

SYMPTOMS

5. In the last 12 months has the patient had pain or discomfort above the waist? HIPN
1 () Yes 0 () No

↓

5.1 Which of the following locations describe(s) most of the discomfort?
(Check all that apply):

5.1.1 () Center of the chest behind the breast bone CNPN
5.1.2 () Left side of chest LCHT
5.1.3 () Neck or jaw NECK
5.1.4 () Left arm LARM
5.1.5 () Other PNDT
5.1.5.1. Specify: PNDTX

5.2 Does most of the pain or discomfort occur during physical exertion and/or emotional stress? PEPN
1 () Yes 0 () No

5.3 Does the pain or discomfort most often go away with rest?
1 () Yes 0 () No GOET

↓

5.3.1. Minutes until starts going away <u>MINGO</u>
5.3.2. Minutes until completely gone away <u>ALLGO</u>

5.4 Has the patient used nitroglycerine? USNTG -
1 () Yes 0 () No

↓

5.4.1. Does the pain or discomfort most often go away with nitroglycerine? <u>NIGO -</u> 1 () Yes 0 () No
↓
5.4.1.1. Minutes until starts going away <u>MINNI -</u>
5.4.1.2. Minutes until completely gone away <u>ALLNI -</u>

5.5 Does the patient have angina that wakes her at night?
1 () Yes 0 () No AGNA



6. In the past 6 weeks, how often has the patient had chest discomfort? CHTPN
- 1 () Never
 - 2 () 1 to 3 times
 - 3 () 1 to 3 times a week
 - 4 () Almost every day
 - 5 () 1 to 3 times a day
 - 6 () 4 or more times a day

7. Has the patient had unstable angina in the last 6 weeks? UNANG
- 1 () Yes
 - 0 () No
 - 2 () Unknown

7.1 Which of the presentations does the patient demonstrate? (Check all that apply)

SYANR () symptoms of angina at rest (usually prolonged > 20 minutes)

NEWON () new onset (< 2 months) exertional angina of at least Canadian Cardiovascular Society Classification (CCSC) class III in severity

RECENT () recent (< 2 months) acceleration of angina as reflected by an increase in severity of at least one CCSC class to at least CCSC class III.

INDICATIONS FOR CATHETERIZATION

8. What are the indications for coronary catheterization?
- | | Yes | No |
|---|----------|----------|
| 8.1 Chest pain or discomfort <u>CHDIS</u> | 1
() | 0
() |
| 8.2 Stress test result <u>STEST</u> | () | () |
| 8.3 Preoperative clearance <u>PREOP</u> | () | () |
| 8.4 Shortness of breath <u>SBRF</u> | () | () |
| 8.5 Syncope <u>SYN</u> | () | () |
| 8.6 Unknown or unclear <u>CUNKN</u> | () | () |
| 8.7 Other--> <u>CATHD</u> | () | () |
| 8.7.1 Specify <u>CATHX</u> | () | () |



MEDICAL HISTORY

9. Has the patient ever been told by a physician she had congestive heart failure requiring treatment?

1 () Yes 0 () No 2 () Unknown *CDNHT*

↓

9.1	Record current functional classification. (See definition)			
1 ()	2 ()	3 ()	4 ()	<i>CUCLS</i>
9.2	Worst ever functional class. (See definition)			
1 ()	2 ()	3 ()	4 ()	<i>WRCLS</i>

10. Prior PTCA (include balloon and/or new device intervention procedures) *PTCA*

1 () Yes 0 () No

↓

10.1	# times _____ (#separate trips to cath lab)	<i>PCTME</i>
10.2	Date most recent <u> </u> / <u> </u> / <u> </u>	<i>PC DTE</i>
	mm dd yy	

11. Prior coronary bypass surgery *CBS*

1 () Yes 0 () No

↓

11.1	# times _____ (# separate operations)	<i>CBSTM</i>
11.2	Date most recent <u> </u> / <u> </u> / <u> </u>	<i>CBSDT</i>
	mm dd yy	

12. Prior myocardial infarction *MI*

1 () Yes 0 () No 2 () Unknown

↓

12.1	Date most recent <u> </u> / <u> </u> / <u> </u>	<i>MIDTE</i>
	mm dd yy	
12.2	Documentation: (Check all that apply):	
	() Physician told patient <i>DR TOL</i>	<i>HOSP</i>
	() Hospitalized (documented by discharge summary)	
	() New Q-waves on ECG <i>QWAVE</i>	

5

13. History of other significant illness or therapy.

			Yes 1	No 0	Unknown 2
<i>CVD</i>	13.1	Cerebral vascular disease (Stroke, transient ischemic attack, carotid revascularization)	()	()	()
<i>PVD</i>	13.2	Peripheral vascular disease (Claudication, peripheral vascular surgery)	()	()	()
<i>ABA</i>	13.3	Abdominal aneurysm	()	()	()
<i>CORD</i>	13.4	Chronic obstructive pulmonary disease	()	()	()
<i>RENAL</i>	13.5	Chronic renal dysfunction (creatinine >1.5)	()	()	()
<i>CA</i>	13.6	Malignancy	()	()	()
<i>ESDRF</i>	13.7	Esophageal reflux	()	()	()
<i>DEPRS</i>	13.8	Depression/manic depression requiring treatment	()	()	()
<i>ANORX</i>	13.9	Anorexia/bulimia	()	()	()
<i>PCO</i>	13.10	Polycystic ovary disease	()	()	()
<i>AUTO</i>	13.11	Autoimmune disease (lupus, rheumatoid arthritis, Raynaud syndrome)	()	()	()
<i>MIHD</i>	13.12	Migraine headache	()	()	()
<i>MVP</i>	13.13	Mitral valve prolapse	()	()	()
	13.14	Other (Specify): _____	()	()	()

Specify OTHIL

ILL

14. Record all treatment within the week prior to study entry:

		Yes	No	Unknown	
		1	0	2	
ARHY	14.1	Antiarrhythmic agents	()	()	()
ACDAG	14.2	Anticoagulants	()	()	()
ADEP	14.3	Antidepressants	()	()	()
ACE	14.4	Antihypertensive: ACE inhibitors	()	()	()
ARB	14.5	Antihypertensive: angiotensin-receptor blocker	()	()	()
DIUR	14.6	Antihypertensive: diuretics	()	()	()
VASO	14.7	Antihypertensive: Vasodilators or others	()	()	()
APLAT	14.8	Antiplatelet agents other than aspirin	()	()	()
AXIOL	14.9	Anxiolytics, sedatives or hypnotics	()	()	()
ASPRN	14.10	Aspirin	()	()	()
BETAB	14.11	Beta Blockers	()	()	()
CALC	14.12	Calcium supplements (fosamax)	()	()	()
CALAN	14.13	Calcium antagonists	()	()	()
CORT	14.14	Corticosteroids	()	()	()
DIGIT	14.15	Digitalis	()	()	()
FOLAT	14.16	Folate or B vitamins	()	()	()
GI MED	14.17	GI medications	()	()	()
LLSTT	14.18	Lipid lowering - statins	()	()	()
LLOTH	14.19	Lipid lowering agents - others	()	()	()
NITR	14.20	Nitrates	()	()	()
NONAA	14.21	Nonsteroidal antiinflammatory agents	()	()	()
TAMAX	14.22	Tamoxifen or derivatives	()	()	()
THYMD	14.23	Thyroid medications	()	()	()
VICEA	14.24	Vitamin C, E or A (betacarotene)	()	()	()
	14.25	Fen/Fen (Phenfluoramine)	()	()	()
	14.26	Redux	()	()	()

RISK FACTORS

15. History of cigarette smoking 145 CIG
 0 () Never smoked 1 () Former smoker 2 () Current smoker

15.1	Average daily consumption (cigarettes per day)	<u>0160Y</u>
15.2	Number of years smoked	<u>YRSMK</u>
15.3	Number of months before study entry that patient quit smoking (Enter zero if patient currently smokes)	<u>MOGAT</u>

16. History of other tobacco use (cigars, pipes, chewing tobacco, snuff) *HSTOB*
1 () Yes 0 () No

17. Alcohol use within last 6 months: *ALCHL*
1 () Yes 0 () No

↓
→ 17.1 Number of drinks per week *DRWK*

18. Family history of coronary disease or sudden death, (First degree relatives: mother, father, siblings -before age 55 for male relatives, before age 65 for female relatives). *HSCOR*
1 () Yes 0 () No 2 () Unknown

19. History of hypertension requiring treatment (lifestyle or drugs) *HSHYP*
1 () Yes 0 () No 2 () Unknown

↓
19.1 Age at diagnosis: _____ years *AGHYP*

20. History of diabetes *HSDIB*
1 () Yes 0 () No 2 () Unknown

↓
20.1 Age at diagnosis: _____ years *AGDIB*
20.2 Record current therapy: (check all that apply)
() None *NOTHY*
() Oral medical *ORAL*
() Insulin *INSLN*
() Diet *DIET*

21. History of dyslipidemia *DISLP*
1 () Yes 0 () No 2 () Unknown

WISE ID: _____

22. History of Psychosocial Stress *STRS*

In the past 5 years, has she experienced stress (tension, irritability, anxiety or sleeping difficulties as a result of conditions at work or at home):

Never	Sometimes	Often	Always for last year	Always last 5 years
1 ()	2 ()	3 ()	4 ()	5 ()

23. Check the number of times in her life she has **intentionally** lost the number of pounds shown below (e.g. through diet, exercise, a formal weight control program, on her own, etc. Do not include childbirth.)

	Number of Times					TME More than 10
	Never (0)	1-2 (1)	3-5 (2)	6-10 (3)	(4)	
<i>WLT 20</i> 23.1 How often has she lost 10-19 lbs?	()	()	()	()	()	
<i>WLT 49</i> 23.2 How often has she lost 20-49 lbs?	()	()	()	()	()	
<i>WLT 79</i> 23.3 How often has she lost 50-79 lbs?	()	()	()	()	()	
<i>WLT 99</i> 23.4 How often has she lost 80-99 lbs?	()	()	()	()	()	
<i>W 9100</i> 23.5 How often has she lost 100+ lbs?	()	()	()	()	()	

24. Has a health care provider ever prescribed any medication to aid with weight loss? *MDWLS*
 1 () Yes *2* () No *2* () Unknown *YNU*
 ↓

Did she take:	Yes	No
24.1 Fenfluramine (Pondimin) <i>FEN</i>	<i>1</i> ()	()
24.2 Phenteramine (Ionamin) <i>PHEN</i>	()	()
24.3 Dexfenfluramine (Redux) <i>REDUX</i>	()	()

HORMONAL STATUS/REPRODUCTIVE HISTORY

25. Has she ever taken any type of hormonal replacement therapy, such as estrogen (Premarin, etc), progesterone (Provera, etc.), estrogen/progesterone combination (Prempro, etc.), testosterone, or any other hormone medications?

() Yes 0 () No 2 () Unknown HRT

25.1 At what age did she first start taking hormone replacement therapy?
 ___ Age started AGHRT

25.2 At what age did she last stop taking hormone replacement therapy?
 (Enter 0 if currently using)
 ___ Age stopped SAGHR

25.3 How many total years and months between (ages in 24.1 and 24.2) did she take or has she been using hormone replacement?
YRHR Years ___ Months MOHRT

25.4 Has she taken any of these hormones in the last 3 months? HRT3M
1 () Yes 0 () No 2 () Unknown YNU

25.4.1 Specify TYHRT
1 () Estrogen only
2 () Estrogen and Progesterone
3 () Other HRTXT

25.4.2 Is the HRT regimen cyclic? CYHRT
1 () Yes 0 () No

25.4.3 Has she taken androgen (testosterone) in the last 3 months? ANDRN
1 () Yes 0 () No

WISE ID: _____

26. Has she ever had menopausal symptoms, such as hot flashes or night sweats? (Her best guess)
1 () Yes 0 () No *MENPS*

↓

26.1	How old was she when she first had symptoms such as hot flashes or night sweats? (Her best guess.)	_____ Years old	<i>AGFST</i>
26.2	How old was she when she <u>last</u> had symptoms such as hot flashes or night sweats? (If she is still having symptoms such as hot flashes or night sweats, enter current age.)	_____ Years old	<i>AGLST</i>

27. Has she had a natural menstrual period in the past 12 months? *PERD*
1 () Yes 0 () No

↓

27.1	Date of the beginning of her last period	___/___/___	<i>PERDT</i>
		mm dd yy	
27.2	Today's date	___/___/___	<i>TDAY3</i>
		mm dd yy	
27.3	Currently, the pattern that best describes her periods is:		
	0 () No menstrual periods		<i>PRPAT</i>
	1 () Regular menstrual periods		
	2 () Irregular menstrual periods		
	3 () Sometimes regular, sometimes irregular		

PRPAT

28. Has she had a hysterectomy? *HYST*
1 () Yes 0 () No

↓

28.1	Date of hysterectomy:	___/___/___	<i>HYDTE</i>
		mm dd yy	

29. Has she had any ovaries removed? *OVARY*
0 () No 1 () Yes, one 2 () Yes, both

OVARLY

30. Has she gone through **natural** menopause? *NAMEN*
1 () Yes 0 () No

31. How old was the patient when she last had **natural** menstrual bleeding (a period?) (Her best guess.) _____ Years old *PRLST*

WISE ID: _____

32. How old was she when she had her first menstrual period (menses)?
_____ Years old *PRFST*
33. During most of her life were her periods regular; that is, did they occur about once a month? (Do not include any time when she was pregnant or taking birth control pills.) *PEREG*
1 () Yes 0 () No 2 () Unknown
34. Did she ever take birth control pills (oral contraceptives) for any reason? *BCP*
1 () Yes 0 () No 2 () Unknown

↓

34.1 At what age did she <u>first start</u> taking birth control pills? _____ Age started <i>AGBCS</i>
34.2 At what age did she <u>last stop</u> taking birth control pills? _____ Age stopped (enter 0 if currently using) <i>AGBOT</i>
34.3 How many total years and months (between the ages listed in above) did she take or has she been using birth control pills? <i>YBCP</i> Years <i>MOBCP</i> Months
34.4 Is she currently taking oral contraceptives? <i>CU BCP</i> 1 () Yes 0 () No

35. Has she ever been pregnant? *PREG*
1 () Yes 0 () No

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35.1 How many times has she been pregnant? _____ <i>TMPREG</i>
35.1.1 How many live births did she have? _____ <i>LIVE</i>
35.1.2 How many pregnancies did not result in live birth? _____

MISCE

36. Has she ever had an operation to have her tubes tied to prevent pregnancy?
1 () Yes 0 () No *TUBAL*

↓

36.1 How old was she when she had her tubes tied? _____ Years old
--

AGTBE

WISE ID: _____

PHYSICAL EXAM

37. Resting pulse: _____ bpm *PULSE*

38. Sitting blood pressure:

38.1 SY51 / DIA1 Systolic/Diastolic

38.2 SY52 / DIA2 Systolic/Diastolic

39. Height: HT inches
(to nearest inch)

40. Weight: WT lbs
(To nearest pound)

41. Waist circumference: WSTIN inches
(to nearest inch)

42. Hip circumference: HIPIN inches
(to nearest inch)

CONVERSION:

To get inches divide centimeters by 2.54.
(157 cm = 62 in).

To get pounds multiply kilograms by 2.2.
(68 kg = 150 lb)

43. S₃ *S3* 1 () Yes 0 () No

44. Rales that do not clear with cough *RALE* 1 () Yes 0 () No

45. JVP >8 cm of water *JVP8* 1 () Yes 0 () No

46. Carotid bruit *CARBT* 1 () Yes 0 () No

47. Chest pain to palpation *CRAIN* 1 () Yes 0 () No

48. Murmur *MUR*
1 () Yes 0 () No

48.1 Please Check *SY3MR* *DIAMR*
1 () Systolic 2 () Diastolic

49. Hepatomegaly *HEPAT* 1 () Yes 0 () No

50. Pitting edema *EDEMA* 1 () Yes 0 () No

LABORATORY DATA

51. Was the patient fasting? FAST
 1 () Yes 0 () No 2 () Unknown
52. Cholesterol: TC mg/dl
53. Triglycerides: TRIG mg/dl
54. HDL: HDL C mg/dl
55. LDL: LDL C mg/dl
56. Glucose: GLUC mg/dl
57. Creatinine: CREAT mg/dl
58. Hemoglobin: HEMO grams/dl

PHYSICAL ACTIVITY

SCACT

59. Thinking about the things she usually did at **work** during the **last 12 months**, how would she describe the kind of physical activity she performed? (See definitions on back of previous page)
- 1 () Inactive 2 () Light 3 () Moderate 4 () Heavy 5 () Not applicable WACT
60. Thinking about the things she usually did in her **home** during the **last 12 months**, how would she describe the kind of physical activity she performed?
- 1 () Inactive 2 () Light 3 () Moderate 4 () Heavy 5 () Not applicable HMACT
61. Thinking about the things she usually did in her **leisure time** during the **last 12 months**, how would she describe the kind of physical activity she performed?
- 1 () Inactive 2 () Light 3 () Moderate 4 () Heavy 5 () Not applicable LSACT

62. DUKE ACTIVITY STATUS INVENTORY

	Yes, with no difficulty	Yes, but with some difficulty	No, I can't do this	Don't do this for other reasons
Prior to your recent illness or hospitalization could you:	1	2	3	4
62.1 Take care of yourself, that is, eating, dressing, bathing, and using the toilet? <i>CARE</i>	()	()	()	()
62.2 Walk indoors, such as around your house? <i>WALK</i>	()	()	()	()
62.3 Walk a block or two on level ground? <i>WKBK</i>	()	()	()	()
62.4 Climb a flight of stairs or walk up a hill? <i>STAIR</i>	()	()	()	()
62.5 Run a short distance? <i>RUN</i>	()	()	()	()
62.6 Do light work around the house like dusting or washing dishes? <i>LTWRK</i>	()	()	()	()
62.7 Do moderate work around the house like vacuuming, sweeping floors, carrying in groceries? <i>MDWRK</i>	()	()	()	()
62.8 Do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture? <i>HWWRK</i>	()	()	()	()
62.9 Do yardwork like raking leaves, weeding, or pushing a power mower? <i>YDWRK</i>	()	()	()	()
62.10 Have sexual relations? <i>SEX</i>	()	()	()	()
62.11 Participate in moderate recreational activities, like golf, bowling, dancing, doubles tennis, or throwing baseball or football? <i>MDSP</i>	()	()	()	()
62.12 Participate in strenuous sports like swimming, singles tennis, football, basketball or skiing? <i>STR = P</i>	()	()	()	()

15

DEMOGRAPHIC INFORMATION

63. Date of birth : / / BRDTE
mm dd yy

64. Which category best describes the patient's racial or ethnic group? RACE
- 1 () American Indian or Alaskan Native
 - 2 () Asian or Pacific Islander (ancestry is Chinese, Indo-Chinese, Korean, Japanese, Pacific Islander, Vietnamese)
 - 3 () Black or African-American (not of Hispanic origin)
 - 4 () Hispanic/Latino (ancestry is Mexican, Cuban, Puerto Rican, Central American, or South American)
 - 5 () White (not of Hispanic origin)
 - 6 () Other (Specify) _____

65. Which category best describes the highest grade in school finished? (Mark one) EDUC
- 1 () Didn't go to school
 - 2 () Grade School
 - 3 () Some high school (9th -11th grade)
 - 4 () High school diploma or G.E.D.
 - 5 () Associate Degree/some college/Vocational or training school after high school graduation
 - 6 () College graduate or Baccalaureate Degree
 - 7 () Master's Degree
 - 8 () Doctoral Degree (Ph.D., M.D., J.D., etc.)

66. Which category best describes her current job status? (Mark one or more that best describes her.)
- () Retired RETR
 - () Homemaker, raising children, care of others HOMKR
 - () Employed full-time EMPFT
 - () Employed part-time EMPPT
 - () Disabled, unable to work DISBD
 - () Other (Specify): OTH
 _____ OTH X 1
 _____ OTH X 2

67. Which of the statements below best describes the patient's job? If she is not working now, which statement best describes her past job, that is, the job she held the longest? (If she is a homemaker, but also works part-time, mark both.)

- Homemaker, raising children, care of others *HOME*
- Managerial, professional specialty (Executive, managerial, administrative, professional occupations. Job titles include teacher, guidance counselor, registered nurse, doctor, lawyer, accountant, architect, computer/systems analyst, personnel manager, sales manager, etc.) *MANGR*
- Technical, sales, and administrative support (Technical and related support occupations, sales, administrative support, clerical work. Job titles include computer programmer/operator, vocational/practical nurse, dental assistant, laboratory technician, sales clerk, cashier, receptionist, secretary, word processor, etc.) *TECH*
- Service (Protective service (police, fire), health or food services, craft and repair occupations, farming, forestry or fishing occupations. Job titles include policewoman, nursing assistant, teaching assistant, child care attendant, maid, cook, waitress, food service clerk, seamstress, etc.) *SERV*
- Operators, fabricators, and laborers (Factory, transport, and construction work. Job titles include factory, assembly, truck driver, construction worker, etc.) *LABOR*
- Other (Specify): *JTHX*

68. Which category best describes your method of reimbursement for health care? *INSUR / INSU*

- 1 Medicare
- 2 Other public (includes Medicaid, CHAMPUS, Administar Defense, etc.)
- 3 Private (includes fee for service, HMO, PPO)
- 4 None/selfpay

69. Current marital status? (Mark the one that best describes her.) *MS*

- 1 Never married
- 2 Divorced or separated
- 3 Widowed
- 4 Presently married
- 5 Living in a marriage like relationship

WISE ID: _____

70. Total family income (before taxes) from all sources within her household in the last year? (Mark the one that is the best guess. Tell patient this information is important for describing the women in the study as a group and is kept strictly confidential.) *INC*

- 1 () Less than \$20,000
- 2 () \$20,000 to 34,999
- 3 () \$35,000 to 49,999
- 4 () \$50,000 to 99,000
- 5 () \$100,000 or more
- 6 () Don't know

INCOME

71. Date of form completion ____/____/____ *BEDTE*
mm dd yy

72. Name of person completing form *NAME*