Dataset name: ohre_v1.1

Participant ID pid D000000

Acrostic acrostic ZZZZZ

Interviewer compby

Visit Code vc YYY

Date of Visit vis_dat (mm/dd/yyyy)

OTHER HEALTH RELATED EVENTS

CRF 1.1

Script: Now I would like to ask about other health events you may have had since [the last visit date]. You may have already told other LIFE staff about some of the events, but I would like to hear about them again. Also, for scientific reasons, please don't tell me to which of the two LIFE groups you were assigned.

For Proxy: I would like to ask you about other health events [participant] may have had since [the last visit date]. You may have already told other LIFE staff about some of these events, but I would like to hear about them again. Also, for scientific reasons, please don't tell me to which of the two LIFE groups [participant] was assigned.

Since [the last visit date], have you experienced any of the following symptoms?

1. Foot Ulcer — ftulcer_ohre

-9
1 Yes (Go to Question 1a)
0 No (Go to Question 2)
-8 Don't Know (Go to Question 2)
-7 Refused (Go to Question 2)
-6 Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week? — result1_ohre

-9
1 Yes (Complete an Adverse Event Form)
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

2. Muscle or Joint Aching — muscache_ohre

-9
1 Yes (Go to Question 2a)
0 No (Go to Question 3)
-8 Don't Know (Go to Question 3)
-7 Refused (Go to Question 3)
-6 Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week? — result2_ohre

-9
1 Yes (Complete an Adverse Event Form)

0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

3. Muscle or Joint Stiffness

muscstiff_ohre

-9
1 Yes (Go to Question 3a)
0 No (Go to Question 4)
-8 Don't Know (Go to Question 4)
-7 Refused (Go to Question 4)
-6 Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result3_ohre

-9
1 Yes (Complete an Adverse Event Form)
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

4. Back pain

backpn_ohre

-9
1 Yes (Go to Question 4a)
0 No (Go to Question 5)
-8 Don't Know (Go to Question 5)
-7 Refused (Go to Question 5)
-6 Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result4_ohre

-9
1 Yes (Complete an Adverse Event Form)
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

5. Foot pain

foot_ohre

-9
1 Yes (Go to Question 5a)
0 No (Go to Question 6)
-8 Don't Know (Go to Question 6)
-7 Refused (Go to Question 6)
-6 Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result5_ohre

-9
1 Yes (Complete an Adverse Event Form)
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

6. Dizziness

diz_ohre

-9	
1	Yes (Go to Question 6a)
0	No (Go to Question 7)
-8	Don't Know (Go to Question 7)
-7	Refused (Go to Question 7)
-6	Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result6_ohre

-9	
1	Yes (Complete an Adverse Event Form)
0	No
-8	Don't Know
-7	Refused
-6	Permanently Missing

7. Fatigue

fat_ohre

-9	
1	Yes (Go to Question 7a)
0	No (Go to Question 8)
-8	Don't Know (Go to Question 8)
-7	Refused (Go to Question 8)
-6	Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result7_ohre

-9	
1	Yes (Complete an Adverse Event Form)
0	No
-8	Don't Know
-7	Refused
-6	Permanently Missing

8. Fainting or Loss of Consciousness

faint_ohre

-9	
1	Yes (Go to Question 8a)
0	No (Go to Question 9)
-8	Don't Know (Go to Question 9)
-7	Refused (Go to Question 9)
-6	Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result8_ohre

-9	
1	Yes (Complete an Adverse Event Form)
0	No
-8	Don't Know
-7	Refused
-6	Permanently Missing

9. Shortness of Breath or Asthma

asthma_ohre

-9	
1	Yes (Go to Question 9a)

0 No (Go to Question 10)
-8 Don't Know (Go to Question 10)
-7 Refused (Go to Question 10)
-6 Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result9_ohre

-9
1 Yes (Complete an Adverse Event Form)
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

10. Abnormal Heart Rhythm

rhyth_ohre

-9
1 Yes (Go to Question 10a)
0 No (Go to Question 11)
-8 Don't Know (Go to Question 11)
-7 Refused (Go to Question 11)
-6 Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result10_ohre

-9
1 Yes (Complete an Adverse Event Form)
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

11. Falls (that is when you went down unintentionally and landed on the floor or ground)

fall_ohre

-9
1 Yes (Go to Question 11a)
0 No (Go to Question 12)
-8 Don't Know (Go to Question 12)
-7 Refused (Go to Question 12)
-6 Permanently Missing

a. Did this symptom result in an inability to leave home for at least one week?

result11_ohre

-9
1 Yes (Complete an Adverse Event Form)
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

12. Any other health related problem or symptom that led to inability to leave home for at least one week

other_ohre

-9
1 Yes (Complete an Adverse Event Form)
0 No
-8 Don't Know
-7 Refused
-6 Permanently Missing

Specify: othspc_ohre

Source Form Language: lang

-9 -
1 English
0 Spanish

-

Participant ID

(affix ID label here)

LIFE

Acrostic

Interviewer

Visit Code

Date of Visit

month day year

OTHER HEALTH RELATED EVENTS

Script: Now I would like to ask about other health events you may have had since [the last visit date]. You may have already told other LIFE staff about some of the events, but I would like to hear about them again. Also, for scientific reasons, please don't tell me to which of the two LIFE groups you were assigned.

For Proxy: I would like to ask you about other health events [participant] may have had since [the last visit date]. You may have already told other LIFE staff about some of these events, but I would like to hear about them again. Also, for scientific reasons, please don't tell me to which of the two LIFE groups [participant] was assigned.

Since [the last visit date], have you experienced any of the following symptoms?

	Yes	No	D/K	Refused
1. Foot Ulcer	☐	☐	☐	☐
↓		Go to Question 2		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐
2. Muscle or Joint Aching	☐	☐	☐	☐
↓		Go to Question 3		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐
3. Muscle or Joint Stiffness	☐	☐	☐	☐
↓		Go to Question 4		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐
4. Back pain	☐	☐	☐	☐
↓		Go to Questions 5		
a. Did this symptom result in an inability to leave home for at least once week?	☐	☐	☐	☐
5. Foot Pain	☐	☐	☐	☐
↓		Go to Questions 6		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐

Participant ID

(affix ID label here)

LIFE

Acrostic ☐☐☐☐☐

Visit Code ☐☐☐

	Yes	No	D/K	Refused
6. Dizziness	☐	☐	☐	☐
↓		Go to Question 7		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐
7. Fatigue	☐	☐	☐	☐
↓		Go to Question 8		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐
8. Fainting or Loss of Consciousness	☐	☐	☐	☐
↓		Go to Question 9		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐
9. Shortness of Breath or Asthma	☐	☐	☐	☐
↓		Go to Question 10		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐
10. Abnormal Heart Rhythm	☐	☐	☐	☐
↓		Go to Question 11		
a. Did this symptom result in an inability to leave home for at least one week?	☐	☐	☐	☐
11. Falls (that is when you went down unintentionally and landed on the floor or ground)	☐	☐	☐	☐
↓		Go to Question 12		
a. Did this fall result in an inability to leave home for at least one week?	☐	☐	☐	☐
12. Any other health related problem or symptom that led to inability to leave home for at least one week. Specify: ☐	☐	☐	☐	☐