



# MrOS MrOS Study

Follow-up Questionnaire

July 2013  
FU #: 

4	0
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 PPCNO

Please use a pen with blue or black ink when filling out this form. Return in the envelope provided. (Remember, fill in the circles like this → ● )

① Have you broken or fractured a bone in the past 4 months (**March, April, May, or June**)?  
1  Yes 0  No PPCFRAC

② Have you fallen in the past 4 months (**March, April, May, or June**)?  
1  Yes 0  No PPCFALL

a. How many times have you fallen? 1  1 2  2 3  3 4  4 5  5 or more times PPCFALLNO

b. Were you injured in any fall in the past 4 months? 1  Yes 0  No PPCFAINJ

c. What were your injuries? (Mark all that apply) PPCFASPRN

-1  Broke or fractured a bone PCFABONE -1  Sprain or a strain  Hit or injured my head PPCFAHEAD

-1  Bruising PCFABRUS -1  Other : \_\_\_\_\_ PPCFAOTHR

d. Did you see a doctor or other health care professional for the injury? 1  Yes 0  No PPCFADOC

e. Did you visit the emergency room for the injury? 1  Yes 0  No PPCFAER

③ Have you experienced any back pain that has limited your usual activities in the past 4 months (**March, April, May, or June**)?  
1  Yes 0  No PPCBPLIMIT PPCBPDOWN

Did your back pain go down into the buttock, hip, leg, or foot? 1  Yes 0  No

④ Have you had any difficulty walking 2 or 3 blocks outside on level ground in the past 4 months (**March, April, May, or June**)? PPCQLBLKPC

0  No difficulty 1  Some difficulty 2  Much difficulty 3  Unable to do it 4  I don't do it

⑤ Have you had any difficulty climbing up 10 steps without resting in the past 4 months (**March, April, May, or June**)? PPCQLSTPPC

0  No difficulty 1  Some difficulty 2  Much difficulty 3  Unable to do it 4  I don't do it

⑥ Do you plan to change your address and/or phone number in the next 4 months (**July, August, September, or October**)?  
 Yes  No

⑦ Who provided the answers for the questions on this page? (Please select the best option)  
1  Participant 2  Spouse 3  Other family member 5  Other: \_\_\_\_\_ PPCSOURCE

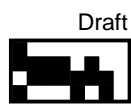
OFFICE USE ONLY

MrOS ID NUMBER 

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 ACROSTIC 

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# MrOS Sleep

## Follow-up Questionnaire

July 2013

FU#:

29

Not a field

- ① Have you visited the Emergency Room or been admitted to a hospital in the past 4 months (**March, April, May, or June**)?

Yes  No *SSPERHOSP*



Was this for conditions related to your heart or major arteries, including chest pain, heart attack, heart failure, shortness of breath, stroke, blood clots or blockages in the arteries of the legs, or other related conditions?

Yes  No *SSPRSHERT*



What was the date of your hospital/ER visit? \_\_\_\_\_

What was the reason for hospital/ER visit?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ② Have you had surgery for a condition related to the heart or the major arteries outside the heart (including angioplasty, coronary or peripheral bypass surgery, carotid surgery, or other surgical procedures) in the past 4 months (**March, April, May, or June**)?

Yes  No *SSPHTSURG*



Date of surgery? \_\_\_\_\_

- ③ Have you started using any prescribed treatment or had surgery for sleep disordered breathing or sleep apnea in the past 4 months (**March, April, May, or June**)?

Yes  No *SSPSLPTX*



Check ALL that apply:

- CPAP (Continuous Positive Airway Pressure) *SSPCPAP*      - Medication *SSPRX*  
 - Supplemental oxygen *SSPSUPO2*      - Oral appliances *SSPORALAP*  
 - Surgery (including laser therapy) *SSPSURGER*      - Other *SSPTXOTH* \_\_\_\_\_

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MrOS ID NUMBER

*SSPID* \_\_\_\_\_

ACROSTIC

*SSPACROS* \_\_\_\_\_

Sleep Visit Date

\_\_\_\_\_

*virtual field SSPNO coded as 229*

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