Dataset name: sdcf_v3.0

Participant I	D pid D000000	Acrostic acrostic	ZZZ
		Interviewer compby V.C. vc	YYY
		Date of Visit vis_dat	
	San Diego Cla	audication	
	Questionnaire		
	CRF 3.0		
1.	e i i i i i i i i i i	bloodproc_sdcf -9 - 1 Yes 0 No -6 Permanently Missing	
	-9 -		

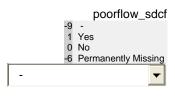
-	
Date: (MM) month2_sdcf	
/(YYYY) year2_sdcf	
Hospital: hospital2_sdcf	
City: city2_sdcf	
State:	
state2_sdcf	
Since your last visit on [date	hospflow_sdo -9 -
	-0 -

 Since your last visit on [date of last visit], have you been hospitalized for a blood flow problem to your legs such as gangrene or an amputation?

	hospflow_sdcl
-9	-
1	Yes
0	No
-6	Permanently Missing
-	-

Reason for hospitalization: hospreason_sdcf

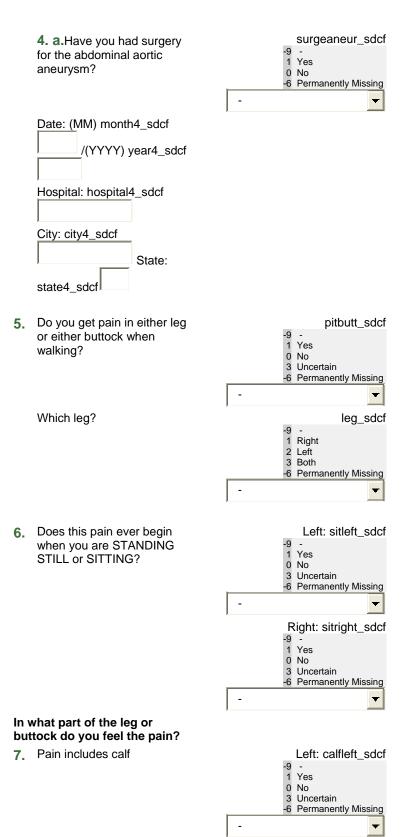
- 3. Since your last visit, has a doctor ever told you that you have poor blood flow to your legs (also known as intermittent claudication, peripheral arterial disease, or peripheral vascular disease)?
- 4. Since your last visit, has a doctor told you that you had an abdominal aortic aneurysm, that is an abnormal enlargement of the main artery in the abdomen?



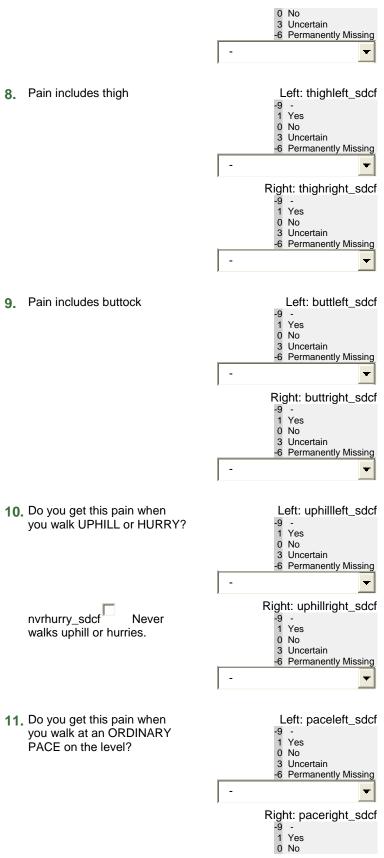
	а	ibdomaneur_sdci
-9	9	-
	1	Yes
(0	No
-4	6	Permanently Missing
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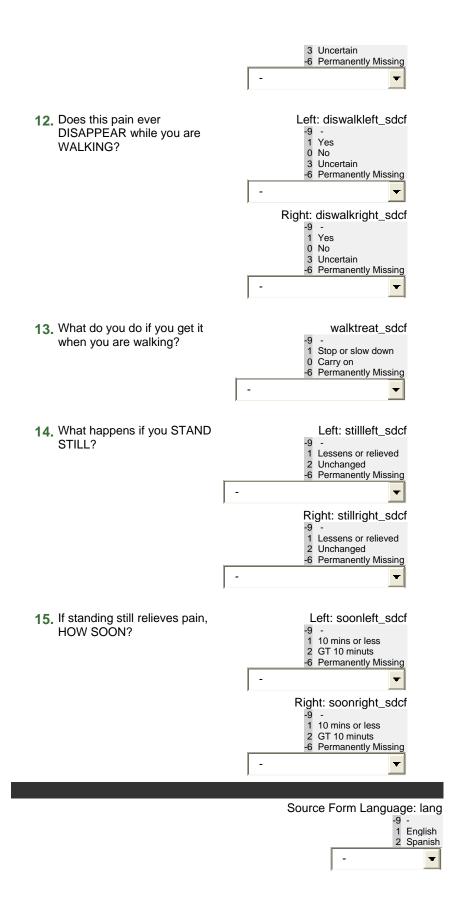
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. .



Right: calfright_sdcf -9 -1 Yes





Participant ID (affix ID label here)	LIFE Examiner Date of Visit	Acrostic	
San Diego Clau 1. Since your last visit on [date of last visit the blood flow to your legs (including angioplasty, stent placement, or thron Procedure #1 Which leg? Right Left Date:	lower extremity revascularization,	• *	
Procedure #2 Which leg? Right Left Date: Month Year Hospital	Both		
2. Since your last visit on [date of last visit blood flow problem to your legs such Reason for Hospitalization Which leg? Right Left Date: Month Hospital City	as gangrene or an amputation?	Yes No Specify	
3. Since your last visit on [date of last visit], has a doctor told you that you have poor blood flow to your legs (also known as intermittent claudication, peripheral arterial disease, or peripheral vascular disease)?			

Participant ID (affix ID label here)	Acrostic Visit Code		
4. Since your last visit on [date of visit], has a doctor told you that you had an abdominal aortic aneurysm, that is an abnormal enlargement of the main artery in the abdomen?			
a. Have you had surgery for the abdominal aortic aneurysm?			
Hospital			
City State			
5. Do you get pain in either leg or either buttock when wall	king? Yes No Uncertain		
Which leg?	Both → ↓ ↓ STOP, Skip this form		
Does this pain ever begin when you are STANDING STILL or SITTING?	Left: Yes No Uncertain		
	Right Yes No Uncertain		
In what part of the leg or buttock do you feel the pain?			
7. Pain includes calf			
	Right Yes No Uncertain		
8. Pain includes thigh	Left Yes No Uncertain		
	Right Yes No Uncertain		
9. Pain includes buttock	Left Yes No Uncertain		
	Right Yes No Uncertain		
10. Do you get this pain when you walk UPHILL or HURRY?	Left Yes No Uncertain		
Never walks uphill or hurries	Right Yes No Uncertain		

Participant ID	LIF	
(affix ID label here)		Visit Code
11. Do you get this pain when you walk at a	Left Yes No Uncertain	
PACE on the level?		Right Yes No Uncertain
12. Does this pain ever DISAPPEAR while you are WALKING?		Left Yes No Uncertain
		Right Yes No Uncertain
13. What do you do if you get it when you ar	re walking?	Stop or slow down
14. What happens if you STAND STILL?		Lessens or relieved Unchanged
		nt Lessens or relieved Unchanged
15. If standing still relieves pain, HOW SOON?		
Left 10 mins	or less	_ > 10 mins
Right 10 mins	or less	> 10 mins