

## Dataset name: sdc\_b\_v2.0

Participant ID pid  Acrostic acrostic   
Interviewer compby  Visit Code vc   
Date of Visit vis\_dat  (mm/dd/yyyy)

# San Diego Claudication Questionnaire (Baseline)

## CRF 2.0

1. Has a doctor ever told you that you have poor blood flow to your legs (also known as intermittent claudication, peripheral arterial disease, or peripheral vascular disease)?

poorflow\_sdc\_b  
-9 -  
1 Yes  
0 No  
-6 Permanently Missing

-

2. Have you ever been in the hospital for an operation or procedure to improve the blood flow to your legs (including angioplasty or stent)?  
[Interviewer note: If more than one procedure, please list the most recent.]

hospflow\_sdc\_b  
-9 -  
1 Yes  
0 No  
-6 Permanently Missing

-

Procedure: procedure\_sdc\_b

Which leg? leg1\_sdc\_b

-9 -  
1 Right  
2 Left  
3 Both  
-6 Permanently Missing

-

Date: (MM) month\_sdc\_b  /(YYYY) year\_sdc\_b

Hospital: hospital\_sdc\_b

City: city\_sdc\_b  State:

state\_sdc\_b

3. Has a doctor ever told you that you have had an abdominal aortic aneurysm that is an abnormal enlargement of the main artery in the abdomen?

abdomaa\_sdc\_b  
-9 -  
1 Yes  
0 No  
-6 Permanently Missing

-

4. Have you had surgery for the abdominal aortic aneurysm?

abdomaasurg\_sdc\_b  
-9 -

5. Do you get pain in either leg or either buttock when walking?

Which leg?

6. Does this pain ever begin when you are STANDING STILL or SITTING?

**In what part of the leg or buttock do you feel the pain?**

7. Pain includes calf

8. Pain includes thigh

1 Yes  
0 No  
-6 Permanently Missing

pitbutt\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

leg\_sdc

-9 -  
1 Right  
2 Left  
3 Both  
-6 Permanently Missing

Left: sitleft\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

Right: sitright\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

Left: calleft\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

Right: calright\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

Left: thighleft\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

Right: thighright\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain

-6 Permanently Missing

-

9. Pain includes buttock

Left: buttleft\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

-

Right: buttright\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

-

10. Do you get this pain when you walk UPHILL or HURRY?

Left: uphillleft\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

-

nvrhurry\_sdc value="1" ☐ Never walks uphill or hurries.

Right: uphillright\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

-

11. Do you get this pain when you walk at an ORDINARY PACE on the level?

Left: paceleft\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

-

Right: paceright\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

-

12. Does this pain ever DISAPPEAR while you are WALKING?

Left: diswalkleft\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

-

Right: diswalkright\_sdc

-9 -  
1 Yes  
0 No  
3 Uncertain  
-6 Permanently Missing

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

walktreat\_sdc

- 9 -
- 1 Stop or slow down
- 0 Carry on
- 6 Permanently Missing

14. What happens if you STAND STILL?

Left: stilleft\_sdc

- 9 -
- 1 Lessens or relieved
- 2 Unchanged
- 6 Permanently Missing

Right: stillright\_sdc

- 9 -
- 1 Lessens or relieved
- 2 Unchanged
- 6 Permanently Missing

15. If standing still relieves pain, HOW SOON?

Left: soonleft\_sdc

- 9 -
- 1 10 mins or less
- 2 GT 10 minutes
- 6 Permanently Missing

Right: soonright\_sdc

- 9 -
- 1 10 mins or less
- 2 GT 10 minutes
- 6 Permanently Missing

Source Form Language: lang

- 9 -
- 1 English
- 2 Spanish



Participant ID  
(affix ID label here)

**LIFE**

Acrostic

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Visit  
Code

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**In what part of the leg or buttock do you feel the pain?**

7. Pain includes calf	Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
	Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
8. Pain includes thigh	Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
	Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
9. Pain includes buttock	Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
	Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain

10. Do you get this pain when you walk UPHILL or HURRY?  <input type="checkbox"/> Never walks uphill or hurries	Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain						
	Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain						
11. Do you get this pain when you walk at an ORDINARY PACE on the level?	Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain						
	Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain						
12. Does this pain ever DISAPPEAR while you are WALKING?	Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain						
	Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain						
13. What do you do if you get it when you are walking?	<input type="checkbox"/> Stop or slow down		<input type="checkbox"/> Carry on							
14. What happens if you STAND STILL?	Left	<input type="checkbox"/> Lessens or relieved	<input type="checkbox"/> Unchanged							
	Right	<input type="checkbox"/> Lessens or relieved	<input type="checkbox"/> Unchanged							
15. If standing still relieves pain, HOW SOON?										
<table border="1"> <tr> <td>Left</td> <td><input type="checkbox"/> 10 mins or less</td> <td><input type="checkbox"/> &gt; 10 mins</td> </tr> <tr> <td>Right</td> <td><input type="checkbox"/> 10 mins or less</td> <td><input type="checkbox"/> &gt; 10 mins</td> </tr> </table>					Left	<input type="checkbox"/> 10 mins or less	<input type="checkbox"/> > 10 mins	Right	<input type="checkbox"/> 10 mins or less	<input type="checkbox"/> > 10 mins
Left	<input type="checkbox"/> 10 mins or less	<input type="checkbox"/> > 10 mins								
Right	<input type="checkbox"/> 10 mins or less	<input type="checkbox"/> > 10 mins								