, 5=3+, 6=4+) Q27

COMMENT ON ANY SIGNIFICANT ABNORMALITIES: COM27

Overnight Urine:

- 28. Date of specimen Mo Q28MO Day Q28DAY Yr Q28YR
- 29. Time begun/time completed ^{Q29FRHR} _____ : ^{Q29FRMIN} _____ ^{Q29FRAMP} am/pm TO ^{Q29TOHR} _____ : ^{Q29TOMIN} _____ ^{Q29TOAPM} am/pm
- 30. Urine volume (ml) Q30
- 31. Urine creatinine concentration (mg/dl) Q31
- 32. Urine sodium concentration (mEq/L) Q32
- 33. Urine potassium concentration (mEq/L) Q33
- 34. Urine magnesium concentration (mEq/L) Q34

Urine Drug Screen: (CODE: 1=Positive, 2=Negative)

- 35. Marijuana Q35 38. Amphetamines Q38
- 36. Cocaine Q36 39. Barbiturates Q39
- 37. Opiates Q37 40. Benzodiazepines Q40

Electrocardiogram: (NOT TO BE DONE AT 18-MONTH FOLLOW-UP VISIT)

- 41. Date obtained Mo Q41MO Day Q41DAY Yr Q41YR
- 42. ECG (1=Normal, 2=Abnormal) Q42
- 43. Mechanism Q43
 1-Sinus 2-Other, specify COM43
- 44. ST-T wave abnormalities (1=Absent, 2=Present) Q44
 a. If present, specify Q44A
- 45. Old MI (1=Absent, 2=Present) Q45
 a. If present, specify Q45A
- 46. LVH (1=Absent, 2=Present) Q46
- 47. SV₁ (mV) Q47
- 48. RV₅ or 6 (mV) Q48
- 49. Strain (1=Yes, 2=No) Q49
- 50. Other abnormality? (1=Yes, 2=No) Q50
 a. If yes, specify Q50A

Participating Investigator's Signature

Medical Center Name _____

Medical Center No. CENTER

Participant Name _____

Participant No. PART NO

Form Completed By _____

Date Completed MONTH DAY YEAR
Mo Day Yr

1. Review of medical history with participant, including medications, nonalcohol substance use. Record relevant data and any reason(s) for exclusion:

Q1

PHYSICAL FINDINGS. Indicate within normal limits (1=WNL or absent) or abnormal findings (2=Abnormal). Please comment on abnormal findings below.

- 2. Head, ears, nose, throat, eyes (including optic fundi) (1=WNL, 2=Abnormal) Q2
- 3. Neck (1=WNL, 2=Abnormal) Q3
- 4. Lungs (1=WNL, 2=Abnormal) Q4
- 5. Heart:
 - a. Rhythm (1=Regular, 2=Other) Q5A
 - b. Murmur (1=None, 2=Systolic, 3=Diastolic, 4=Both) Q5B
 - c. Gallop (1=None, 2=S₃ only, 3=S₄ only, 4=S₃ and S₄) Q5C
- 6. Abdomen (1=WNL, 2=Abnormal) Q6
 - a. Record liver span (cm) in mid-clavicular line Q6A
- 7. Rectal, prostate (if indicated) (1=WNL, 2=Abnormal, 3=Not Done) Q7
- 8. Extremities (1=WNL, 2=Abnormal) Q8
 - a. Edema (1=Present, 2=Absent) Q8A
 - b. Peripheral pulses (1=WNL, 2=Abnormal) Q8B
- 9. Lymphatics (1=WNL, 2=Abnormal) Q9
- 10. Neurological (1=WNL, 2=Abnormal) Q10
- 11. Skin (1=WNL, 2=Abnormal) Q11
- 12. Mental status (1=WNL, 2=Abnormal) Q12
- 13. Chest x-ray (1=Normal, 2=Abnormal) Q13
- 14. Date of chest x-ray Mo Q14MO Day Q14DAY Yr Q14YR

COMMENTS: Q14 - COM

15. Have study consent and VA Form 10-1086 been signed? (1=Yes, 2=No) Q15

16. Are there any reasons for excluding the participant? (1=Yes, 2=No) Q16

IF YES:

a. Summarize significant medical/psychiatric diagnoses and findings that would exclude participant: Q16A - COM

COMPLETE FORM 20 FOR ALL EXCLUDED PARTICIPANTS.

Participating Investigator's Signature

REMAINING LINES (EXCEPT FOR LAST TWO) - INDIVIDUAL NUTRIENT ESTIMATES

The rest of the lines in the output file (except for the last two - see page 28 below) begin with the 10-character Study ID for the respondent. The letter (A-J) in column 11 tells which type of person-specific output data is contained in that line. Each line is described below.

Only lines A-C (and G, if a secondary database is used) contain data that is used by DIETANAL for printed output. The remaining data must be read from the output file by some other program if you wish to investigate them.

	<u>DESCRIPTION</u>	<u>POSITION</u>	<u>LENGTH</u>
<u>LINE A--RESPONDENT ID AND PERSONAL INFORMATION</u>			
PART_NO	ID Individual's ID number	1-10	10
	LINE IDENTIFIER: A	11	1
	NAME Name of respondent.	12-35	24
AGE	AGE Age of respondent.	36-37	2
SEX	SEX Sex of respondent. 1=male 2=female 9=unknown	38	1
	WEIGHT Weight of respondent, in pounds.	39-41	3
	FEET Height of respondent (feet portion)	42	1
	INCHES Height of respondent (inches portion)	43-44	2
	SPEC DT1 Indicates whether respondent was on a special diet. Refer to Questionnaire Version 02 Codebook, Card C, Col. 70-71	45	1

	SPECDT2	46	1
	Indicates whether respondent was on a second special diet.		
	BLANK	47	1
	Currently zero.		
	AMTWTCHG	48	1
	Indicates amount of weight change. Refer to Questionnaire Version 02 Codebook, Card J, Col. 67		
DE SIRWT	DESIRWT	49-51	3
	Desired weight for respondent. Calculated as follows: Female: 100 lbs plus 5 lbs for each inch over 5 feet. Male: 106 lbs plus 6 lbs for each inch over 5 feet.		
LOWWT	LOWWT	52-54	3
	Recommended weight for respondent, lower bound. Calculated as 0.95 x desired weight.		
HIGHWT	HIGHWT	55-57	3
	Recommended weight for respondent, upper bound. Calculated as 1.05 x desired weight.		
GRAMS	GRAMS SOLID FOOD	58-61	4
	Average grams of solid food consumed daily, including milk but excluding all other beverages 9999		

CAROTENE, SUPPLEMENTS AND DERIVED NUTRIENT VARIABLES

CAROTENE	CAROTENE	62-68	7
	Estimated daily carotene intake in micrograms 00000.0-99999.9 (Note: See Carotfib output file for breakdowns of specific carotenoids.)		
RETEQ	RETINOL EQUIVALENTS	69-72	4
	Estimated daily Retinol Equivalents 0000-9999		

RETINOL	RETINOL	73-76	4
	Estimated daily retinol intake in micrograms 0000-9999		

RATIOS

NARATIO	NA/K RATIO	77-80	4
	Ratio of sodium to potassium 9.99		

FAT RATIO	P/S FAT RATIO	81-84	4
	Ratio of polyunsaturated fat to saturated fat (linoleic/saturated fatty acids) 9.99		

NUTRIENT SOURCES OF CALORIC INTAKE

CALFAT	CALORIES FAT	85-88	4
	Percent of calories from fat 99.9		

CALPRO	CALORIES PROTEIN	89-92	4
	Percent of calories from protein 99.9		

CALCARB	CALORIES CARBOHYDRATES	93-96	4
	Percent of calories from carbohydrates 99.9		

SWEETCAL	SWEETCAL	97-103	7
	Total calories acquired from sweets. 99999.9		

CALSWEET	CALORIES SWEETS	104-107	4
	Percent of calories from sweet foods such as pastries, soft drinks 99.9		

ALCOCAL	ALCOCAL	108-114	7
	Total calories acquired from alcoholic beverages. 99999.9		

CALALCO	CALORIES ALCOHOL Percent of calories from alcoholic beverages 99.9	115-118	4
<u>VITAMIN SUPPLEMENTS</u>			
OTHVIT	OTHVIT Indicates type of vitamin supplement taken by the re- spondent, other than those specifically asked about. See Section 5.0, Card C, Column 69 for specific codes.	119	1
SUPPVITA	SUPPLEMENTAL VITAMIN A Estimated daily vitamin A intake from supplements measured in I.U.s 99999.9	120-126	7
SUPPVITB	SUPPLEMENTAL VITAMIN B Estimated daily vitamin B1 and B2 intake from supplements measured in mgs 99999.9	127-133	7
SUPPVITC	SUPPLEMENTAL VITAMIN C Estimated daily vitamin C intake from supplements measured in mgs 99999.9	134-140	7
SUPPVITD	SUPPLEMENTAL VITAMIN D Estimated daily vitamin D intake from supplements measured in mgs 99999.9	141-147	7
SUPPVITE	SUPPLEMENTAL VITAMIN E Estimated daily vitamin E intake from supplements measured in I.U.s 99999.9	148-154	7

SUPPIRON SUPPLEMENTAL IRON 155-161 7
 Estimated daily iron
 intake from supplements
 measured in mgs
 99999.9

See Line C, Columns 39-45 for SUPPLEMENTAL CALCIUM.

LINE B--NUTRIENT ESTIMATES - WHOLE YEAR

Average daily nutrient intake, averaged over the whole year.

ID
 Individual ID 1-10 10

LINE IDENTIFIER: B 11 1

TOTCAL TOTAL CALORIES 12-18 7
 Estimated daily total caloric
 intake
 99999.9

PROTEIN PROTEIN 19-25 7
 Estimated daily protein
 intake in grams
 99999.9

TOTFAT TOTAL FAT 26-32 7
 Estimated daily fat
 intake in grams
 99999.9

CARBO CARBOHYDRATE 33-39 7
 Estimated daily carbohydrate
 intake in grams
 99999.9

CALCIUM CALCIUM 40-46 7
 Estimated daily calcium
 intake in mgs
 99999.9

PHOSPH PHOSPHORUS 47-53 7
 Estimated daily phosphorus
 intake in mgs
 99999.9

IRON IRON 54-60 7
 Estimated daily iron
 intake in mgs
 99999.9

SODIUM	SODIUM Estimated daily sodium intake in mgs 99999.9	61-67	7
POTASS	POTASSIUM Estimated daily potassium intake in mgs 99999.9	68-74	7
VITA	VITAMIN A Estimated daily vitamin A intake in I.U.s 99999.9	75-81	7
THIAMIN	THIAMIN Estimated daily thiamin intake in mgs 99999.9	82-88	7
RIBOFL	RIBOFLAVIN Estimated daily riboflavin intake in mgs 99999.9	89-95	7
NIACIN	NIACIN Estimated daily niacin intake in mgs 99999.9	96-102	7
VITC	VITAMIN C Estimated daily vitamin C intake in mgs 99999.9	103-109	7
SATFAT	SATURATED FAT Estimated daily saturated fat intake in grams 99999.9	110-116	7
OLEIC	OLEIC ACID Estimated daily oleic acid intake in grams 99999.9	117-123	7
LINOLEIC	LINOLEIC ACID Estimated daily linoleic acid intake in grams 99999.9	124-130	7

CHOLE	CHOLESTEROL Estimated daily cholesterol intake in mgs 99999.9	131-137	7
DIETFIB	DIETARY FIBER Estimated daily dietary fiber intake in grams 99999.9 (Note: See Carotfib output file for breakdown of fiber from beans, grains and fruit/vegetables.)	138-144	7

For CAROTENE, RETINOL EQUIVALENTS and RETINOL, see Line A, Columns 62-76.

LINE C--ERRORS, WEEKLY FREQUENCIES AND VARIABILITY

ID	Individual ID	1-10	10
LINE IDENTIFIER:	C	11	1
<u>RESPONDENT ERROR FLAGS</u>			
PILLPROB	PILLPROB Number of times frequency or unit not specified in vitamin pill questions.	12	1
PILNOMT	PILNOAMT Number of times nutrient amounts not specified for vitamin pill questions.	13	1
FOODSKIP	FOODS SKIPPED Number of food items skipped by respondent on questionnaire 00-98	14-15	2
NOSIZE	ITEMS NO SIZE Number of food items in the questionnaire for which no portion size indicated (medium imputed) 00-98	16-17	2

NOFREQ	ITEMS NO FREQUENCY Number of food items in the questionnaire for which no frequency indicated, only check mark (Once per unit time (day, week, etc) imputed) 00-98	18-19	2
LARGSIZE	LARGE SIZE Number of foods with large portion size chosen by respondent 00-98	20-21	2
SMALLSIZ	SMALL SIZE Number of foods with small portion size chosen by respondent 00-98	22-23	2
NUMFOODS	NUMBER OF FOODS Number of foods indicated as ever eaten 01-98	24-25	2
DAILYFREQ	DAILY FREQUENCY Estimated average number of food servings consumed per day, excluding beverages 10-30 Approximate range	26-27	2
RANGERR1	RANGERR1 Error counter : number of food time units that are out of range -- i.e., coding or typographic error.	28-29	2
RANGERR2	RANGERR2 Error counter : number of foods with either a frequency, serving size or unit that was left blank -- i.e., coding or typographic error.	30-31	2
RANGERR3	RANGERR3 Error counter : number of food serving sizes that are out of range -- i.e., coding or typographic error.	32-33	2

TOOMANY	TOOMANY	34	1
	Number of foods, excluding breads or beverages, which were reported eaten with suspiciously high frequency. Should be double-checked, queried with respondent.		
ONCES	ONCES	35-36	2
	Number of foods for which the respondent indicated a frequency of once per unit time. (If Onces/(Number of foods he ever eats) > .70, probably an unreliable record.)		
RECALCUL	RECALCULATED	37	1
	Program flag that indicates whether recalculations were performed because current record was an outlier.		
OUTLIER	OUTLIER FLAG	38	1
	Flag if below 10th percentile or above 90th percentile on caloric intake for age-sex 1 = Outlier low 2 = Outlier high Blank = ok, not outlier		
SUPPCAL	SUPPLEMENTAL CALCIUM	39-45	7
	Estimated daily calcium intake from supplements measured in mgs 99999.9		
TOTVITA	TOTAL VITAMIN A	46-50	5
	Summed total of vitamin A intake from diet and supplements, in I.U.s 99999		
TOTVITC	TOTAL VITAMIN C	51-54	4
	Summed total of vitamin C intake from diet and supplements, in mgs 9999		

WEEKLY FOOD FREQUENCIES

FRUIT	FRUIT Average weekly frequency of consumption of fruit 99.9	55-58	4
CITRUIT	CITRUS FRUIT Average weekly frequency of consumption of citrus fruits 99.9	59-62	4
VEG	VEGETABLE Average weekly frequency of consumption of all vegetables 99.9	63-66	4
NORICE	VEGETABLE NO RICE/POTATO Average weekly frequency of consumption of all vegetables except for rice and potatoes 99.9	67-70	4
YELLGREN	VEGETABLE YELLOW/GREEN Average weekly frequency of consumption of deep yellow and dark green vegetables 99.9	71-74	4
TOMATOES	TOMATOES Average weekly frequency of consumption of tomatoes 99.9	75-78	4
CARROT	CARROT Average weekly frequency of consumption of carrots 99.9	79-82	4
SALAD	SALAD Average weekly frequency of consumption of salad 99.9	83-86	4
BEEF	BEEF Average weekly frequency of consumption of beef 99.9	87-90	4

FISHCHIK	FISH/CHICKEN Average weekly frequency of consumption of fish and chicken 99.9	91-94	4
HIGHFIB	HIGH-FIBER CEREALS/BREADS Average weekly frequency of consumption of high-fiber cereals and whole-wheat breads 99.9	95-98	4
ALCOHOL	ALCOHOL Average weekly frequency of consumption of alcohol 99.9	99-102	4
EGGS	EGGS Number of eggs that are consumed per week 99.9	103-106	4
PORK	PORK Average weekly frequency of consumption of pork 99.9	107-110	4
HDMEAT	HOT DOG/LUNCH MEAT Average weekly frequency of consumption of hot dogs and lunch meat 99.9	111-114	4
BUTTMARG	BUTTER/MARGARINE Average weekly frequency of consumption of butter and margarine 99.9	115-118	4
CHEESE	CHEESE Average weekly frequency of consumption of cheese excluding cottage cheese 99.9	119-122	4
WHOLMILK	WHOLE MILK Average weekly frequency of consumption of whole milk 99.9	123-126	4

ICECREAM	ICE CREAM Average weekly frequency of consumption of ice cream 99.9	127-130	4
SWEETS	SWEETS Average weekly frequency of consumption of sweets, soft drinks and desserts 99.9	131-134	4
FRFISHCH	FRIED FISH/CHICKEN Average weekly frequency of consumption of fried fish and fried chicken 99.9	135-138	4

VARIABILITY INDICES

FRTWKIN	FRUIT WEEKLY INDEX Number of different fruits that are eaten at least once a week 01-12	139-140	2
FRTMNIN	FRUIT MONTHLY INDEX Number of different fruits that are eaten at least once a month 01-12	141-142	2
VEGWKIN	VEGETABLE WEEKLY INDEX Number of different vegetables that are eaten at least once a week 01-20	143-144	2
VEGMNIN	VEGETABLE MONTHLY INDEX Number of different vegetables that are eaten at least once a month 01-20	145-146	2
MEATWKIN	MEAT WEEKLY INDEX Number of different meats, main dishes and lunches that are eaten at least once a week 01-18	147-148	2

MEATMNIN	MEAT MONTHLY INDEX Number of different meats, main dishes and lunches that are eaten at least once a month 01-18	149-150	2
BRDWKIN	BREAD WEEKLY INDEX Number of different breads, snacks and breakfasts eaten at least once per week 01-17	151-152	2
BRDMNIN	BREAD MONTHLY INDEX Number of different breads, snacks and breakfasts eaten at least once per month 01-17	153-154	2
DPWKLYIN	DAIRY PRODUCTS WEEKLY INDEX Number of different dairy products that are consumed at least once a week 01-06	155-156	2
DPMNIN	DAIRY PRODUCTS MONTHLY INDEX Number of different dairy products that are consumed at least once a month 01-06	157-158	2
SWWKIN	SWEETS WEEKLY INDEX Number of different items that are consumed at least once a week that are sources of sweets such as desserts and soft drinks 01-11	159-160	2
SWMNTAIN	SWEETS MONTHLY INDEX Number of different items that are consumed at least once a month that are sources of sweets such as desserts and soft drinks 01-11	161-162	2

LINE D--NUTRIENT ESTIMATES - BEFORE ALCOHOLIC BEVERAGES

Average daily nutrient intakes, excluding nutrients contributed by alcoholic beverages.

ID
Individual ID 1-10 10

LINE IDENTIFIER: D 11 1

BATOTCAL TOTAL CALORIES (Before Alcohol) 12-18 7
Estimated daily total caloric
intake, calculated before
addition of alcoholic beverages
99999.9

BAPROTEIN PROTEIN (Before Alcohol) 19-25 7
Estimated daily protein
intake in grams, calculated
before the addition of
alcoholic beverages
99999.9

BATOTFAT TOTAL FAT (Before Alcohol) 26-32 7
Estimated daily fat
intake in grams
calculated before addition
of alcoholic beverages
99999.9

BACARBO CARBOHYDRATE (Before Alcohol) 33-39 7
Estimated daily carbohydrate
intake in grams
calculated before addition
of alcoholic beverages
99999.9

BACAL CALCIUM (Before Alcohol) 40-46 7
Estimated daily calcium
intake in mgs
calculated before addition
of alcoholic beverages
99999.9

BAPHOSPH PHOSPHORUS (Before Alcohol) 47-53 7
Estimated daily phosphorus
intake in mgs
calculated before addition
of alcoholic beverages
99999.9

BAIRON	IRON (Before Alcohol) Estimated daily iron intake in mgs calculated before addition of alcoholic beverages 99999.9	54-60	7
BASODIUM	SODIUM (Before Alcohol) Estimated daily sodium intake in mgs calculated before addition of alcoholic beverages 99999.9	61-67	7
BAPOTASS	POTASSIUM (Before Alcohol) Estimated daily potassium intake in mgs calculated before addition of alcoholic beverages 99999.9	68-74	7
BAVITA	VITAMIN A (Before Alcohol) Estimated daily vitamin A intake in I.U.s calculated before addition of alcoholic beverages 99999.9	75-81	7
BATHIAM	THIAMIN (Before Alcohol) Estimated daily thiamin intake in mgs calculated before addition of alcoholic beverages 99999.9	82-88	7
BARIBO	RIBOFLAVIN (Before Alcohol) Estimated daily riboflavin intake in mgs calculated before addition of alcoholic beverages 99999.9	89-95	7
BAN IACIN	NIACIN (Before Alcohol) Estimated daily niacin intake in mgs calculated before addition of alcoholic beverages 99999.9	96-102	7

BAVITC	VITAMIN C (Before Alcohol) Estimated daily vitamin C intake in mgs calculated before addition of alcoholic beverages 99999.9	103-109	7
VASATFAT	SATURATED FAT (Before Alcohol) Estimated daily saturated fat intake in grams calculated before addition of alcoholic beverages 99999.9	110-116	7
BAOLEIC	OLEIC ACID (Before Alcohol) Estimated daily oleic acid intake in grams calculated before addition of alcoholic beverages 99999.9	117-123	7
BALINOL	LINOLEIC ACID (Before Alcohol) Estimated daily linoleic acid intake in grams calculated before addition of alcoholic beverages 99999.9	124-130	7
BACHOL	CHOLESTEROL (Before Alcohol) Estimated daily cholesterol intake in mgs calculated before addition of alcoholic beverages 99999.9	131-137	7
BADIETF	DIETARY FIBER (Before Alcohol) Estimated daily dietary fiber intake in grams calculated before addition of alcoholic beverages 99999.9	138-144	7

LINE E--NUTRIENT ESTIMATES - IN SEASON

Average daily nutrient intake "in season". Takes into account responses to peaches, cantaloupe, watermelon and strawberries "in season", and fruits or vegetables mentioned as "Extra foods" or in open-ended section.

ID Individual ID 1-10 10

LINE IDENTIFIER: E 11 1

ISTOTAL TOTAL CALORIES (IN SEASON) 12-18 7
 Estimated daily total caloric intake during the summer 99999.9

ISPROTEN PROTEIN (IN SEASON) 19-25 7
 Estimated daily protein intake in grams during the summer 99999.9

ISTDTFAT TOTAL FAT (IN SEASON) 26-32 7
 Estimated daily fat intake in grams during the summer 99999.9

ISCARBO CARBOHYDRATE (IN SEASON) 33-39 7
 Estimated daily carbohydrate intake in grams during the summer 99999.9

ISCAL CALCIUM (IN SEASON) 40-46 7
 Estimated daily calcium intake in mgs during the summer 99999.9

ISPHOSPH PHOSPHORUS (IN SEASON) 47-53 7
 Estimated daily phosphorus intake in mgs during the summer 99999.9

IRON IRON (IN SEASON) 54-60 7
 Estimated daily iron intake in mgs during the summer 99999.9

ISSODIUM	SODIUM (IN SEASON) Estimated daily sodium intake in mgs during the summer 99999.9	61-67	7
IS POTASS	POTASSIUM (IN SEASON) Estimated daily potassium intake in mgs during the summer 99999.9	68-74	7
ISVITA	VITAMIN A (IN SEASON) Estimated daily vitamin A intake in I.U.s during the summer 99999.9	75-81	7
ISTHIAM	THIAMIN (IN SEASON) Estimated daily thiamin intake in mgs during the summer 99999.9	82-88	7
ISRIBO	RIBOFLAVIN (IN SEASON) Estimated daily riboflavin intake in mgs during the summer 99999.9	89-95	7
ISNIACIN	NIACIN (IN SEASON) Estimated daily niacin intake in mgs during the summer 99999.9	96-102	7
ISVITC	VITAMIN C (IN SEASON) Estimated daily vitamin C intake in mgs during the summer 99999.9	103-109	7
ISSATFAT	SATURATED FAT (IN SEASON) Estimated daily saturated fat intake in grams during the summer 99999.9	110-116	7

ISOLEIC	OLEIC ACID (IN SEASON) Estimated daily oleic acid intake in grams during the summer 99999.9	117-123	7
ISLINOL	LINOLEIC ACID (IN SEASON) Estimated daily linoleic acid intake in grams during the summer 99999.9	124-130	7
ISCHOL	CHOLESTEROL (IN SEASON) Estimated daily cholesterol intake in mgs during the summer 99999.9	131-137	7
ISDIETF	DIETARY FIBER (IN SEASON) Estimated daily dietary fiber intake in grams during the summer 99999.9	138-144	7

LINE F--NUTRIENT ESTIMATES - OUT OF SEASON

Average daily nutrient intake for the "rest of the year". Excludes peaches, cantaloupe, watermelon and strawberries reported as "in season", and fruits or vegetables mentioned as "Extra foods" or in open-ended section.

ID	Individual ID	1-10	10
	LINE IDENTIFIER: F	11	1
OSTOTAL	TOTAL CALORIES (OUT OF SEASON) Estimated daily total caloric intake other than during summer 99999.9	12-18	7
OSPROTEN	PROTEIN (OUT OF SEASON) Estimated daily protein intake in grams other than during summer 99999.9	19-25	7
OSTOTFAT	TOTAL FAT (OUT OF SEASON) Estimated daily fat intake in grams other than during summer 99999.9	26-32	7

OSCARBO	CARBOHYDRATE (OUT OF SEASON) Estimated daily carbohydrate intake in grams other than during summer 99999.9	33-39	7
OSCAL	CALCIUM (OUT OF SEASON) Estimated daily calcium intake in mgs other than during summer 99999.9	40-46	7
OSPHOSPA	PHOSPHORUS (OUT OF SEASON) Estimated daily phosphorus intake in mgs other than during summer 99999.9	47-53	7
OSIRON	IRON (OUT OF SEASON) Estimated daily iron intake in mgs other than during summer 99999.9	54-60	7
OSODIUM	SODIUM (OUT OF SEASON) Estimated daily sodium intake in mgs other than during summer 99999.9	61-67	7
OSPOTASS	POTASSIUM (OUT OF SEASON) Estimated daily potassium intake in mgs other than during summer 99999.9	68-74	7
OSVITA	VITAMIN A (OUT OF SEASON) Estimated daily vitamin A intake in I.U.s other than during summer 99999.9	75-81	7
OSTHIAM	THIAMIN (OUT OF SEASON) Estimated daily thiamin intake in mgs other than during summer 99999.9	82-88	7

OSRIBO	RIBOFLAVIN (OUT OF SEASON) Estimated daily riboflavin intake in mgs other than during summer 99999.9	89-95	7
OSNIACIN	NIACIN (OUT OF SEASON) Estimated daily niacin intake in mgs other than during summer 99999.9	96-102	7
OSVITC	VITAMIN C (OUT OF SEASON) Estimated daily vitamin C intake in mgs other than during summer 99999.9	103-109	7
OSSATFAT	SATURATED FAT (OUT OF SEASON) Estimated daily saturated fat intake in grams other than during summer 99999.9	110-116	7
OSOLEIC	OLEIC ACID (OUT OF SEASON) Estimated daily oleic acid intake in grams other than during summer 99999.9	117-123	7
OSLINDL	LINOLEIC ACID (OUT OF SEASON) Estimated daily linoleic acid intake in grams other than during summer 99999.9	124-130	7
OSCHOL	CHOLESTEROL (OUT OF SEASON) Estimated daily cholesterol intake in mgs other than during summer 99999.9	131-137	7
OSDIETF	DIETARY FIBER (OUT OF SEASON) Estimated daily dietary fiber intake in grams other than during summer 99999.9	138-144	7

Lines G through J will only be present in a file if the second nutrient database has been used in the analysis. These lines represent exactly the same data as Lines B, D, E, and F, respectively, but for the second set of nutrients.

LINE G--SECOND DATABASE. NUTRIENT ESTIMATES - WHOLE YEAR

	ID		
	Individual ID	1-10	10
	LINE IDENTIFIER: G	11	1
FOLATE	FOLATE	12-18	7
	Estimated daily folate intake in mg 99999.9		
VITAMINE	VITAMIN E	19-25	7
	Estimated daily vitamin E intake, in TE 99999.9		

LINE H--SECOND DATABASE. NUTRIENT ESTIMATES - BEFORE ALCOHOLIC BEVERAGES

	ID		
	Individual ID	1-10	10
	LINE IDENTIFIER: H	11	1
BAFOLATE	FOLATE (Before Alcohol)	12-18	7
	Estimated daily folate intake, before addition of alcoholic beverages. 99999.9		
BAVITE	VITAMIN E (Before Alcohol)	19-25	7
	Estimated daily vitamin E intake, before addition of alcoholic beverages. 99999.9		

LINE I--SECOND DATABASE. NUTRIENT ESTIMATES - IN SEASON

	ID		
	Individual ID	1-10	10
	LINE IDENTIFIER: I	11	1
INFOLATE	FOLATE (In Season)	12-18	7
	Estimated daily folate intake, during the summer 99999.9		

INVITE	VITAMIN E (In Season)	19-25	7
	Estimated daily vitamin E intake during the summer		
	99999.9		

LINE J--SECOND DATABASE. NUTRIENT ESTIMATES - OUT OF SEASON

ID			
Individual ID		1-10	10

LINE IDENTIFIER: J		11	1
--------------------	--	----	---

OSFOLATE	FOLATE (Out of Season)	12-18	7
	Estimated daily folate intake, other than during summer		

OSVITE	VITAMIN E (Out of Season)	19-25	7
	Estimated daily vitamin E intake other than during summer		
	99999.9		

Lines A-J, above, are repeated for each individual who was analyzed on a DIETANAL run. At the conclusion of the analytic run, two summary lines are added at the bottom of the file, which describe the options which were in effect when the analysis was run.

DVA COOPERATIVE S'

FORM 13 - CHRONOLOGICAL DRINKING RECORD

By Center
Part no.
Rat-Per
EVENT

Medical Center No: _____
Participant Name: _____
Form Completed f: _____

Medical Center No. CENTER
Participant No. PART-NO
Date Completed MONTH DAY YEAR
Mo Day Yr

CODE APPROPRIATE RATING PERIOD (MO) CODE: 00 (PRE) 03 06 12 18 24 RAT-PER

1. WEEK (complete for Event 1 only) BEGINNING: Q1BEGMO Q1BEGDAY ENDING: Q1ENDMO Q1ENDDAY Q1ENDYR
Mo Day Day Yr

2. EVENT NUMBER EVENT

3. DAY OF WEEK (1=Sun., 2=Mon., 3=Tues., 4=Wed., 5=Thurs., 6=Fri., 7=Sat.) Q3WEEK

4. TIME OF DRINKING FROM: Q4FRHR Q4FRMIN TO: Q4TCHK Q4TMIN
am/pm am/pm
Q4FRAPM Q4TOAPM

5. WHERE WERE YOU DRINKING? (see codes) Q5

6. WHAT WAS THE OCCASION? (see codes) Q6

7. WHAT WERE YOU DRINKING? (List in order from first to last for event.)

CODE: 1=Beer 3=Table Wine 5=Cordial
2=Wine Cooler 4=Fortified Wine 6=Liquor

a. Type <u>Q7A-TYP</u>	d. Type <u>Q7D-TYP</u>
Size <u>Q7A-OZ</u> (oz.)	Size <u>Q7D-OZ</u> (oz.)
Number <u>Q7A-NO</u>	Number <u>Q7D-NO</u>
b. Type <u>Q7B-TYP</u>	e. Type <u>Q7E-TYP</u>
Size <u>Q7B-OZ</u> (oz.)	Size <u>Q7E-OZ</u> (oz.)
Number <u>Q7B-NO</u>	Number <u>Q7E-NO</u>
c. Type <u>Q7C-TYP</u>	f. Type <u>Q7F-TYP</u>
Size <u>Q7C-OZ</u> (oz.)	Size <u>Q7F-OZ</u> (oz.)
Number <u>Q7C-NO</u>	Number <u>Q7F-NO</u>

8. DID YOU EAT WHILE YOU WERE DRINKING? (1=Full meal, 2=Snacks only, 3=No food) Q8

a. If snacks only, specify Q8A

9. TIME OF LAST FULL MEAL Q9HR : Q9MIN am/pm Q9APM

10. WERE YOU ALONE WHILE YOU WERE DRINKING? (1=Yes [Go to Q.15], 2=No) Q10

11. WHO WAS WITH YOU? (CODE: 1=Yes, 2=No)

a. My spouse/significant other <u>Q11A</u>	g. Other friends <u>Q11G</u>
b. Other relatives <u>Q11B</u>	h. People I knew on sight, but didn't know very well <u>Q11H</u>
c. A date <u>Q11C</u>	i. People I met there <u>Q11I</u>
d. People from work <u>Q11D</u>	j. Other <u>Q11J</u>
e. Neighbors <u>Q11E</u>	

12. HOW MANY PEOPLE WERE WITH YOU (don't count yourself)? Q12

13. DID THESE OTHER PEOPLE DRINK? (1=Yes, 2=No) Q13

14. COMPARED TO THESE OTHER PEOPLE, HOW MUCH DID YOU DRINK? Q14
1=Drank more 2=Drank less 3=Drank the same 4=Don't know

15. TOTAL NUMBER OF EVENTS (complete if last event) Q15

Participating Investigator's Signature _____

Medical Center Name _____ Medical Center No. CENTER
Participant Name _____ Participant No. PART_NO
Form Completed By _____ Date Completed MONTH DAY YEAR
Mo Day Yr

TO BE COMPLETED BY PARTICIPATING CLINIC

CODE APPROPRIATE RATING PERIOD (MONTH) RAT_PER
CODE MONTH: 00 (PRE) 03 06 12 18 24

1. DATE SPECIMEN COLLECTED Mo Q1MO Day Q1DAY Yr Q1YR

TO BE COMPLETED BY THE CENTRAL LABORATORY

- 2. DATE SPECIMEN ANALYZED Mo Q2MO Day Q2DAY Yr Q2YR
- 3. Total triglycerides (mg %) Q3
- 4. Total cholesterol (mg %) Q4
- 5. LDL cholesterol (mg %) Q5
- 6. HDL cholesterol (mg %) Q6
- 7. HDL₂ cholesterol (mg %) Q7
- 8. HDL₃ cholesterol (mg %) Q8
- 9. Apo - A₁ (mg %) Q9
- 10. Apo - A₂ (mg %) Q10
- 11. GGT (u/l) Q11
- 12. CDT (mg/l) Q12

COMMENTS: COM

Signature of Laboratory Director

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART NO
Date of Reading MONTH DAY YEAR
Mo Day Yr

CODE APPROPRIATE RATING PERIOD: 00 (PRE) 06 (MONTH) RAT PER

- 1. BLOOD PRESSURE Q1SBP / Q1DBP mmHg
- 2. HEART RATE Q2 BPM
- 3. STUDY QUALITY (Grade 0, 1, 2, 3, 4 [Excellent]) Q3

M-MODE MEASUREMENTS (ASE)

	AVERAGE	S.D.
4. SEPTUM	<u>Q4AVG</u> mm	<u>Q4SD</u>
5. POSTERIOR WALL DIASTOLE	<u>Q5AVG</u> mm	<u>Q5SD</u>
6. POSTERIOR WALL SYSTOLE	<u>Q6AVG</u> mm	<u>Q6SD</u>
7. LEFT ATRIUM	<u>Q7AVG</u> mm	<u>Q7SD</u>
8. AORTIC DIMENSION	<u>Q8AVG</u> mm	<u>Q8SD</u>
9. LEFT VENTRICAL DIMENSION DIASTOLE (LVDD)	<u>Q9AVG</u> mm	<u>Q9SD</u>
10. LEFT VENTRICAL DIMENSION SYSTOLE (LVDS)	<u>Q10AVG</u> mm	<u>Q10SD</u>
11. RIGHT VENTRICLE WALL (ANTERIOR)	<u>Q11AVG</u> mm	<u>Q11SD</u>
12. RIGHT VENTRICLE WALL (EPICARDIAL)	<u>Q12AVG</u> mm	<u>Q12SD</u>

DIASTOLIC LEFT VENTRICULAR FUNCTION

	AVERAGE	S.D.
13. MITRAL VALVE SLOPE	<u>Q13AVG</u> mm	<u>Q13SD</u>
14. E VELOCITY	<u>Q14AVG</u> cm/sec	<u>Q14SD</u>
15. A VELOCITY	<u>Q15AVG</u> cm/sec	<u>Q15SD</u>
16. Q-INFLOW	<u>Q16AVG</u> ms	<u>Q16SD</u>
17. Q-CC	<u>Q17AVG</u> ms	<u>Q17SD</u>

SYSTOLIC LEFT VENTRICULAR FUNCTION

	AVERAGE	S.D.
18. EJECTION TIME (ET)	<u>Q18AVG</u> sec	<u>Q18SD</u>

19. REGIONAL LEFT VENTRICULAR WALL MOTION Q19
(CODE: 1=Normal, 2=Mildly Abnormal, 3=Markedly Abnormal)

COMMENTS: COM

ECHO REPORT SUBMITTED BY (PRINT) _____

SIGNATURE _____

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART. NO
Date Completed MONTH DAY YEAR
Mo Day Yr

SESSIONS

	SESSIONS					
	1	2	3	4	5	6
	CODING: 1=YES 2=SOME 3=NO					
1. DATE	Q1-1MO Q1-1DAY Mo Day Yr	Q1-2MO Q1-2DAY Mo Day Yr	Q1-3MO Q1-3DAY Mo Day Yr	Q1-4MO Q1-4DAY Mo Day Yr	Q1-5MO Q1-5DAY Mo Day Yr	Q1-6MO Q1-6DAY Mo Day Yr
2. APPOINTMENT KEPT	<u>Q2-1</u>	<u>Q2-2</u>	<u>Q2-3</u>	<u>Q2-4</u>	<u>Q2-5</u>	<u>Q2-6</u>
3. LENGTH OF VISIT ¹	<u>Q3-1</u>	<u>Q3-2</u>	<u>Q3-3</u>	<u>Q3-4</u>	<u>Q3-5</u>	<u>Q3-6</u>
4. COVERED ALLOCATED MATERIAL	<u>Q4-1</u>	<u>Q4-2</u>	<u>Q4-3</u>	<u>Q4-4</u>	<u>Q4-5</u>	<u>Q4-6</u>
5. PARTICIPANT GRASPED MATERIAL	<u>Q5-1</u>	<u>Q5-2</u>	<u>Q5-3</u>	<u>Q5-4</u>	<u>Q5-5</u>	<u>Q5-6</u>
6. PARTICIPANT COMPLETED ASSIGNMENTS	<u>Q6-1</u>	<u>Q6-2</u>	<u>Q6-3</u>	<u>Q6-4</u>	<u>Q6-5</u>	<u>Q6-6</u>
7. PARTICIPANT KEPT DDRs	<u>Q7-1</u>	<u>Q7-2</u>	<u>Q7-3</u>	<u>Q7-4</u>	<u>Q7-5</u>	<u>Q7-6</u>
8. PROGRESS MADE	<u>Q8-1</u>	<u>Q8-2</u>	<u>Q8-3</u>	<u>Q8-4</u>	<u>Q8-5</u>	<u>Q8-6</u>
9. GOAL STATUS	<u>Q9-1</u>	<u>Q9-2</u>	<u>Q9-3</u>	<u>Q9-4</u>	<u>Q9-5</u>	<u>Q9-6</u>
10. GOAL MODIFICATION ²	<u>Q10-1</u>	<u>Q10-2</u>	<u>Q10-3</u>	<u>Q10-4</u>	<u>Q10-5</u>	<u>Q10-6</u>
11. INTERVENTION MODIFICATION ²	<u>Q11-1</u>	<u>Q11-2</u>	<u>Q11-3</u>	<u>Q11-4</u>	<u>Q11-5</u>	<u>Q11-6</u>

¹RECORD IN 15 MINUTE BLOCKS UP TO 90 MINUTES.

²WHERE THERE HAS BEEN MODIFICATION, SPECIFY EXACT TERMS ON A SEPARATE SHEET FOR EACH SESSION.

Interventionist's Signature

DVA COOPERATIVE STUDY #996
PATHS

FORM 18
ASSESSMENT OF FOLLOW-UP INTERVENTION SESSIONS

Medical Center Name _____

Medical Center No. _____

CENTER

Participant Name _____

Participant No. _____

PART_NO

Form Completed By _____

Date Completed MONTH DAY YEAR
Mo Day Yr

	SESSION 1			SESSION 2			SESSION 3		
	CODING:			1-YES	2-SOME	3-NO			
1. DATE (MO/DAY/YR)	Q1-1Mo Mo	Q1-1DAY Day	Q1-1YR Yr	Q1-2Mo Mo	Q1-2DAY Day	Q1-2YR Yr	Q1-3Mo Mo	Q1-3DAY Day	Q1-3YR Yr
2. SESSION KEPT		<u>Q2-1</u>			<u>Q2-2</u>			<u>Q2-3</u>	
3. LENGTH OF SESSION ¹		<u>Q3-1</u>			<u>Q3-2</u>			<u>Q3-3</u>	
4. PROGRESS MADE		<u>Q4-1</u>			<u>Q4-2</u>			<u>Q4-3</u>	
5. GOAL STATUS		<u>Q5-1</u>			<u>Q5-2</u>			<u>Q5-3</u>	
6. PROBLEMS ²		<u>Q6-1</u>			<u>Q6-2</u>			<u>Q6-3</u>	
7. LIFE CHANGES		<u>Q7-1</u>			<u>Q7-2</u>			<u>Q7-3</u>	
8. STRESSORS		<u>Q8-1</u>			<u>Q8-2</u>			<u>Q8-3</u>	
9. NEEDS MORE INTERVENTION		<u>Q9-1</u>			<u>Q9-2</u>			<u>Q9-3</u>	
10. NEEDS TREATMENT		<u>Q10-1</u>			<u>Q10-2</u>			<u>Q10-3</u>	
11. ALCOHOL PROBLEMS		<u>Q11-1</u>			<u>Q11-2</u>			<u>Q11-3</u>	

¹RECORD IN 15 MINUTE BLOCKS UP TO 90 MINUTES

²CODE PROBLEMS: 1-GVES
2-SOCIO-ECOLOGICAL
3-INTERPERSONAL
4-INTRAPERSONAL
5-OTHER, ONLY IF NECESSARY

Medical Center Name _____
Participant Name _____
Form Completed By _____

Medical Center No. CENTER
Participant No. PART_NO
Date Completed MONTH DAY YEAR
Mo Day Yr

EXCLUSION

- 1. Date excluded Mo Q1MO Day Q1DAY Yr Q1YR
- 2. Code up to 3 reasons for exclusion a. Q2A
in order of importance, starting b. Q2B
with the most important. c. Q2C

TERMINATION

- 3. Date terminated Mo Q3MO Day Q3DAY Yr Q3YR

Reasons for Termination

1-YES
2-NO

- 4. Participant completed scheduled follow-up Q4
- 5. Participant moved or lost to follow-up Q5
- 6. Participant requests termination Q6
- 7. Death Q7
(Send copy of Death Certificate to Coordinating Center.)
- 8. Other, specify Q8SPEC Q8

COMMENTS: COM

Participating Investigator's Signature

SITUATIONAL CONFIDENCE QUESTIONNAIRE

(SCQ-39)



ADDICTION RESEARCH FOUNDATION

I would be able to resist the urge to drink heavily

not at all
confident

very
confident

Q11	11. If I were afraid that things weren't going to work out	0	20	40	60	80	100
Q12	12. If other people interfered with my plans	0	20	40	60	80	100
Q13	13. If I felt drowsy and wanted to stay alert	0	20	40	60	80	100
Q14	14. If there were problems with people at work	0	20	40	60	80	100
Q15	15. If I felt uneasy in the presence of someone	0	20	40	60	80	100
Q16	16. If everything were going well	0	20	40	60	80	100
Q17	17. If I were at a party and other people were drinking	0	20	40	60	80	100
Q18	18. If I wanted to celebrate with a friend	0	20	40	60	80	100
Q19	19. If I passed by a liquor store	0	20	40	60	80	100
Q20	20. If I wondered about my self-control over alcohol and felt like having a drink to try it out	0	20	40	60	80	100

I would be able to resist the urge to drink heavily

**not at all
confident**

**very
confident**

Q21	21. If I were angry at the way things had turned out	0	20	40	60	80	100
Q22	22. If other people treated me unfairly	0	20	40	60	80	100
Q23	23. If I felt nauseous	0	20	40	60	80	100
Q24	24. If pressure built up at work because of the demands of my supervisor	0	20	40	60	80	100
Q25	25. If someone criticized me	0	20	40	60	80	100
Q26	26. If I felt satisfied with something I had done	0	20	40	60	80	100
Q27	27. If I were relaxed with a good friend and wanted to have a good time	0	20	40	60	80	100
Q28	28. If I were in a restaurant and the people with me ordered drinks	0	20	40	60	80	100
Q29	29. If I unexpectedly found a bottle of my favorite booze	0	20	40	60	80	100
Q30	30. If I started to think that just one drink could cause no harm	0	20	40	60	80	100

I would be able to resist the urge to drink heavily

**not at all
confident**

**very
confident**

Q31	31. If I felt confused about what I should do	0	20	40	60	80	100
Q32	32. If I felt under a lot of pressure from family members at home	0	20	40	60	80	100
Q33	33. If my stomach felt like it was tied in knots	0	20	40	60	80	100
Q34	34. If I were not getting along well with others at work	0	20	40	60	80	100
Q35	35. If other people around me made me tense	0	20	40	60	80	100
Q36	36. If I were out with friends "on the town" and wanted to increase my enjoyment	0	20	40	60	80	100
Q37	37. If I met a friend and he/she suggested that we have a drink together	0	20	40	60	80	100
Q38	38. If I suddenly had an urge to drink	0	20	40	60	80	100
Q39	39. If I wanted to prove to myself that I could take a few drinks without becoming drunk	0	20	40	60	80	100