



Draft

General Information

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Staff ID#

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3 What is your current marital status? *GIMSTAT*

- 1 Married or living in a married-like relationship
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Single, never married

What is the date of your spouse's death? *SEDOD*

				/				
Month		Day			Year			

4 Please tell us about your current living arrangement. Mark all that apply to you.

- 1 I live alone *GILIVEA*
- 1 I live with friend(s) or roommate(s) *GILIVER*
- 1 I live with my spouse or partner *GILIVEB*
- 1 I live in a nursing home *GILIVEH*
- 1 I live with my child or children *GILIVEC*
- 1 I live in an assisted living center *GILIVEN*
- 1 I live with other family members *GILIVEF*

5 How long have you lived in this current living arrangement?

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GILIVEYR
years

6 During the last 12 months, have you, because of illness or injury, cut down on the things that you usually do, such as going to work or working around the house?

Yes No *MHREST*

a. During the past 12 months, how many days did you cut down on the things that you usually do, because of illness or injury?

MHRESTD

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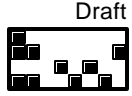
days

b. During the past 12 months, of the number of days that you cut down on the things you usually do, for how many days did you stay in bed for more than half the day, because of illness or injury? (Include any days you spent in bed at home, in a nursing facility or as an overnight hospital patient.)

MHRESTBD

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days



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① Has a doctor or other health care provider ever told you that you had:

a. Diabetes? *MHDIAB*

Yes No



Are you currently being treated for this by a doctor? Yes No

MHDIABT

b. High thyroid, Graves disease or an overactive thyroid gland?

Yes No *MHHTHY*



Are you currently being treated for this by a doctor? Yes No

JCMHHTHYT

c. Low thyroid or an under active thyroid gland?

Yes No *MHLTHY*



Are you currently being treated for this by a doctor? Yes No

MHLTHYT

d. Parkinson's disease?

Yes No *MHPARK*



Are you currently being treated for this by a doctor? Yes No

MHPARKT

e. Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema or COPD?

Yes No *MHCOPD*



Are you currently being treated for this by a doctor? Yes No

MHCOPDT

MHOABACK

MHOAKNE

f. Liver disease?

Yes No *MHLIVER*



Are you currently being treated for this by a doctor? Yes No

MHLIVERT

g. Osteoporosis, sometimes called thin or brittle bones?

Yes No *MHOSTEO*



Are you currently being treated for this by a doctor? Yes No

MHOSTEOT

h. Rheumatoid arthritis?

Yes No *MHRHEU1*



Are you currently being treated for this by a doctor? Yes No

MHRHEUT

i. Osteoarthritis or degenerative arthritis?

Yes No *MHOA*



a. Are you currently being treated for this by a doctor?

Yes No *MHOAT*

b. In which joints did a doctor tell you that you had osteoarthritis? Mark all that apply.

Hip

Ankle *MHOAANK*

MHOAHAND

Hand/fingers

Big toe *MHOABTOE*

MHOAWRI

Wrist

Shoulder *MHOASHO*

Back

Neck *MHOANECK*

Knee

Other *MHOAOTH*

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① Has a doctor or other health care provider ever told you that you had:

j. Angina (chest pain)?

Yes No *MHANGIN*



Are you currently being treated for this by a doctor? Yes No

MHANGINT

k. Heart attack, coronary or myocardial infarction? Yes No *MHMI*



Are you currently being treated for this by a doctor? Yes No

MHMIT

l. Congestive heart failure or enlarged heart? Yes No *MHCHF*



Are you currently being treated for this by a doctor? Yes No

MHCHFT

m. A stroke, blood clot in the brain or bleeding in the brain?

Yes No *MHSTRK*



Are you currently being treated for this by a doctor? Yes No

MHSTRKT

n. Hypertension or high blood pressure?

Yes No *MHBP*



Are you currently being treated for this by a doctor? Yes No

MHBPT

o. Glaucoma?

Yes No *MHGLAU*



Are you currently being treated for this by a doctor? Yes No

MHGLAUT

② Has a doctor or other health care provider ever told you that you have cataracts?

Yes No *MHCAT*



Was this corrected?

MHCATT

1 Yes, left eye corrected 2 Yes, right eye corrected 3 Yes, both eyes corrected 4 No 5 Don't know

③ How would you rate your current eyesight (with glasses or contact lenses if you wear them)?

1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor 6 Completely blind

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④ Has a doctor or other health care provider ever told you that you have cancer?
 Yes No *MHCANCER*



Please specify the kind of cancer(s): Mark all that apply.

1 Prostate cancer *MHPC*

1 Colon (bowel) or rectum cancer *MHCC* → How old were you at first diagnosis? *MHCCAGE* years old

1 Skin cancer (not melanoma) *MHSC* → How old were you at first diagnosis? *MHSCAGE* years old

1 Lung cancer *MHLC* → How old were you at first diagnosis? *MHLCAGE* years old

1 Other cancer *MHOC* → Please specify: _____ How old were you at first diagnosis? *MHOCAGE* years old

⑤ Has a doctor or other health care provider ever told you that you have chronic kidney (renal) disease or kidney (renal) failure?

Yes No *MHRENAL*



Do you currently undergo dialysis? Yes No *MHRENALT*

⑥ Has a doctor or other health care provider ever told you that you have kidney stones?

Yes No *MHKDNY*

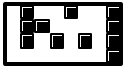


a. DURING THE PAST FIVE YEARS, how many times have you passed a stone (or had a kidney stone attack)? *MHKDNYAK* times

b. Are you currently being treated for kidney stones? Yes No *MHKDNYTR*

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7 Do you sometimes have trouble with dizziness? Yes No **MHDIZZY**

a. How long have you had trouble with dizziness? **MHDIZTIM**
 1 Less than 1 month 2 1 month to 1 year 3 More than 1 year

b. Would you describe your dizziness as: (Mark all that apply)

1 Feeling like you are about to faint or pass out? **MHDZFNT**
 1 Feeling that you or the room are spinning around? **MHDZSPIN**
 1 Feeling that you are losing your balance? **MHDZBAL**
 1 Other **MHDZOTH**

c. Is your dizziness troublesome enough to limit your activities, such as walking or other leisure activities?
 Yes No **MHDIZLMT**

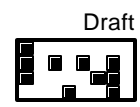
8 During the past 12 months, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair?
 Yes No **MHFALL**

a. How many times have you fallen in the past 12 months? **MHFALLTM**
 1 1 2 2-3 3 4-5 4 6 or more

b. Which of the following injuries did you have? (Mark all that apply)

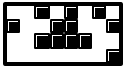
MHFRACT 1 I broke or fractured a bone 1 I had a bruise or bleeding **MHBRUISE**
MHHEAD 1 I hit or injured my head 1 I had some other kind of injury **MHOTHER**
MHSPRAIN 1 I had a sprain or a strain 1 I did not have any injuries from a fall in the past 12 months **MHNOINJR**

9 When you try to relax in the evening or sleep at night, do you ever have unpleasant, restless feelings in your legs that can be relieved by walking or movement?
 Yes No **SLRLEGS**



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⑩ During the past 12 months, have you been trying to lose weight?

Yes No *MHWTLOSS*



a. By what means were you trying to lose weight? (Mark all that apply)

MHWDIET

Diet

MHWPILL

Diet pills

Please specify: _____

MHWEXE

Exercise

Other →

MHWOTH

⑪ Have you ever had hip replacement surgery where all or part of your hip joint was replaced?

MHHIPRGT
MHHIPLFT
MHHIPANY

Yes, right hip

Yes, left hip

No

I don't know



Year of hip replacement:

<i>MHHIPRYR</i>				
-----------------	--	--	--	--

Year of hip replacement:

<i>MHHIPLYR</i>				
-----------------	--	--	--	--

⑫ Did your natural mother develop a "dowager's hump" or a spine that was stooped or bent forward?

Yes No Don't Know

FFMHUMP

1

0

8

⑬ Did your natural father develop a "dowager's hump" or a spine that was stooped or bent forward?

Yes No Don't Know

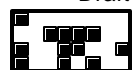
FFDHUMP

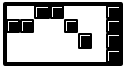
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PSSCORE

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- ① **Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?** *PSEEMPTY*
 Not at all Less than 1 time in 5 Less than half the time About half the time More than half the time Almost always
- ② **Over the past month, how often have you had to urinate again less than two hours after you finished urinating?** *PSAGAIN*
 Not at all Less than 1 time in 5 Less than half the time About half the time More than half the time Almost always
- ③ **JHPSEEMPTY Over the past month, how often have you found you stopped and started again several times when you urinated?** *PSSTOP*
 Not at all Less than 1 time in 5 Less than half the time About half the time More than half the time Almost always
- ④ **Over the past month, how often have you found it difficult to postpone urination?** *PSPOST*
 Not at all Less than 1 time in 5 Less than half the time About half the time More than half the time Almost always
- ⑤ **Over the past month, how often have you had a weak urinary stream?** *PSWEAK*
 Not at all Less than 1 time in 5 Less than half the time About half the time More than half the time Almost always
- ⑥ **Over the past month, how often have you had to push or strain to begin urination?** *PSPUSH*
 Not at all Less than 1 time in 5 Less than half the time About half the time More than half the time Almost always
- ⑦ **Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?** *PSUP*
 None 1 time 2 times 3 times 4 times 5 times or more
- ⑧ **If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?** *PSQL*
 Delighted Pleased Mostly satisfied Mixed, about equally satisfied and dissatisfied Mostly unsatisfied Unhappy Terrible

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- 9) A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

Yes No I don't know *PSDREE*



In the past two years, has a doctor or other health care provider checked your prostate by a digital rectal exam?

Yes No *PSDRELV*

- 10) Has a doctor or other health care provider told you that you have or had an enlarged prostate, also known as benign prostatic hyperplasia (BPH)? This means an enlarged prostate that is NOT due to cancer.

Yes No *PSBPH*



Treatments for BPH usually are to improve urinary symptoms and flow. Have you ever had treatment for BPH?

Yes No *PSBPHT1*



What type of treatment have you received? (Mark all that apply)

PSTSURG1 Surgery (laser surgery or transurethral resection of the prostate, sometimes called TURP or roto-rooter)

PSTMEDS Prescription Medications

PSTOTH Other

- 11) Has a doctor or other health care provider told you that you had or have prostatitis (inflammation or infection of the prostate)?

Yes No *MHPROST*

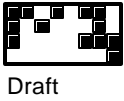


Are you currently being treated for this condition by a doctor?

Yes No *MHPROSTT*

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25) **Erectile dysfunction (sometimes called impotence) means not being able to get and keep an erection that is rigid enough for satisfactory sexual activity. How would you describe yourself? *SFEDYSF***

- | | | | |
|--|---|--|--|
| <input type="radio"/> Not impotent
(always able to get and keep an erection good enough for sexual intercourse)
1 | <input type="radio"/> Minimally impotent
(usually able to get and keep an erection good enough for sexual intercourse)
2 | <input type="radio"/> Moderately impotent
(sometimes able to get and keep an erection good enough for sexual intercourse)
3 | <input type="radio"/> Completely impotent
(never able to get and keep an erection good enough for sexual intercourse)
4 |
| ↓ | ↓ | ↓ | ↓ |

When did you start having difficulty getting and keeping an erection rigid enough for satisfactory sexual activity? *SFTRBERE*

- | | | | |
|--|---|--|--|
| <input type="radio"/> One year or less
1 | <input type="radio"/> More than 1 year but not as much as 5 years
2 | <input type="radio"/> At least 5 years but not as much as 10 years
3 | <input type="radio"/> 10 years or more
4 |
|--|---|--|--|

26) **How many of your adult teeth, not including your wisdom teeth, have been removed? If the only teeth you have had removed are your wisdom teeth, please check 'None'. *DQREMOVE***

- | | | | |
|--|---|--|---|
| <input type="radio"/> None
1 | <input type="radio"/> 1-5 teeth
2 | <input type="radio"/> 6 or more, but not all teeth
3 | <input type="radio"/> All of my teeth have been removed
4 |
| | | | ↓ |

a. How old were you when your last tooth was removed?

DQAGEREM

--	--	--

years

b. How often do you wear dentures? *DQODENT*

- | | | |
|--|--|---|
| <input type="radio"/> Most of the time
1 | <input type="radio"/> Occasionally
2 | <input type="radio"/> Never
3 |
|--|--|---|

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Lifestyle

QL12COMP
QLI2COMP
QLS2COMP

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① Compared to other people your own age, how would you rate your overall health? **QLHEALTH** **QLCOMP**

- 1^o Excellent for my age 2^o Good for my age 3^o Fair for my age 4^o Poor for my age 5^o Very poor for my age

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

- | | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|---|--------------------|-----------------------|------------------------|
| ② Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? QLMODLIM | 1 ^o | 2 ^o | 3 ^o |
| ③ Climbing several flights of stairs? QLSEVLIM | 1 ^o | 2 ^o | 3 ^o |

④ During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of your physical health?

- a. Accomplished less than you would like **QLACCOM** Yes No **QLPCS12**
- b. Were limited in the **kind** of work or other activities **QLKIND** Yes No **QLMCS12**

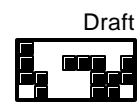
⑤ During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of any emotional problems (such as feeling depressed or anxious)?

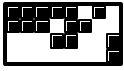
- a. Accomplished less than you would like **QLACCLV** Yes No
- b. Didn't do work or other activities as **carefully** as usual **QLCARE** Yes No

⑥ During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- 0^o Not at all 1^o A little bit 2^o Moderately 3^o Quite a bit 4^o Extremely

QLPAIN





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Lifestyle

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7 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks . . .

a. Have you felt calm and peaceful?

- 5 All of the time 4 Most of the time 3 A good bit of the time 2 Some of the time 1 A little of the time 0 None of the time

QLCALM

b. Did you have a lot of energy?

- 5 All of the time 4 Most of the time 3 A good bit of the time 2 Some of the time 1 A little of the time 0 None of the time

QLENERGY

c. Have you felt downhearted and blue?

- 5 All of the time 4 Most of the time 3 A good bit of the time 2 Some of the time 1 A little of the time 0 None of the time

QLBLUE

8 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- 4 All of the time 3 Most of the time 2 Some of the time 1 A little of the time 0 None of the time

QLSOCIAL

9 How often do you go to religious meetings or services?

- 0 Never or almost never 2 Once per week 1 More than 1 time per week
 4 Less than once per month
 3 1-3 times per month

SNRELG

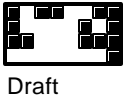
10 How many hours each week do you participate in any groups such as social or work group, church-connected group, self-help group, charity, public service or community group?

- 0 None 3 6-10 hours per week
 1 1-2 hours per week 4 11-15 hours per week
 2 3-5 hours per week 5 16 or more hours per week

SNGROUP

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11) Is there one special person you know that you feel very close to; someone you feel you can share confidences and feelings with?

Yes No *SNCLOSE*



How often do you see or talk with this person? *SNCLNUM*

1 Daily 2 Weekly 3 Monthly 4 Several times per year 5 Less than once a year

12) Do you have any children who are still living?

Yes No *FFCHILD*



a. How many living children do you have? *FFCHILDS*

1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 or more

b. How many of your children do you see at least once a month?

None 1-2 3-5 6 or more *SNKIDMO*
0 1 2 3

13) Apart from your children, how many relatives do you have with whom you feel close? *SNRELAT*

0 None 1 1-2 2 3-5 3 6-9 4 10 or more

14) How many close relatives do you see at least once a month?

0 None 1 1-2 2 3-5 3 6-9 4 10 or more *SNRELMO*

15) How many close friends do you have?

0 None 1 1-2 2 3-5 3 6-9 4 10 or more *SNFRIEND*

16) How many close friends do you see at least once a month?

0 None 1 1-2 2 3-5 3 6-9 4 10 or more *SNFRIMO*

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Life Events

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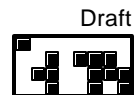
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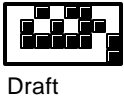


- ① Within the past 12 months, has your spouse or partner been seriously ill or had a serious accident?
 Yes No *SEACDENT*
- ② Within the past 12 months, have you lost any other close relative or very close friend through death?
 Yes No *SEDEATH*
- ③ Within the past 12 months, have you been separated from a child, close friend or relative whom you depend on for help?
 Yes No *SESEP*
- ④ Within the past 12 months, did you lose a pet?
 Yes No *SEPET*
- ⑤ Within the past 12 months, have you given up a hobby or activity that important to you?
 Yes No *SEHOBBY*
- ⑥ Within the past 12 months, have you experienced serious financial trouble?
 Yes No *SEMONEY*
- ⑦ Within the past 12 months, have you moved or changed residences?
 Yes No *SEMOVED*
- ⑧ Within the past 12 months, did anything else happen to you, either good or bad, that was very important to you?
 Yes No *SEBADGOO*



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Physical Activity

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The next few questions ask about your physical activity during the last 7 days. If the last 7 days have not been typical because of illness or bad weather, please estimate based on two or three weeks ago.

1 Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts?

- Never
 Seldom (1-2 days)
 Sometimes (3-4 days)
 Often (5-7 days)
 PASIT



Go to
Question 2

What were these activities? _____

On average, how many hours per day did you engage in these sitting activities?

- Less than 1 hour
 Between 1 and 2 hours
 2-4 hours
 More than 4 hours

PASITT

PAWALKF

2 Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.?

- Never
 Seldom (1-2 days)
 Sometimes (3-4 days)
 Often (5-7 days)
 PAWALK



Go to
Question 3

What were these activities? _____

On average, how many hours per day did you spend walking?

- Less than 1 hour
 Between 1 and 2 hours
 2-4 hours
 More than 4 hours

PAWALKT

PAWALKW

3 Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier, or other similar activities?

- Never
 Seldom (1-2 days)
 Sometimes (3-4 days)
 Often (5-7 days)
 PALTE



Go to
Question 4

What were these activities? _____

On average, how many hours per day did you engage in these light sport or recreational activities?

- Less than 1 hour
 Between 1 and 2 hours
 2-4 hours
 More than 4 hours

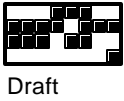
PALTET

PALTEF

PALTEW

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4 Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities? *PAMOD*

- Never
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

PAMODF
PAMODW

Go to
Question 5

What were these activities? _____

On average, how many hours per day did you engage in these moderate sport or recreational activities?

Less than 1 hour Between 1 and 2 hours 2-4 hours More than 4 hours

5 Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic exercise, skiing (downhill or cross country) or other similar activities? *PAMODT*

- Never
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

PASTRF
PASTRW

Go to
Question 6

What were these activities? _____

On average, how many hours per day did you engage in these strenuous sport or recreational activities?

Less than 1 hour Between 1 and 2 hours 2-4 hours More than 4 hours *PASTRT*

6 Over the past 7 days, how often did you do any exercise specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc.?

- Never
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

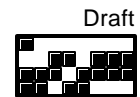
PAWGTF
PAWGTW

Go to
Question 7

What were these activities? _____

On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

Less than 1 hour Between 1 and 2 hours 2-4 hours More than 4 hours *PAWGTT*





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Physical Activity

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7 During the past 7 days, have you done any light housework, such as dusting or washing dishes?

2 Yes 1 No *PALHW*

PALHWW

8 During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows or carrying wood?

2 Yes 1 No *PAHHW*

PAHHWW

9 During the past 7 days, did you engage in any of the following activities? (Please answer yes or no for each item.)

PAHOMEW

Home repairs, like painting, wallpapering, electrical work, etc.? 2 Yes 1 No *PAHOME*

PALAWNW

Lawn work or yard care, including snow or leaf removal, wood chopping, etc.? Yes No *PALAWN*

PAGARDEN

Outdoor gardening? Yes No

PAGARDNW

Caring for another person, such as children, dependent spouse, or another adult? Yes No *PACARE*

PACAREW

10 During the past 7 days did you work either for pay or as a volunteer?

Yes No *PAWK*

PAWKW



a. How many hours in the past week did you work for pay and/or as a volunteer? **PAWKHR** hours

b. Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

1 Mainly sitting with slight arm movements *PAWKPA*

Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.

2 Sitting or standing with some walking
Examples: cashier, general office worker, light tool and machinery worker

3 Walking, with some handling of materials generally weighing less than 50 pounds
Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker

4 Walking and heavy manual work often requiring handling material weighing more than 50 pounds
Examples: lumberjack, stone mason, farm or general laborer.

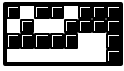
PASCORE

PASELEIS
PASEHOUS
PASEOCC



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Sleep History

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① How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to think about out how they would have affected you. Give the most appropriate response for each situation.

		Would <u>Never</u> Doze	<u>Slight</u> Chance of Dozing	<u>Moderate</u> Chance of Dozing	<u>High</u> Chance of Dozing
a. Sitting and reading	<i>EPREAD</i>	0 [○]	1 [○]	2 [○]	3 [○]
b. Watching TV	<i>EPTV</i>	0 [○]	1 [○]	2 [○]	3 [○]
c. Sitting inactive in a public place (e.g. a theater or a meeting)	<i>EPPUB</i>	0 [○]	1 [○]	2 [○]	3 [○]
d. As a passenger in a car for an hour without a break	<i>EPCAR</i>	0 [○]	1 [○]	2 [○]	3 [○]
e. Lying down to rest in the afternoon when circumstances permit	<i>EPREST</i>	0 [○]	1 [○]	2 [○]	3 [○]
f. Sitting and talking to someone	<i>EPTALK</i>	0 [○]	1 [○]	2 [○]	3 [○]
g. Sitting quietly after a lunch without alcohol	<i>EPEAT</i>	0 [○]	1 [○]	2 [○]	3 [○]
h. In a car, while stopped for a few minutes in traffic	<i>EPTRAF</i>	0 [○]	1 [○]	2 [○]	3 [○]

② Do pains in a joint or joints awaken you from sleep? Yes No *SLJOINTP*

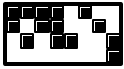


<p>a. How many times a night are you awaken with joint pains?</p> <p>1[○] 1 time 2[○] 2 - 3 times 3[○] 4 or more times <i>SLJPTIME</i></p> <p>b. The pain that awakened you from sleep is from which joints? Mark all that apply.</p> <p>1[○] Neck <i>SLJPBACK</i> 1[○] Knee <i>SLJPHIP</i> 1[○] Other</p> <p><i>SLJPNECK</i> <i>SLJPKNEE</i> <i>SLJPOTH</i></p>

EPEPWORT
EPEDS

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Moods in the Last Week

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Choose the best answer for how you felt over the LAST WEEK.

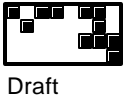
①	Are you basically satisfied with your life?	<i>DPSAT</i>	<input type="radio"/> Yes	<input type="radio"/> No
②	Have you dropped many of your activities and interests?	<i>DPDROP</i>	<input type="radio"/> Yes	<input type="radio"/> No
③	Do you feel that your life is empty?	<i>DPEMPT</i>	<input type="radio"/> Yes	<input type="radio"/> No
④	Do you often get bored?	<i>DPBORE</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑤	Are you in good spirits most of the time?	<i>DPGOOD</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑥	Are you afraid something bad is going to happen to you?	<i>DPSBAD</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑦	Do you feel happy most of the time?	<i>DPHAPY</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑧	Do you often feel helpless?	<i>DPHPLS</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑨	Do you prefer to stay at home, rather than going out and doing new things?	<i>DPHOME</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑩	Do you feel you have more problems with memory than most?	<i>DPMEM</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑪	Do you think it is wonderful to be alive now?	<i>DPWOND</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑫	Do you feel pretty worthless the way you are now?	<i>DPWRTH</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑬	Do you feel full of energy?	<i>DPENER</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑭	Do you feel that your situation is hopeless?	<i>DPSIT</i>	<input type="radio"/> Yes	<input type="radio"/> No
⑮	Do you think that most people are better off than you are?	<i>DPMOST</i>	<input type="radio"/> Yes	<input type="radio"/> No

DPGDSSC

**DPGDS15
DPGDSYN**

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Caffeine

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① Do you currently drink regular coffee? (Not decaffeinated)

Yes No *CFCCOF*



CFCAFF

How many cups of REGULAR coffee do you drink per day?	<i>CFCCUP</i>	<input type="text"/>	<input type="text"/>	cups
--	---------------	----------------------	----------------------	------

② Do you currently drink regular tea? (Not herbal or decaffeinated)

Yes No *CFCTEA*



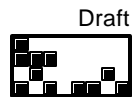
How many cups of REGULAR tea do you drink per day?	<i>CFCTCUP</i>	<input type="text"/>	<input type="text"/>	cups
---	----------------	----------------------	----------------------	------

③ Do you currently drink sodas that contain caffeine, such as Pepsi, Coca-Cola, Dr. Pepper, and Mountain Dew? (Do NOT include Sprite or 7-up or other sodas without caffeine)

Yes No *CFCCOK*



How many cans of CAFFEINATED soda do you drink per day?	<i>CFCCAN</i>	<input type="text"/>	<input type="text"/>	cans
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Tobacco & Alcohol

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<input type="text"/>	<input type="text"/>

① Do you smoke cigarettes now?

- Yes No

TUSMKNOW

TURSMOKE



About how many cigarettes do you smoke per day? *TUSMKCGN* cigarettes per day

② Do you currently smoke a pipe or cigars regularly?

- Yes No

TUPIPEC



About how much do you smoke per week? *TUCPIAMT* pipes or cigars per week

③ In the past 12 months, have you had at least 12 drinks of any kind of alcoholic beverage?

- Yes No I don't know *TU12DRIN*



On average, how many alcoholic drinks do you consume per week?

1 Less than one drink per week
 2 1-2 drinks per week
 3 3-5 drinks per week *TUDRAMT*
 4 6-13 drinks per week
 5 14 or more drinks per week





Back Pain

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① During the past 12 months, have you had any back pain?

Yes No *BHPAIN*
↓

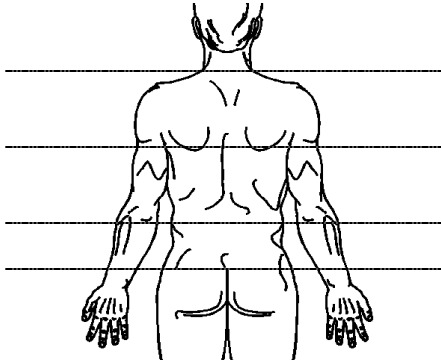
a. How often were you bothered by back pain in the past 12 months?

4 All the time 2 Some of the time 0 Never
3 Most of the time 1 Rarely *BHFREQ*

b. When you have had back pain, how bad was it on average?

1 Mild 2 Moderate 3 Severe *BHSERV*

c. In what part of your back is the pain usually located?
(Mark all areas that apply with an X on the diagram below)



CLINIC USE ONLY

1 NK *BHLOCNK*
1 UB *BHLOCUB*
1 MB *BHLOCMB*
1 LB *BHLOCLB*
1 BK *BHLOCBK*

② In the past 12 months, have you limited your activities because of pain in your back? Yes No *BHLIMIT*



a. How many days did you stay in bed (or lie down) at least half of the day because of your back?

BHBACKBD

--	--	--

days

b. How many days did you limit or cut down on your usual activities because of back pain? Do not include days in bed.

BHBACKLM

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days

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Hip Pain

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The following questions concern the amount of pain you have experienced in your hips. By hip pain, we mean pain in the groin and front and sides of the upper thigh. Do not include pain that was only in your lower back or buttocks.

① In the PAST 30 DAYS, have you experienced pain in your RIGHT HIP?

Yes No

BHRHIP

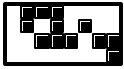


How much pain do you have in your RIGHT hip while...

- BHRHWALK*
- a. Walking on a flat surface? None Mild Moderate Severe Extreme
- BHRHBED*
- b. At night while in bed? None Mild Moderate Severe Extreme
- BHRHSIT*
- c. Sitting or lying? None Mild Moderate Severe Extreme
- BHRHSTAN*
- d. Standing upright? None Mild Moderate Severe Extreme
- BHRH SOCK*
- e. Putting on socks? None Mild Moderate Severe Extreme
- BHRH CHAI*
- f. Getting in or out of a chair? None Mild Moderate Severe Extreme
- BHRH CAR*
- g. Getting in or out of a car? None Mild Moderate Severe Extreme
- BHRH STAI*
- h. Going up or down stairs? None Mild Moderate Severe Extreme Don't Do

BHWPSR
BHWPMR





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Hip Pain

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The following questions concern the amount of pain you have experienced in your hips. By hip pain, we mean pain in the groin and front and sides of the upper thigh. Do not include pain that was only in your lower back or buttocks.

② In the PAST 30 DAYS, have you experienced pain in your LEFT HIP?

Yes No *BHLHIP*



How much pain do you have in your LEFT hip while...

- a. Walking on a flat surface? *BHLHWALK*
 None Mild Moderate Severe Extreme
- b. At night while in bed? *BHLHBED*
 None Mild Moderate Severe Extreme
- c. Sitting or lying? *BHLHSIT*
 None Mild Moderate Severe Extreme
- d. Standing upright? *BHLHSTAN*
 None Mild Moderate Severe Extreme
- e. Putting on socks? *BHLH SOCK*
 None Mild Moderate Severe Extreme
- f. Getting in or out of a chair? *BHLHCHAI*
 None Mild Moderate Severe Extreme
- g. Getting in or out of a car? *BHLH CAR*
 None Mild Moderate Severe Extreme
- h. Going up or down stairs? *BHLHSTAI*
 None Mild Moderate Severe Extreme Don't Do

BHWPSL
BHWPML





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Enrollment Form SITE

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① Is participant willing to complete any part of the Visit 2 Clinic Exam, aside from the SAQ?

Yes No

V2AGE1

V2AGE1RG



V2TYPE

- Why not?**
- Not interested/Too busy
 - Health Problems
 - Out of Area
 - Too many contacts from study
 - Caregiver responsibilities
 - Other

② Was the self-administered questionnaire completed?

Yes No V2SAQ



Who completed the SAQ?

1 Participant 2 Spouse

3 Other family 4 Clinic

5 Other

V2SAQC

V21FUTIM
V2DFUTIM
V2IFUTIM
V2SFUTIM

③ Visit Date:

		/			/				
Month			Day			Year			

V2DATE

For participants who completed only the SAQ, use the date the SAQ was received by the clinic as the Visit Date. For all other participants, use the date on which most of the clinic measures were completed for the Visit Date.





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Clinic Interview

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								C	I	S	T	A	F	F



The following questions are about how well you are able to do certain activities, by yourself and without using any special aids.

① Do you have ANY difficulty walking 2 or 3 blocks outside on level ground? QLBLK1
QLBLK2
QLRBLK1

1 Yes 0 No 2 I don't do it QLBLK

GO TO QUESTION #2

How much difficulty do you have doing this? QLBLKPRB

1 Some difficulty 2 Much difficulty 3 Unable to do it

Is this because of a health or physical problem?

1 Yes 0 No 8 I don't know

② Do you have ANY difficulty climbing up 10 steps without resting? QLSTP1
QLSTP2
QLRSTP1

1 Yes 0 No 2 I don't do it QLSTP

GO TO QUESTION #3

How much difficulty do you have doing this? QLSTPPRB

1 Some difficulty 2 Much difficulty 3 Unable to do it

Is this because of a health or physical problem?

1 Yes 0 No 8 I don't know

③ Do you have ANY difficulty preparing your own meals? QLMEL1
QLMEL2
QLRMEL1

1 Yes 0 No 2 I don't do it QLMEL

GO TO QUESTION #4

How much difficulty do you have doing this? QLMELPRB

1 Some difficulty 2 Much difficulty 3 Unable to do it

Is this because of a health or physical problem?

1 Yes 0 No 8 I don't know

④ Do you have ANY difficulty doing heavy housework, like scrubbing floors or washing windows? QLHHW1
QLHHW2
QLRHHW1

1 Yes 0 No 2 I don't do it QLHHW

GO TO QUESTION #5

How much difficulty do you have doing this? QLHHWPRB

1 Some difficulty 2 Much difficulty 3 Unable to do it

Is this because of a health or physical problem?

1 Yes 0 No 8 I don't know

⑤ Do you have ANY difficulty doing your own shopping for groceries or clothes? QLSHP1
QLSHP2
QLRSHP

1 Yes 0 No 2 I don't do it QLSHP

GO TO NEXT SECTION

How much difficulty do you have doing this? QLSHPPRB

1 Some difficulty 2 Much difficulty 3 Unable to do it

Is this because of a health or physical problem?

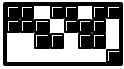
1 Yes 0 No 8 I don't know

QLFXST51
QLFXST52



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K	A	S	T	A	F	F
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GIDAD1

Primary FATHER *All are -1*

Secondary

None given

English, Scotch, Welsh *GIDNONE*

French *GIDFREN*

German *KIDGER*

Greek *GIDGREEK*

Irish *GIDIRISH*

Italian *GIDITAL*

Spanish, Portuguese *GIDSPAN*

Other European *GIDOEUR*

Czechoslovakian *GIDCZECH*

Russian *GIDRUSS*

Other Eastern European *GIDOEEUR*

Swedish *GIDSWED*

Other Scandinavian *GIDOSCAN*

American Indian *GIDAMIND*

Central American *GIDCAMER*

Canadian (non-French) *GIDCAN*

French Canadian *GIDERCAN*

Mexican *GIDMEX*

Puerto Rican *GIDPRICA*

South American *GIDSAMER*

West Indian *GIDWIND*

Chinese *GIDCHINA*

Indian, Pakistani *GIDINDIA*

Japanese *GIDJAP*

Filipino *GIDFILI*

Pacific Islander *GIDPAIS*

Other Asian Countries *GIDOASIA*

African *GIDAFRI*

Middle Eastern *GIDMIDE*

Other. Please specify: *GIDOTH*

Unknown *GIDUNKN*

Refused *GIDREF*

GIMOM1

Primary MOTHER *All are -1*

Secondary

None given

English, Scotch, Welsh *GIMNONE*

French *GIMFREN*

German *GIMGER*

Greek *GIMGREEK*

Irish *GIMIRISH*

Italian *GIMITAL*

Spanish, Portuguese *GIMSPAN*

Other European *GIMOEUR*

Czechoslovakian *GIMCZECH*

Russian *GIMRUSS*

Other Eastern European *GIMOEUR*

Swedish *GIMSWED*

Other Scandinavian *GIMOSCAN*

American Indian *GIMAMIND*

Central American *GIMCAMER*

Canadian (non-French) *GIMCAN*

French Canadian *GIMERCAN*

Mexican *GIMMEX*

Puerto Rican *GIMPRICA*

South American *GIMSAMER*

West Indian *GIMWIND*

Chinese *GIMCHINA*

Indian, Pakistani *GIMINDIA*

Japanese *GIMJAP*

Filipino *GIMFILI*

Pacific Islander *GIMPAIS*

Other Asian Countries *GIMOASIA*

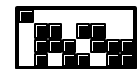
African *GIMAFRI*

Middle Eastern *GIMMIDE*

Other. Please specify: *GIMOTH*

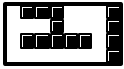
Unknown *GIMUNKN*

Refused *GIMREF*



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Teng Mini-Mental

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Introduction: 'Are you comfortable? I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once.'

TMTIMEM

What time was the Mini-Mental test administered (start time)?

 : A.M.
 P.M.

1 A. When were you born?

 / /
Month Day Year

B. Where were you born? Place of Birth?

	Answer given*	Can't do/ Refused	Not attempted
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City or town			
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State/Country			

* If answer is given, you will ask again in questions #18

2 I am going to say three words for you to remember. Repeat them after I have said all three words:

Shirt, Blue, Honesty

Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned.

	Correct	Error/ Refused	Not attempted
A. Shirt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Number of presentations necessary for the participant to repeat the sequence presentations

3

A. I would like you to count from 1 to 5.

- Able to count forward Unable to count forward

↓
Say "1,2,3,4,5"

B. Now I would like you to count backwards from 5 to 1.

Record the response in the order given. Enter 99999 if no response.

4

A. Spell 'world'.

- Able to spell Unable to spell

↓
Say "Its spelled W-O-R-L-D"

B. Now spell world backwards

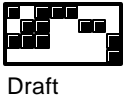
Record the response in the order given. Enter XXXXX if no response.

SEE PAGE 7 FOR SCORING VARIABLES



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Teng Mini-Mental

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5 What three words did I ask you to remember?

A. Shirt

- Spontaneous recall
- Correct word, incorrect form
- After 'Something to wear.'
- After 'Shirt, shoes, sock'
- Unable to recall/refused
- Not attempted

B. Blue

- Spontaneous recall
- Correct word, incorrect form
- After 'A color'
- After 'Blue, black, brown'
- Unable to recall/refused
- Not attempted

C. Honesty

- Spontaneous recall
- Correct word, incorrect form
- After 'A good personal quality'
- After 'Honesty, charity, modesty'
- Unable to recall/refused
- Not attempted

6 A. What is today's date?

		/			/				
Month			Day			Year			

B. What is the day of the week?

- Correct
- Error/Refused _____ day of the week
- Not attempted

C. What season of the year is it?

- Correct
- Error/Refused _____ season
- Not attempted

7 A. What state are we in?

- Correct
- Error/Refused _____ state
- Not attempted

B. What county are we in?

- Correct
- Error/Refused _____ county
- Not attempted

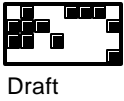
C. What city/town are we in?

- Correct
- Error/Refused _____ city/town
- Not attempted

D. Are we in a clinic, store, or home?

- Correct
- Error/Refused _____
- Not attempted





Teng Mini-Mental

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8 Point to the object or part of your own body and ask the participant to name it. Score 'Error/Refused' if the participant cannot name it within 2 seconds or gives an incorrect name.

	Correct	Error/ Refused	Not attempted
A. Pencil: 'What is this?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Watch: 'What is this?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Forehead: 'What do you call this part of the face?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Chin: 'And this part?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Shoulder: 'And this part of the body?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Elbow: 'And this part?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Knuckle: 'And this part?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9 What animals have four legs? Tell me as many as you can.

Discontinue after 30 seconds. If the participant gives no response in 10 secs and there are at least 10 secs remaining, gently remind them (once only): 'What (other) animals have four legs?'. The first time an incorrect answer is provide, say 'I want four-legged animals.' Do not correct for subsequent errors.

Score (total correct responses)

--	--

Record correct responses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Record additional correct answers on a separate sheet

10

A. In what way are an arm and a leg alike?

- Limbs, extremities, appendages
- Lesser correct answer (e.g., body parts, both bend, have joints)
- Error/Refused
- Not attempted

B. In what way are laughing and crying alike?

- Expressions of feelings, expressions of emotions
- Lesser correct answer (e.g., sounds, expressions, emotions, or other similar)
- Error/Refused
- Not attempted

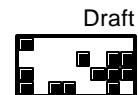
C. In what way are eating and sleeping alike?

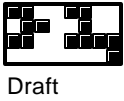
- Necessary bodily functions, essential for life
- Lesser correct answer (e.g., bodily functions, relaxing, 'good for you' or other similar responses)
- Error/Refused
- Not attempted

11

Repeat what I say: 'I would like to go out.'

- Correct
- 1 or 2 words missed
- 3 or more words missed
- Not attempted





Teng Mini-Mental

Office Use Only--
MrOS ID#

MISSING
Acrostic

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12 Now repeat: 'No ifs, ands or buts.'

	Correct	Error/ Refused	Not attempted
A. no ifs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. ands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. or buts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13 Hold up Card #1 and say: 'Please do this.'

If participant does not close their eyes within 5 secs, prompt by pointing to the card and saying 'Read and do what this says.'

- Closes eyes without prompting
- Closes eyes after prompting
- Reads aloud, but does not close eyes
- Does not read aloud or close eyes/Refused
- Not attempted

14 Please write the following sentence: I would like to go out.

	Correct	Error/ Refused	Not attempted
A. would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which hand does the participant use to write? If task not done, ask if they are right or left handed.

- 1 Right 2 Left 3 Unknown

TMHAND

15 Here is a drawing. Please copy the drawing onto this piece of paper.

A. Pentagon 1

- 5 approximately equal sized sides
- 5 sides, but longest:shortest side is >2:1
- Nonpentagon enclosed figure
- 2 or more lines, but it is not an enclosed figure
- Less than 2 lines, Refused
- Not attempted

B. Pentagon 2

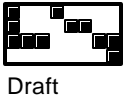
- 5 approximately equal sized sides
- 5 sides, but longest:shortest side is >2:1
- Nonpentagon enclosed figure
- 2 or more lines, but it is not an enclosed figure
- Less than 2 lines, Refused
- Not attempted

C. Intersection

- 4-cornered enclosure
- Not a 4-cornered enclosure
- No enclosure, Refused
- Not attempted, Disabled

Draft





Teng Mini-Mental

Office Use Only--
MrOS ID#

MISSING
Acrostic

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16 Refer to Question 14 to check whether the participant is right or left-handed.
Take this paper with your left hand (right for left-handed person), fold it in half using both hands, and hand it back to me.

	Correct	Error/ Refused	Not attempted
A. Takes paper in correct hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Folds paper in half	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Hands paper back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18 Would you please tell me again where you were born?

	Matches	Does not match/ Refused	Not attempted
_____ City or town	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____ State/Country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17 What three words did I ask you to remember earlier?

A. Shirt

- Spontaneous recall
- Correct word, incorrect form
- After 'Something to wear'
- After 'Shirt, shoes, socks'
- Unable to recall/refused
- Not attempted

B. Blue

- Spontaneous recall
- Correct word, incorrect form
- After 'A color'
- After 'Blue, black, brown.'
- Unable to recall/refused
- Not attempted

C. Honesty

- Spontaneous recall
- Correct word, incorrect form
- After 'A good personal quality'
- After 'Honesty, charity, modesty'
- Unable to recall/refused
- Not attempted

19 Please indicate if the participant has any physical/functional disabilities or other problems which made it difficult or impossible to complete any of the tasks above. Check all that apply.

- Vision *TMDIFFVI*
- Hearing *TMDIFFHE* *TMDIFFWR*
- Writing problems due to injury or illness
- Illiteracy/Lack of education *TMDIFFIL*
- Language *TMDIFFLA*
- Other: _____ *TMDIFFOT*

TMMFLAG
TMBDAY
TMREGIS
TMREVERS
TMRECALL
TMTEMPOR
TMSPACE
TMNAMING
TM4LEG
TMMSCORE

TMM1SSCR

Draft





Trail Making Task B

Office Use Only--
MrOS ID#

Acrostic

Trails B Staff ID#

1 Was the participant able to complete the Sample Response Sheet? Yes No **TBSAMP**



- Why not? **TBWHYN**
- 1 Unable due to physical problems (hand tremor, cast, etc.)
 - 2 Participant did not understand directions
 - 3 Other
 - 4 Participant Refused

2 Was the Trails B test administered? Yes No **TBTEST**

Did not complete sample test
 Refused **TBTEWHYN**
 Other

What time was the Trails B test administered (start time)? : A.M. P.M. **TBTIMEM**

Number of circles connected (maximum=25): **TBSCIRCLE** circles

Total time (max=300 seconds or 5 minutes): **TBSECON** secs

of errors made by participant (max=5): **TBERROR** errors

Is the hand being used to complete Trails B the participant's usual or dominant hand for writing? Yes No **TBDOMH**

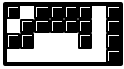
Are there any peripheral injuries (e.g., crushed or missing fingers, broken bones in the hand) or other things that have occurred in the participant's life history that would adversely affect their ability to do the test? Yes No **TBAFFECT**

Did the participant have a hand tremor (dominant hand)? No Mild Marked **TBTREM**

Minutes/Seconds to Seconds Conversions			
Minutes	Seconds	Minutes	Seconds
1:00	60	3:00	180
1:15	75	3:15	195
1:30	90	3:30	210
1:45	105	3:45	225
2:00	120	4:00	240
2:15	135	4:15	255
2:30	150	4:30	270
2:45	165	4:45	285
		5:00	300

Draft





Draft

Height & Weight

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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--	--	--	--	--	--

HW	STAFF
----	-------



① Was STANDING HEIGHT measured? Yes No → Explain: _____

HWHEIGHT

a. Is the participant standing sideways due to kyphosis? Yes No

HWKYPH

Measurement 1

HWMEAS1			
---------	--	--	--

 mm

Measurement 2

HWMEAS2			
---------	--	--	--

 mm

HWHGT
HW12HT
HWD2HT
HWS2HT

b. Do Measurement 1 and Measurement 2 differ by 4 or more mm? Yes No

KHHWGT4

Complete Measurements 3 & 4

Measurement 3

HWMEAS3			
---------	--	--	--

 mm

Measurement 4

HWMEAS4			
---------	--	--	--

 mm

HWMEAS4

HWSHEIGH

② Was SITTING HEIGHT measured? Yes No → Explain: _____

Height of chair?

HWCHAIR		
---------	--	--

 mm

HWCHAIR

a. Is the participant sitting sideways due to kyphosis? Yes No

HWKYPHS

Measurement 1

HWMEAS1S			
----------	--	--	--

 mm

Measurement 2

HWMEAS2S			
----------	--	--	--

 mm

HWTSHGT
HWLEGLN
HWD2TSH
HWD2LEG

b. Do Measurement 1 and Measurement 2 differ by 4 or more mm? Yes No

KHHWGT4S

Complete Measurements 3 & 4

Measurement 3

HWMEAS3S			
----------	--	--	--

 mm

Measurement 4

HWMEAS4S			
----------	--	--	--

 mm

HWMEAS4S

HWWEIGHT

③ Was WEIGHT measured? Yes No → Explain: _____

HWBMI
HW12BMI
HWD2BMI
HWS2BMI

HWWT		
------	--	--

 .

--	--

 kg

HW12WT HW12WTPC
HWD2WT HWD2WTPC
HWS2WT HWS2WTPC
HWWT225

Draft





Chair Stands

Office Use Only--															
MrOS ID#					Acrostic			Staff ID#							
								N	F	C	S	T	A	F	F

INTRODUCTION/SCREENING QUESTIONS

- 1 Ask the participant: **Do you use any walking aids, such as a cane?** *NFAIDS*
 No aids Cane or quad cane Walker, wheelchair, leg brace, crutches
- 2 Does the participant have any of the following? If you are uncertain about one of following conditions, ask the participant. (Mark all that apply)
NFLIMB *NFPARALY*
 Orthosis Missing limbs Prosthesis Paralysis of extremity or side of body
- 3 Ask the participant: **Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing straight up from a chair or walking quickly?**
NFORTH *NFPROTHE*

NFPROB Yes No

Tell the participant: "Before we do each test, I'll describe it to you. Please tell me if you think that you shouldn't attempt the test because of the problems you described."

SINGLE CHAIR STAND

- 4 Could the participant stand up one time unassisted? *NFSTAND1*
 Yes No, unable to stand No, rises using arms Did not attempt/Refused

Do **NOT** perform Repeat Chair Stands. Go on to Six Meter Usual Pace

REPEATED CHAIR STANDS

- 5 Did the participant complete all 5 stands?

Yes

No

NF5STAND

Time to complete stands? *NFTIME5* seconds

Record arm use: Did not use arms
 Used arms part of the time Used arms all of the time

NFARMU5A

NFTIME5A

NFSTDARM

How many chair stands were completed? *NF5MANY* stands

Why weren't 5 chair stands completed?
 Attempted, but unable to stand once without help
 Completed at least 1 stand, but unable to complete 5 without help
 Did not attempt/refused

NFARMU5B





Walking Tests

Office Use Only--					Acrostic			Staff ID#		
MrOS ID#								NFWSTAFF		

SIX METER USUAL PACE

- NFSTPLGT
- NFWLKSPD
- NFWLKSPA
- NF6MWTM
- NF6MPACE
- NF6MPACA
- NF6MABLE
- NF12STPL
- NFD2STP2
- NFS2STPL
- NF12WLKS
- NFD2WLKS
- NFS2WLKS
- NF126MWT
- NFD26MWT
- NFS26MWT
- NF126MPA
- NFD26MPA

1 Did the participant complete Trial 1?

NFWLKNA1

1 Yes 2 No, participant attempted but unable 3 No, unable to assess

Record time and number of steps:

NFWLKTM1

seconds

NFWLKST1

steps

Aid used: 0 No aid 1 Straight cane 2 Quad cane 3 Walker 4 Crutch NFWLKAD1

2 Did the participant complete Trial 2?

NFWLKNA2

1 Yes 2 No, participant attempted but unable 3 No, unable to assess

Record time and number of steps:

NFWLKTM2

seconds

NFWLKST2

steps

Aid used: 0 No aid 1 Straight cane 2 Quad cane 3 Walker 4 Crutch NFWLKAD2

20 cm NARROW WALK

- NFNWTIME
- NFNWPACE
- NFPCTDIF
- NF12NWTI
- NFD2NWTI
- NFS2NWTI
- NF12NWPA
- NFD2NWPA
- NFS2NWPA
- NF12PTDF
- NFD2PTDF
- NFS2PTDF
- NFNWNUM
- NFNWABLE
- NFNWNUMA
- NFNWABLA

3 Did the participant successfully stay within the lines on Trial 1 (have 2 or less deviations)?

NFNWKNA1

1 Yes 0 No, 3 or more deviations/Unable to complete 2 No, trial not attempted

Record time:

NFNWKTM1

seconds

Aid used:

NFNWLKA1

0 No aid
1 Straight cane 4 Crutch
2 Quad cane 3 Walker

4 Did the participant successfully stay within the lines on Trial 2 (have 2 or less deviations)?

NFNWKNA2

1 Yes 0 No, 3 or more deviations/Unable to complete 2 No, trial not attempted

Record time:

NFNWKTM2

seconds

Aid used:

NFNWLKA2

0 No aid
1 Straight cane 4 Crutch
2 Quad cane 3 Walker

Perform trial 3 only if trial 1 or trial 2 were marked 'No, 3 or more deviations/Unable to complete'

5 Did the participant successfully stay within the lines on Trial 3 (have 2 or less deviations)?

NFNWKNA3

1 Yes 0 No, 3 or more deviations/Unable to complete 2 No, trial not attempted

Record time:

NFNWKTM3

seconds

Aid used:

NFNWLKA3

0 No aid
1 Straight cane 4 Crutch
2 Quad cane 3 Walker

Draft





Nottingham Power Rig

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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NPSTAFF

1 Have you had a hip replaced in the last six months?

Yes No *NPHIPREP*

Which side have you had replaced? *NPHIPSD*

1 Left (Do not test left side) 2 Right (Do not test right side) 3 Both (Do not test either side)

2 Was the testing done on the RIGHT side?

Yes No →

NPRGTB

Why not?

- 1 Machine failure
- 2 Refused
- 3 Unable due to physical limitation

NPRGTBR

NPABLER

Record seat position used while testing to the nearest centimeter.

--	--	--	--	--	--	--	--	--	--	--	--	--	--

cm

1 *NPRIGHT1* watts

2 *NPRIGHT2* watts

3 *NPRIGHT3* watts

4 *NPRIGHT4* watts

5 *NPRIGHT5* watts

Was the testing done on the LEFT side?

Yes No →

NPLFTB

Why not?

- 1 Machine failure
- 2 Refused
- 3 Unable due to physical limitation

NPLFTBR

NPABLEL

Record seat position used while testing to the nearest centimeter.

--	--	--	--	--	--	--	--	--	--	--	--	--	--

cm

1 *NPLEFT1* watts

2 *NPLEFT2* watts

3 *NPLEFT3* watts

4 *NPLEFT4* watts

5 *NPLEFT5* watts

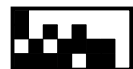
NPRMAX
NPLMAX
NPOMAX

NPD2RM
NPD2LM
NPD2OM

NP12RM
NP12LM
NP12OM

NPD2RMPC
NPD2LMPC
NPD2OMPC

NP12RMPC
NP12LMPC
NP12OMPC





DXA

Bone Density Form

Office Use Only-						Acrostic				Staff ID#					
MrOS ID#															



1 Was a bone density measurement obtained for the spine?
 1 Yes 0 No, unable 7 No, refused *DXSP*

↓

Last 2 characters of scan ID #:

2 Was a bone density measurement obtained for the whole body?
 1 Yes 0 No, unable 7 No, refused *DXWB*

↓

Last 2 characters of scan ID #:

3 Which hip was scanned at the MrOS baseline visit?
 Right Left

4 Which hip was scanned at this visit? (Leave blank if no scan this visit)
 Right Left

5 Was the same hip scanned at baseline and at this visit?
 Yes No, other hip scanned Scan not completed

↓

Record reason:

Fracture

Hip replacement

Other _____

↓

Last 2 characters of scan ID #:

↓

Record reason:

1 Refused radiation

2 Unable to lie on table

3 Bilateral hip replacement

5 Other _____

DXNOSCAN

6 Date of scan(s): / /

7 Temperature of room during scan: degrees Celsius
DXQDTEMP





X-ray

Office Use Only-						Acrostic			Staff ID#		
MrOS ID#											

1 Did the participant have a thoracic spine x-ray?

Yes No

XRTSPINE

XRSIFLAG

Date of thoracic spine film: / /

Month Day Year

2 Did the participant have a lumbar spine x-ray?

Yes No

XRLSPINE

Date of lumbar spine film: / /

Month Day Year

3 Did the participant have a hip x-ray?

Yes No

XRHIP

a. Why wasn't the hip x-ray completed?

1 Knee Replacement

2 Hip Replacement

3 Participant refused

4 Other. Please Specify: _____

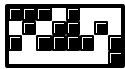
XRHIFLAG

XRHDATE

b. Date of hip film: / /

Month Day Year

Page 16-17: Ultrasound data is in U2 dataset.



Draft

Hand Exam

Office Use Only- MrOS ID#						Acrostic			Staff ID#		
											KPSTAFF



*If uncertain on two or more joints per hand, obtain consensus with another examiner for all joints on that hand.

① Was the RIGHT hand examined? Yes No **OARHAND**



Joint 1: <input checked="" type="radio"/> Normal <input checked="" type="radio"/> Bony Enlargement <input checked="" type="radio"/> Uncertain <input checked="" type="radio"/> Unable to examine	PAIN? <input checked="" type="radio"/> Yes <input type="radio"/> No
Joint 2: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 3: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 4: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 5: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 6: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 7: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 8: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 9: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 10: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No

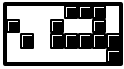
② Was the LEFT hand examined? Yes No **OALHAND**



Joint 1: <input checked="" type="radio"/> Normal <input checked="" type="radio"/> Bony Enlargement <input checked="" type="radio"/> Uncertain <input checked="" type="radio"/> Unable to examine	PAIN? <input type="radio"/> Yes <input type="radio"/> No
Joint 2: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 3: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 4: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 5: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 6: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 7: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 8: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 9: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No
Joint 10: <input type="radio"/> Normal <input type="radio"/> Bony Enlargement <input type="radio"/> Uncertain <input type="radio"/> Unable to examine	<input type="radio"/> Yes <input type="radio"/> No

Draft





Draft

Hip Exam

Office Use Only- MrOS ID#					Acrostic			Staff ID#		
										KOSTAFF



① Has the participant had a RIGHT hip replacement? Yes No *HERHIP*

a. Was the RIGHT internal rotation pain exam done? Yes No Refused *HERROMP*

Is this tender or painful? Yes No *HERROMTE*

Where does it hurt? Groin/inside Outside of leg Front of leg Buttocks Lower back
 Mark all that apply. leg near hip near hip near hip Don't know

HERGROIN HERFRLEG HERBUTT HEROLEG HERLBACK HERDK

b. Was the RIGHT trochanteric bursitis exam done? Yes No Refused *HERTRBUR*

Is this tender or painful? Yes No *HERTBP*

c. Was the RIGHT hip internal rotation exam completed? Yes No Refused *HERROM*

How many degrees was the limit of motion? *HERROMDE*

② Has the participant had a LEFT hip replacement? Yes No *HELHIP*

a. Was the LEFT internal rotation pain exam done? Yes No Refused *HELROMP*

Is this tender or painful? Yes No *HELROMTE*

Where does it hurt? Groin/inside Outside of leg Front of leg Buttocks Lower back
 Mark all that apply. leg near hip near hip near hip Don't know

HELGROIN HELFRLEG HELBUTT HELOLEG HELLBACK HELDK

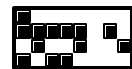
b. Was the LEFT trochanteric bursitis exam done? Yes No Refused *HELTRBUR*

Is this tender or painful? Yes No *HELTBP*

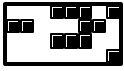
c. Was the LEFT hip internal rotation exam completed? Yes No Refused *HELROM*

How many degrees was the limit of motion? *HELROMDE*

Draft



Page 20: Hip X-ray data is in HX2 dataset.



Draft

Sexual Function

Office Use Only--
MrOS ID#

Acrostic

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This questionnaire covers material that is sensitive and personal. Little is known about these matters and how they affect the quality of older men's lives. For some men, sexual activity is an important part of their lives; but for others it is not. To help us understand how these matters affect older men's lives, we would like you to answer the following questions from your own personal viewpoint. There are no right or wrong answers. Remember that strict confidentiality is assured.

① Do you currently have one or more sexual partner? *SFPART*

- No partner
 One partner
 Two partners
 Three or more partners



a. Over the PAST 6 MONTHS, how physically pleasureable has your relationship been with your main partner? *SFPHYREL*

- Extremely pleasurable
 Very pleasurable
 Moderately pleasurable
 Slightly pleasurable
 Not at all pleasurable

b. Over the PAST 6 MONTHS, how emotionally satisfying has your relationship been with your main partner? *SFEMOREL*

- Extremely satisfying
 Very satisfying
 Moderately satisfying
 Slightly satisfying
 Not at all satisfying

② How important a part of your overall life is sex? *SFIMPORT*

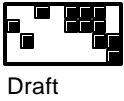
- Extremely important
 Very important
 Moderately important
 Slightly important
 Not at all important

③ Over the PAST 6 MONTHS, on average, how often have you thought about sex? This may have included wanting to have sexual experience (masturbation or intercourse), planning to have sex, feeling frustrated due to a lack of sex, etc. *SFTHINK*

- More than once a day
 Once a week
 Less than once per month
 Once a day
 2 or 3 times per month
 Not at all
 2 or 3 times per week
 Once a month

Draft





Sexual Function

Office Use Only--						Acrostic			
MrOS ID#									



④ Over the PAST 6 MONTHS, when you had sexual stimulation or intercourse how often did you have a feeling of orgasm or climax?

- SFOFTCLI*
- No sexual activity or intercourse
 Almost never or never
 A few times (much less than half the time)
 Sometimes (about half the time)
 Most times (much more than half the time)
 Almost always /always

⑤ Over the PAST 6 MONTHS, to what extent have you considered your ability to reach orgasm (to come) to be a problem?

- SFABILOR*
- No problem
 Very small problem
 Small problem
 Medium problem
 Large problem

⑥ Over the PAST 6 MONTHS, how often, on average, have you engaged in the following sexual activities?

a. Kissing or hugging with a partner? *SFKISS*

- Not at all
 About once per week
 Daily
 Once or twice per month
 More than once per week

b. Sexual touching or caressing with a partner? *SFTOUCH*

- Not at all
 About once per week
 Daily
 Once or twice per month
 More than once per week

c. Oral sex with a partner? *SFORAL*

- Not at all
 About once per week
 Daily
 Once or twice per month
 More than once per week

d. Sexual intercourse with a partner? *SFSEX*

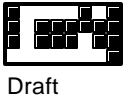
- Not at all
 About once per week
 Daily
 Once or twice per month
 More than once per week

e. Masturbation? *SFMAST*

- Not at all
 About once per week
 Daily
 Once or twice per month
 More than once per week

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Sexual Function

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7 Over the PAST 6 MONTHS, have you engaged in sexual activities with a partner?

Yes No

SFSEXPRT

People engage in sexual activities with partners for many reasons. During the PAST 6 MONTHS, what were your reasons for having sex with your partner or partners?

a. To express love or affection SFLOVE Yes No

b. To relieve sexual tension or arousal SFRELIEV Yes No

c. Because my partner wanted me to SFPWANT Yes No

e. For pleasure or enjoyment SFPLEAS Yes No

Please continue on to the next page

People do not engage in sexual activities with partners for many reasons. During the PAST 6 MONTHS, what were your reasons for not having sex with your partner or partners?

a. I do not have a partner at this time SFNOPRT Yes No

b. I am too tired SFTIRE Yes No

c. My partner is too tired SFPTIRE Yes No

d. I am not interested in sex SFNOINT Yes No

e. My partner is not interested in sex SFPNOINT Yes No

f. Sexual activity is painful for me SFPAIN Yes No

g. Sexual activity is painful for my partner SFPPAIN Yes No

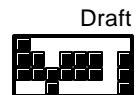
h. I have another health problem that interferes with sex SFHLTH Yes No

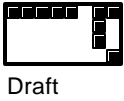
i. My partner has another health problem that interferes with sex SFPHLTH Yes No

k. I am not confident that I can get and keep an erection satisfactory for sexual activity SFNOCONF Yes No

Go to question 13 on page 5

SFSHIM
SFEDSHIM





Sexual Function

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8 Over the PAST 6 MONTHS, how do you rate your confidence that you could get and keep an erection? *SFCONF*

- 1 Very low 2 Low 3 Moderate 4 High 5 Very high

9 Over the PAST 6 MONTHS, when you had erections with sexual stimulation, how often were your erections hard enough for penetration? *SFPENET*

- 0 No sexual activity 1 Almost never or never 2 A few times (much less than half the time) 3 Sometimes (about half the time) 4 Most times (much more than half the time) 5 Almost always /always

10 Over the PAST 6 MONTHS, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner? *SFOFERE*

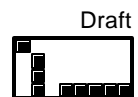
- 0 Did not attempt intercourse 1 Almost never or never 2 A few times (much less than half the time) 3 Sometimes (about half the time) 4 Most times (much more than half the time) 5 Almost always /always

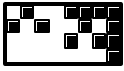
11 Over the PAST 6 MONTHS, during sexual intercourse, how difficult was it to maintain your erection to the completion of intercourse? *SFDIFERE*

- 0 Did not attempt intercourse 1 Extremely difficult 2 Very difficult 3 Difficult 4 Slightly difficult 5 Not difficult

12 Over the PAST 6 MONTHS, when you attempted sexual intercourse, how often was it satisfactory for you? *SFSEXSAT*

- 0 Did not attempt intercourse 1 Almost never or never 2 A few times (much less than half the time) 3 Sometimes (about half the time) 4 Most times (much more than half the time) 5 Almost always /always





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13 Over the PAST 6 MONTHS, to what extent have you considered your ability to get and keep erections a problem? *SFABERE*

- No problem
 Very small problem
 Small problem
 Medium problem
 Large problem

14 Have you ever been treated by a doctor or other healthcare provider for difficulty with erections? *SFERET*

- Yes No



How did the treatment impact your sexual relationship with your partner or partners? *SFTRIMP*

- Improved
 No change
 Worsened

15 Over the PAST 6 MONTHS, how satisfied have you been with your overall sex life? *SFSXLIFE*

- Very dissatisfied Moderately satisfied
 Moderately dissatisfied Very satisfied
 About equally satisfied and dissatisfied

16 Regardless of whether you are currently sexually active, which response best describes who you have generally had sex with over your adult life?

- Have never had sex Both men and women
 Only with women Mostly with men
 Mostly with women Only with men

SFWHOSEX

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