

Dataset name: sdcf_v3.0

Participant ID pid Acrostic acrostic
Interviewer compby V.C. vc
Date of Visit vis_dat

San Diego Claudication Questionnaire (Followup)

CRF 3.0

1. Since your last visit on [date of last visit], have you had a procedure to improve the blood flow to your legs (including lower extremity revascularization, angioplasty, stent placement, or thrombolysis)?
- bloodproc_sdcf
-9 -
1 Yes
0 No
-6 Permanently Missing
-

Procedure 1: procedure1_sdcf

Which leg? leg1_sdcf

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

-

Date: (MM) month1_sdcf

/(YYYY) year1_sdcf

Hospital: hospital1_sdcf

City: city1_sdcf

State:

state1_sdcf

Procedure 2: procedure2_sdcf

Which leg? leg2_sdcf

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

Date: (MM) month2_sdcf

/(YYYY) year2_sdcf

Hospital: hospital2_sdcf

City: city2_sdcf

State:

state2_sdcf

2. 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_sdcf

-9 -
1 Yes
0 No
-6 Permanently Missing

Reason for hospitalization: hospreason_sdcf

Which leg? leg3_sdcf

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

Date: (MM) month3_sdcf

/(YYYY) year3_sdcf

Hospital: hospital3_sdcf

City: city3_sdcf

State:

state3_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)?

poorflow_sdcf

-9 -
1 Yes
0 No
-6 Permanently Missing

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?

abdomaneur_sdcf

-9 -
1 Yes
0 No
-6 Permanently Missing

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

surgeaneur_sdcf

-9 -
1 Yes
0 No
-6 Permanently Missing

Date: (MM) month4_sdcf

/(YYYY) year4_sdcf

Hospital: hospital4_sdcf

City: city4_sdcf

State:

state4_sdcf

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

pitbutt_sdcf

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

Which leg?

leg_sdcf

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

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

Left: sitleft_sdcf

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

Right: sitright_sdcf

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

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

7. Pain includes calf

Left: calleft_sdcf

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

Right: calfright_sdcf

-9 -
1 Yes

0 No
3 Uncertain
-6 Permanently Missing

8. Pain includes thigh

Left: thighleft_sdcf

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

Right: thighright_sdcf

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

9. Pain includes buttock

Left: buttleft_sdcf

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

Right: buttright_sdcf

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

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

Left: uphillleft_sdcf

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

☐ nvrhurry_sdcf Never
walks uphill or hurries.

Right: uphillright_sdcf

-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_sdcf

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

Right: paceright_sdcf

-9 -
1 Yes
0 No

3 Uncertain
-6 Permanently Missing

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

Left: diswalkleft_sdcf

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

Right: diswalkright_sdcf

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

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

walktreat_sdcf

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

14. What happens if you STAND
STILL?

Left: stillleft_sdcf

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

Right: stillright_sdcf

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

15. If standing still relieves pain,
HOW SOON?

Left: soonleft_sdcf

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

Right: soonright_sdcf

-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)	<h1 style="margin: 0;">LIFE</h1>	<div style="display: flex; justify-content: space-between;"> <div> Acroscopic </div> <div> Examiner </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Date of Visit </div> <div> Visit Code: </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>month</div> <div>day</div> <div>year</div> </div>
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San Diego Claudication Questionnaire (Follow-Up)

1. Since your last visit on [date of last visit], have you had a procedure to improve the blood flow to your legs (including lower extremity revascularization, angioplasty, stent placement, or thrombolysis)?

☐ Yes
 ☐ No

Procedure #1

Which leg? ☐ Right ☐ Left ☐ Both

Date: /

Month Year

Hospital

City

State

☐ Yes
 ☐ No

Specify

←

Procedure #2

Which leg? ☐ Right ☐ Left ☐ Both

Date: /

Month Year

Hospital

City

State

2. 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?

☐ Yes
 ☐ No

Reason for Hospitalization

Which leg? ☐ Right ☐ Left ☐ Both

Date: /

Month Year

Hospital

City

State

☐ 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)?

☐ Yes
 ☐ No

Participant ID
(affix ID label here)

LIFE

Acrostic

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Visit
Code

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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? ☐ Yes ☐ No

- a. Have you had surgery for the abdominal aortic aneurysm?

☐ Yes ☐ No

Date: /
Month Year

Hospital

City

State

5. Do you get pain in either leg or either buttock when walking? ☐ Yes ☐ No ☐ Uncertain

Which leg? ☐ Right ☐ Left ☐ Both

STOP, Skip this form

6. 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	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

Participant ID
(affix ID label here)

LIFE

Acrostic

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Visit
Code

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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"/> > 10 mins</td> </tr> <tr> <td>Right</td> <td><input type="checkbox"/> 10 mins or less</td> <td><input type="checkbox"/> > 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								