



General Information

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5 What is your current marital status?

- Married or living in a married-like relationship Divorced
 Separated Single, never married
 Widowed

GIMSTAT

What is the date of your spouse's death?

		/						
Month			Day		Year			

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

- I live alone I live with friend(s) or roommate(s)
 I live with my spouse or partner I live in a nursing home
 I live with my child or children I live in an assisted living center
 I live with other family members

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

<i>GILIVEYR</i>	
years	

8 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?

<i>MHRESTD</i>		
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.)

<i>MHRESTBD</i>		
days		





Medical History

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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

MHHTHYT

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

f. Liver disease?

Yes No *MHLIVER*

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

MHLIVERT

g. Rheumatoid arthritis?

Yes No *MHRHEU1*

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

MHRHEUT

h. Angina (chest pain)?

Yes No *MHANGIN*

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

MHANGINT

i. Heart attack, coronary or myocardial infarction?

Yes No *MHMI*

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

MHMIT

j. Congestive heart failure or enlarged heart?

Yes No *MHCHF*

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

MHCHF

k. 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

l. Glaucoma?

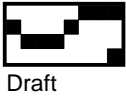
Yes No *MHGLAU*

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

MHGLAUT

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

m. Hypertension or high blood pressure?
 Yes No *MHBPT*

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

MHBPT

n. Peripheral vascular disease (intermittent claudication or pain in your legs from a blockage of the arteries)?

Yes No *MHPERVD*

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

MHPRVDT

o. Blockage of the coronary arteries requiring angioplasty or stenting procedure?

Yes No *MHANGIO*

p. Dementia or Alzheimer's disease?
 Yes No *MHALZH*

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

MHALZHT

q. Depression?

Yes No *MHDEPR*

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

MHDEPRT

r. Osteoporosis, sometimes called thin or brittle bones?

Yes No *MHOSTEO*

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

MHOSTEOT

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 0 No 8 Don't know

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

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

④ Have you ever had surgery to remove all or part of your stomach or intestines?

Yes No *STOM*

How old were you when you had this surgery? *STMAGE*

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 years old

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5 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.

Prostate cancer *MHPC*

MHCC
 Colon (bowel) or rectum cancer *1*

How old were you at first diagnosis? *MHCCAGE* years old

MHSC
 Skin cancer (not melanoma) *1*

How old were you at first diagnosis? *MHSCAGE* years old

MHLC
 Lung cancer *1*

How old were you at first diagnosis? *MHLCAGE* years old

MHOC
 Other cancer *1*

Please specify: _____
How old were you at first diagnosis? *MHOCAGE* years old

6 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*

7 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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8 Do you sometimes have trouble with dizziness? Yes No *MHDIZZY*

a. How long have you had trouble with dizziness? *MHDIZTIM*

- Less than 1 month 1 month to 1 year More than 1 year

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

Feeling like you are about to faint or pass out? *MHDZFNT*

Feeling that you or the room are spinning around? *MHDZSPIN*

Feeling that you are losing your balance? *MHDZBAL*

Other *MHDZOTH*

c. Is your dizziness troublesome enough to limit your activities, such as walking or other leisure activities?

- Yes No *MHDIZLMT*

9 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?

- 1 2-3 4-5 6 or more *MHFALLTM*

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

I broke or fractured a bone *MHFRACT*

I had a bruise or bleeding *MHBRUISE*

I hit or injured my head *MHHEAD*

I had some other kind of injury *MHOTHER*

I had a sprain or a strain *MHSPRAIN*

I did not have any injuries from a fall in the past 12 months *MHNOINJR*

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

Exercise *MHWEXE*

Other *MHWOTH*

Please specify: _____

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11 Have you been hospitalized overnight in the last 12 months?

Yes No *MHHSP*



How many times were you hospitalized?

MHHSPNUM

--	--	--

 times

12 Do you take naps regularly? *SLNAP*

¹ Yes ⁰ No ⁸ I don't know



- a. How many days per week do you usually nap? *SLNAPDY*

--

 days
- b. On average, how many hours do you nap each time?
- ¹ Less than 1 hour *SLNAPHR*
 - ² At least 1 hour but no more than 2 hours
 - ³ More than 2 hours

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Prostate Health

PSSCORE

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- 13 Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating? *PSEMPY*
 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
- 14 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
- 15 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
- 16 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
- 17 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
- 18 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
- 19 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
- 20 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





Prostate Health

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21) 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?

1 Yes 0 No 2 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*

22) 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)

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

Prescription Medications

Other

PSTSURG1

PSTMEDS

PSTOTH

23) 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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Prostate Health

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24) **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*

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

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

- | | | | |
|-----------------------------|--|---|-----------------------------|
| <p>1 ○ One year or less</p> | <p>2 ○ More than 1 year but not as much as 5 years</p> | <p>3 ○ At least 5 years but not as much as 10 years</p> | <p>4 ○ 10 years or more</p> |
|-----------------------------|--|---|-----------------------------|

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Lifestyle

QL13COMP
 QLI3COMP
 QLS3COMP
 QL23COMP

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

Excellent for my age
 Good for my age
 Fair for my age
 Poor for my age
 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 <input type="radio"/>	2 <input checked="" type="radio"/>	3 <input checked="" type="radio"/>
③ Climbing several flights of stairs? QLSEVLIM	1 <input type="radio"/>	2 <input checked="" type="radio"/>	3 <input checked="" type="radio"/>

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 Yes No **QLMCS12**

QLKIND

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 Yes No

QLCARE

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

Not at all
 A little bit
 Moderately
 Quite a bit
 Extremely





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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? **QLCALM**

- All of the time
 Most of the time
 A good bit of the time
 Some of the time
 A little of the time
 None of the time

b. Did you have a lot of energy? **QLENERGY**

- All of the time
 Most of the time
 A good bit of the time
 Some of the time
 A little of the time
 None of the time

c. Have you felt downhearted and blue? **QLBLUE**

- All of the time
 Most of the time
 A good bit of the time
 Some of the time
 A little of the time
 None of the time

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.)? **QLSOCIAL**

- All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

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

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

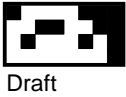
SNRELG

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?

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

SNGROUP





Lifestyle

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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

Daily Weekly Monthly Several times per year 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 2 3 4 5 6 7 8 9 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

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

SNRELAT

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

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

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

15 How many close friends do you have?

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

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

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

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These questions ask you how you are feeling today. Please indicate which statement best describes your own health state today.

17 Mobility: I have no problems walking about *QLEQMOB*
 I have some problems walking about
 I am confined to bed

18 Self-care: I have no problems with self-care *QLEQCARE*
 I have some problems washing or dressing myself
 I am unable to wash or dress myself

19 Usual activities (e.g. work, study, housework, family or leisure activities)
QLEQUSE
 I have no problems with performing my usual activities
 I have some problems with performing my usual activities
 I am unable to perform my usual activities

20 Pain/discomfort: I have no pain or discomfort
 I have moderate pain or discomfort
 I have extreme pain or discomfort
QLEQPAIN

21 Anxiety/depression: I am not anxious or depressed
 I am moderately anxious or depressed
 I am extremely anxious or depressed
QLEQANX





Life Events

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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 was 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*





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? **PASIT**

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



Go to Question 2

What were these activities? _____

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

- 1 Less than 1 hour 2 Between 1 and 2 hours 3 2-4 hours 4 More than 4 hours

PAWALKW

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.? **PAWALK**

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



Go to Question 3

What were these activities? _____

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

- 1 Less than 1 hour 2 Between 1 and 2 hours 3 2-4 hours 4 More than 4 hours

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? **PALTEW**

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



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? **PALTET**

- 1 Less than 1 hour 2 Between 1 and 2 hours 3 2-4 hours 4 More than 4 hours

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Physical Activity

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HPACROST

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?

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

PAMOD

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?

PAMODT

- 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?

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

PASTR

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?

PASTRT

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

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)

PAWGT

PAWGTTW

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?

PAWGTT

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

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Physical Activity

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

- 7 During the past 7 days, have you done any light housework, such as dusting or washing dishes?
 Yes 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?
 Yes 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.)
- Home repairs, like painting, wallpapering, electrical work, etc.? Yes No *PAHOMEW* **PAHOME**
PALAWN **PALAWN**
- Lawn work or yard care, including snow or leaf removal, wood chopping, etc.? Yes No *PAGARDENW* **PAGARDEN**
- Outdoor gardening? Yes No *PACARE* **PACAREW**
- Caring for another person, such as children, dependent spouse, or another adult? Yes No *PAWK* **PAWKW**
- 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? Please mark only one option.

- Mainly sitting with slight arm movements *PAWKPA*
Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.
- Sitting or standing with some walking
Examples: cashier, general office worker, light tool and machinery worker
- Walking, with some handling of materials generally weighing less than 50 pounds
Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker
- 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





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

DPGDSYN
DPGDSSC
DPGDS15

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Caffeine

Office Use Only-- MrOS ID#	<input type="radio"/> MISSING Acrostic
<input type="text"/>	<input type="text"/>

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

Yes No *CFCCOF*
↓

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

CFCAFF





Tobacco & Alcohol

Office Use Only--
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Acrostic

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

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

① Do you smoke cigarettes now?

Yes No

TUSMKNOW

TURSMOKE

About how many cigarettes do you smoke per day?

<i>TUSMKCGN</i>			
-----------------	--	--	--

cigarettes per day

② Do you currently smoke a pipe or cigars regularly?

Yes No

TUPIPEC

About how much do you smoke per week?

<i>TUCPIAMT</i>	
-----------------	--

pipes or cigars per week

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

¹ Yes ⁰ No ⁸ 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
- ⁴ 6-13 drinks per week
- ⁵ 14 or more drinks per week

TUDRAMT

④ In the past 5 years, have you stopped or substantially reduced your alcohol intake?

¹ Yes ⁶ No ⁸ I don't know

TU5YSTOP

Is this primarily for health reasons?

¹ Yes ⁰ No ⁸ I don't know

TU5YHLTH

Draft





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?

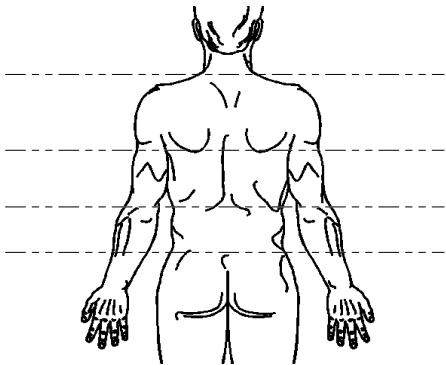
All the time Some of the time Never

Most of the time Rarely *BHFREQ*

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

Mild Moderate 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

NK *BHLOCNK*

UB *BHLOCUB*

MB *BHLOCMB*

LB *BHLOCLB*

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*

--	--	--

 days

Draft





Enrollment Form

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



1 Type of visit for V3

- Clinic visit only
 Home visit
 SAQ only
 Refused

V3AGE1
V3AGE1RG
V3TYPE

Mark any measure that was obtained in the clinic.

- All measures obtained in the home
 Clinic Interview (pages 1-5)
 Mini- Mental Narrow Walk
 Trails B Nottingham
 Height Ankle-Arm BP
 Weight Resting BP & Pulse
 Circumferences DXA
 Grip Strength Blood draw
 Chair Stands Urine collection
 Usual Pace Walk Sexual Function SAQ

Why did the participant refuse a clinic/home visit?

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

Date of home visit?

/ /
 Month Day Year **V3HVDATE**

V31FUTIM
V3DFUTIM
V3IFUTIM
V3SFUTIM
V32FUTIM
V3CBCFLG
V3SAQFLG

2 Date of Clinic Visit or Date SAQ Returned to the clinic (*If all measures where obtained in the home, please leave blank*)?

/ /
 Month Day Year

V3DATE

3 Who completed the self-administered questionnaire (*Who provided the answers for the majority of questions*)?

- Participant Spouse
 Other family Clinic
 Other

V3SAQC

Draft





Clinic Interview

Office Use Only- MrOS ID#	Acrostic	<input type="radio"/> MISSING Staff ID#
<input type="text"/>	<input type="text"/>	CISTAFF

ALCOHOL USE

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

1 Yes 0 No 7 Refused 8 Don't Know **CIDRINK**

a. In the past 12 months, on the average, how many days per week, month, or year did you drink any alcoholic beverage?

CIDRAVG days per ¹ Week ² Month ³ Year **CIDRFREQ**

b. On the average, on the days that you drank alcohol, how many drinks did you have a day?

CIDRDAY drinks

c. In the past 12 months, how many days per week, month, or year did you have five or more drinks on a single day? Include all types.

CIDR5PLS days per ¹ Week ² Month ³ Year I did not have at least five drinks on any day **CIDR5NO**

d. In the past 12 months, how many days per week, month, or year did you have nine or more drinks on a single day. Include all types.

CIDR9PLS days per ¹ Week ² Month ³ Year I did not have at least nine drinks on any day **CIDR9NO**

SOCIAL AND ECONOMIC STATUS

2 Ladder as representing where people stand in their communities.

CLINIC USE ONLY

1 1 2 2 3 3 4 4 5 5 7 Refused

6 6 7 7 8 8 9 9 10 10 8 Don't Know

Lowest rung = 1
Highest rung = 10

CISELAD1

3 Ladder as representing where people stand in the United States.

CLINIC USE ONLY

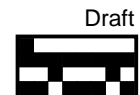
1 1 2 2 3 3 4 4 5 5 7 Refused

6 6 7 7 8 8 9 9 10 10 8 Don't Know

Lowest rung = 1
Highest rung = 10

CISELAD2

CIDPRRWK





Clinic Interview

Office Use Only- MrOS ID#	○ MISSING Acrostic
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PHYSICAL ACTIVITY

4 Do you take walks for exercise, daily or almost everyday?

Yes No *CIPIWALK*

On the average, how many city blocks or their equivalent do you walk each day for exercise? (12 city blocks=1 mile)

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

blocks

CIPIBLK

5 On average, about how many city blocks do you walk each day as part of your normal routine, such as when you go out shopping?

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

CIPIBLKN
blocks

6 During an average 24-hour day, about how many hours do you spend sleeping and lying down with your feet up? Include time sleeping at night or trying to sleep, resting or stretched out on the sofa watching TV.

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

CIPIILIE
hours per day

7 During an average 24-hour day, about how many hours do you spend sitting upright? Include time sitting at the table eating, driving or riding in a car or bus, sitting watching TV, or talking.

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

IBCIPITV
hours per day

8 Over the past year, have you spent more than one week confined to a bed or a chair as a result of any injury, illness or surgery?

Yes No *CIPICON*

How many weeks over this past year were you confined to a bed or chair?

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

weeks

CIPICONN

Draft





Functional Status

Office Use Only- MrOS ID#	<input type="checkbox"/> MISSING Acrostic
<input type="text"/>	<input type="text"/>

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

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

↓

QLBLKLVL **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? **QLBLKPRB**

1 Yes 0 No 8 I don't know

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

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

↓

QLSTPLVL **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? **QLSTPPRB**

1 Yes 0 No 8 I don't know

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

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

↓

QLMELLVL **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? **QLMELPRB**

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

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

↓

QLHHWLVL **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? **QLHHWPRB**

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
QLRSHP1

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

↓

QLSHPLVL **GO TO QUESTION #6**

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? **QLSHPPRB**

1 Yes 0 No 8 I don't know

QLFXST51
QLFXST52



Functional Status

Office Use Only-
MrOS ID#

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

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

6 Do you have ANY difficulty managing money? *QLMON*

QLMON1
QLMON2
QLRMON1

1 Yes

0 No

2 I don't do it

GO TO QUESTION #7

How much difficulty do you have doing this?

1 Some difficulty 2 Much difficulty 3 Unable to do it

QLMONLVL

Is this because of a health or physical problem?

1 Yes 0 No 8 I don't know

QLMONPRB

7 Do you have ANY difficulty bathing or showering? *QLBAT*

QLBAT1
QLBAT2
QLRBAT1

1 Yes

0 No

2 I don't do it

GO TO QUESTION #8

How much difficulty do you have doing this?

1 Some difficulty 2 Much difficulty 3 Unable to do it

QLBATLVL

Is this because of a health or physical problem? *QLBATPRB*

1 Yes 0 No 8 I don't know

8 Do you have ANY difficulty getting in and out of beds or chairs? *QLBED*

QLBED1
QLBED2
QLRBED1

1 Yes

0 No

2 I don't do it

GO TO QUESTION #9

How much difficulty do you have doing this?

1 Some difficulty 2 Much difficulty 3 Unable to do it

QLBEDLVL

Is this because of a health or physical problem? *QLBEDPRB*

1 Yes 0 No 8 I don't know

9 Do you have ANY difficulty managing your medications? *QLMED*

QLMED1
QLMED2
QLRMED1

1 Yes

0 No

2 I don't do it

GO TO NEXT SECTION

How much difficulty do you have doing this?

1 Some difficulty 2 Much difficulty 3 Unable to do it

QLMEDLVL

Is this because of a health or physical problem?

1 Yes 0 No 8 I don't know

QLMEDPRB

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



Was the Life Space Questionnaire administered? Yes No **L S L S Q**



These questions refer to your activities within the **PAST MONTH** (prior to today):

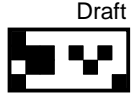
1 During the past four weeks, have you been to other rooms of your home besides the room where you sleep?
 No **LS1YN** Yes → **How often did you get there? LS1FQ**
 Less than 1/week 1-3 times/week 4-6 times/week Daily
Did you use aids or equipment? Did you need help from another person? LS1IND
 Personal Assistance Equipment Only No
GO TO QUESTION #2

2 During the past four weeks, have you been to an area outside your home such as your porch, deck, or patio, hallway (of an apartment building) or garage, in your own yard or driveway?
 No **LS2YN** Yes → **How often did you get there? LS2FQ**
 Less than 1/week 1-3 times/week 4-6 times/week Daily
Did you use aids or equipment? Did you need help from another person? LS2IND
 Personal Assistance Equipment Only No
GO TO QUESTION #3

3 During the past four weeks, have you been to places in your neighborhood, other than your own yard or apartment building?
 No **LS3YN** Yes → **How often did you get there? LS3FQ**
 Less than 1/week 1-3 times/week 4-6 times/week Daily
Did you use aids or equipment? Did you need help from another person? LS3IND
 Personal Assistance Equipment Only No
GO TO QUESTION #4

4 During the past four weeks, have you been to places outside your neighborhood, but within your town?
 No **LS4YN** Yes → **How often did you get there? LS4FQ**
 Less than 1/week 1-3 times/week 4-6 times/week Daily
Did you use aids or equipment? Did you need help from another person? LS4IND
 Personal Assistance Equipment Only No
GO TO QUESTION #5

5 During the past four weeks, have you been to places outside your town?
 No **LS5YN** Yes → **How often did you get there? LS5FQ**
 Less than 1/week 1-3 times/week 4-6 times/week Daily
Did you use aids or equipment? Did you need help from another person? LS5IND
 Personal Assistance Equipment Only No
GO TO TENG MINI-MENTAL





Teng Mini-Mental

Office Use Only--
MrOS ID#

Acrostic

MISSING
Staff ID#

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 question #18

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

Ball, Tree, Flag

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. Ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Tree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Flag	<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 10 FOR SCORING VARIABLES



Teng Mini-Mental

Office Use Only--
MrOS ID#

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Acrostic

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5 What three words did I ask you to remember?

A. Ball

- Spontaneous recall
- Correct word, incorrect form
- After 'a toy.'
- After 'ball, doll, block'
- Unable to recall/refused
- Not attempted

B. Tree

- Spontaneous recall
- Correct word, incorrect form
- After 'A plant'
- After 'Tree, flower, bush'
- Unable to recall/refused
- Not attempted

C. Flag

- Spontaneous recall
- Correct word, incorrect form
- After 'Hangs on a pole'
- After 'Flag, banner, sign'
- 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

Draft





Teng Mini-Mental

Office Use Only--
MrOS ID#

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Acrostic

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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

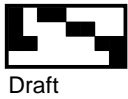
11

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

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

Draft





Teng Mini-Mental

Office Use Only--
MrOS ID#

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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

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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. Ball**
- Spontaneous recall
 - Correct word, incorrect form
 - After 'A toy'
 - After 'Ball, doll, block'
 - Unable to recall/refused
 - Not attempted

- B. Tree**
- Spontaneous recall
 - Correct word, incorrect form
 - After 'A plant'
 - After 'Tree, flower, bush'
 - Unable to recall/refused
 - Not attempted

- C. Flag**
- Spontaneous recall
 - Correct word, incorrect form
 - After 'Hangs on a pole'
 - After 'Flag, banner, sign'
 - 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**

TBWHYN

- Why not?
- 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 Other **TBTEWHYN**

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

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

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

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

TBDOMH

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

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 1 Mild 2 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





Height, Weight & Circumference

Office Use Only--
MrOS ID#

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Acrostic

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Staff ID#

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

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

Measurement 1 *HWMEAS1*

--	--	--	--

 mm Measurement 2 *HWMEAS2*

--	--	--	--

 mm

b. Do Measurement 1 and Measurement 2 differ by 4 or more mm? *HWGT4* Yes No

Complete Measurements 3 & 4

Measurement 3 *HWMEAS3*

--	--	--	--

 mm Measurement 4 *HWMEAS4*

--	--	--	--

 mm

HWHGHT
HW13HT
HWD3HT
HWS3HT
HW23HT

2 Was WEIGHT measured? *HWWEIGHT* Yes No → Explain: _____

HWWTG

--	--	--

 .

--

 kg

HW13WT *HW13WTPC*
HWD3WT *HWD3WTPC*
HWS3WT *HWS3WTPC*
HW23WT *HW23WTPC*
HWWTV325

3 Were the circumference measurements taken? *HWCIRCUM* Yes No → Explain: _____

Round up to the nearest 0.1cm.

	1st Reading	2nd Reading	3rd Reading												
a. Neck	<i>HWNECK1</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm					<i>HWNECK2</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm					<i>HWNECK3</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm				
b. Waist	<i>HWWAIS1</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm					<i>HWWAIS2</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm					<i>HWWAIS3</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm				
c. Hip	<i>HWHIP1</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm					<i>HWHIP2</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm					<i>HWHIP3</i> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td></tr></table> cm				

HWWAIS
HWHIP
HWNECK





Grip Strength

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

Exclusion Criteria:

1 Has any pain or arthritis in your hands gotten worse recently?

Yes No Refused Don't Know **GSWEAK**

Which side? Left Right Both **GSSDWEAK**

DO NOT TEST LEFT	DO NOT TEST RIGHT	DO NOT TEST EITHER SIDE
-------------------------	--------------------------	--------------------------------

2 Have you had any surgery on your hands or wrists in the past 3 months (12 weeks)?

Yes No **GSSURG**

Which side? Left Right Both **GSSDSURG**

DO NOT TEST LEFT	DO NOT TEST RIGHT	DO NOT TEST EITHER SIDE
-------------------------	--------------------------	--------------------------------

GSFLAGEX

3 **Right side**

Trial 1 **GSRT1** kg
 Refused
 Unable, did not attempt

Trial 2 **GSRT2** kg
 Refused
 Unable, did not attempt

4 **Left side**

Trial 1 **GSLF1** kg
 Refused
 Unable, did not attempt

Trial 2 **GSLF2** kg
 Refused
 Unable, did not attempt

GSGRPRAV

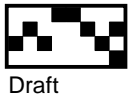
GSGRPAVG
GSGRPMAX

GSGRPLAV

GS13AVGS	GS13GSPC
GSD3AVGS	GSD3GSPC
GSS3AVGS	GSS3GSPC
GS23AVGS	GS23GSPC

GSUNABLE





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*
 1 No aids 2 Cane or quad cane 3 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)
 1 Orthosis 1 Missing limbs 1 Prosthesis 1 Paralysis of extremity or side of body
NFORTH *NFLIMB* *NFPROTHE* *NFPARALY*
- 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?**

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*
 1 Yes 2 No, unable to stand 3 No, rises using arms 7 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? *NF5STAND*

- 1 Yes 0 No

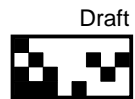
Time to complete stands? *NFTIME5* seconds

Record arm use: 1 Did not use arms
 2 Used arms part of the time 3 Used arms all of the time
NFARMU5A

NFSTDARM *NFTIME5A*

How many chair stands were completed? *NF5MANY* stands

Why weren't 5 chair stands completed?
 4 Attempted, but unable to stand once without help
 5 Completed at least 1 stand, but unable to complete 5 without help
 7 Did not attempt/refused *NFARMU5B*





Walking Tests

Office Use Only--
MrOS ID#

Acrostic

HOME VISIT
Staff ID#

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--	--	--	--	--

N	F	W	S	T	A	F	F
---	---	---	---	---	---	---	---

SIX METER USUAL PACE

NFSTPLGT
NFWLKSPD
NFWLKSPA
NF6MWTM
NF6MPACE
NF6MPACA
NF6MABLE
NF13STPL
NFD3STPL
NFS3STPL
NF23STPL
NF13WLKS
NFD3WLKS
NFS3WLKS
NF23WLKS
NF136MWT
NFD36MWT
NFS36MWT
NF236MWT
NF136MPA
NFD36MPA
NFS36MPA

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:

N	F	W	L	K	T	M	1
---	---	---	---	---	---	---	---

seconds

N	F	W	L	K	S	T	1
---	---	---	---	---	---	---	---

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:

N	F	W	L	K	T	M	2
---	---	---	---	---	---	---	---

seconds

N	F	W	L	K	S	T	2
---	---	---	---	---	---	---	---

steps

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

HOME VISIT ONLY

Length of walking course: 2 2 m 3 3 m 4 4 m 5 5 m 6 6 m **NFHMLWC**

Type of walking surface: 1 Linoleum 2 Hardwood 3 Short carpet 4 Long carpet 5 Combination **NFHMSURF**

20-cm NARROW WALK

NFNWTIME
NFNWPA3E
NFPCTDIF
NF13NWTI
NFD3NWTI
NFS3NWTI
NF23NWTI
NF13NWPA
NFD3NWPA
NFS3NWPA
NF23NWPA
NF13PTDF
NFD3PTDF
NFS3PTDF
NF23PTDF

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

1 Yes 0 No, 3 or more deviations/Unable to complete 2 No, trial not attempted **NFNWKNA1**

Record time:

N	F	N	W	K	T	M	1
---	---	---	---	---	---	---	---

seconds

Aid used: 0 No aid

NFNWLKA1

1 Straight cane 2 Quad cane 3 Walker 4 Crutch

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

1 Yes 0 No, 3 or more deviations/Unable to complete 2 No, trial not attempted **NFNWKNA2**

Record time:

N	F	N	W	K	T	M	2
---	---	---	---	---	---	---	---

seconds

Aid used: 0 No aid

NFNWLKA2

1 Straight cane 2 Quad cane 3 Walker 4 Crutch

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)?

1 Yes 0 No, 3 or more deviations/Unable to complete 2 No, trial not attempted **NFNWKNA3**

Record time:

N	F	N	W	K	T	M	3
---	---	---	---	---	---	---	---

seconds

Aid used: 0 No aid

NFNWLKA3

1 Straight cane 2 Quad cane 3 Walker 4 Crutch

NFNWNUM
NFNWABLE
NFNWNUMA
NFNWABLA





Nottingham Power Rig

Office Use Only- MrOS ID#	Acrostatic	<input type="radio"/> HOME VISIT Staff ID#
<input type="text"/>	<input type="text"/>	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 **NPRGTBR**
- 3 Unable due to physical limitation

NPABLER

Was the testing done on the LEFT side?

Yes No

NPLFTB



Why not?

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

NPBTHBR

NPABLEB

Record seat position used while testing to the nearest centimeter.

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	NPSEATR cm
----------------------	----------------------	----------------------	---	----------------------	----------------------

1

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

 . **NPRIGHT1**
watts

2

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

 . **NPRIGHT2**
watts

3

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

 . **NPRIGHT3**
watts

4

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

 . **NPRIGHT4**
watts

5

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

 . **NPRIGHT5**
watts

Record seat position used while testing to the nearest centimeter.

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	NPSEATL cm
----------------------	----------------------	----------------------	---	----------------------	----------------------

1

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

 . **NPLEFT1**
watts

2

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

 . **NPLEFT2**
watts

3

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

 . **NPLEFT3**
watts

4

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

 . **NPLEFT4**
watts

5

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

 . **NPLEFT5**
watts

NP13RM NP13LM NP13OM NP23RM NP23LM NP23OM NP13RMPC NP13LMPC NP13OMPC NP23RMPC NP23LMPC NP23OMPC

NPRMAX NPLMAX NPOMAX

NPD3RMPC NP23RMPC NPD3LMPC NP23LMPC NPD3OMPC NP23OMPC





Blood Pressure & Pulse

Office Use Only-- MrOS ID#					Acrostic			BP Staff ID#			
								BPSTAFF			

BLOOD PRESSURE

① Was first sitting blood pressure obtained? Yes No **BPBP**

SITTING MEASUREMENT 1						
Systolic <input type="radio"/> Systolic Error			Diastolic <input type="radio"/> Diastolic Error			
<input type="text"/>	<input type="text"/>	<input type="text"/>	BPBPSYS	<input type="text"/>	<input type="text"/>	<input type="text"/>
			mmHg	BPBPDIA	mmHg	

② Was second sitting blood pressure obtained? Yes No **BPBP2**

SITTING MEASUREMENT 2						
Systolic <input type="radio"/> Systolic Error			Diastolic <input type="radio"/> Diastolic Error			
<input type="text"/>	<input type="text"/>	<input type="text"/>	BPBPSYS2	<input type="text"/>	<input type="text"/>	<input type="text"/>
			mmHg	BPBPDIA2	mmHg	

③ Cuff Size for BpTru: Child Small Regular Large Extra Large **BPTRCF**

④ Arm Used: Right Left **BPARM** → Why wasn't right arm used: _____

RADIAL PULSE

⑤ Was Pulse Obtained? Yes No **HWPULSE**

Measurement 1 HWPULSEA		
<input type="text"/>	<input type="text"/>	<input type="text"/>
beats per 30 seconds	x 2	→ Measurement 1 <input type="text"/>
		beats per minute HWPULSE1

Measurement 2 HWPULSEB		
<input type="text"/>	<input type="text"/>	<input type="text"/>
beats per 30 seconds	x 2	→ Measurement 2 <input type="text"/>
		beats per minute HWPULSE2

Total (Measurement 1 + Measurement 2) **HWPULSESET** ÷ 2 = **HWPULSEM**
Average beats per minute

Draft





Ankle-Arm Blood Pressure

Office Use Only--
MrOS ID#

Acrostic

HOME VISIT
Staff ID#

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

A	A	S	T	A	F	F
---	---	---	---	---	---	---

Was ankle-arm blood pressure obtained?

BPAABP

Yes No

Why not? Mark all that apply.

Open wounds, ulcerations (both legs) *BPWOUND*

Bilateral amputation *BPBIAMP*

Unable to lie at <45 degree angle *BP45DEG*

Participant refused *BPREFUSE*

Other *BPOTHER*

**DO
NOT
TEST**

① Cuff size for BPTru: Child Small Regular Large Extra Large *BPAATRCF*

② Arm Used

Right Left

BPAARM

Please explain why right arm was not used: _____

③ Please mark if the MIL was greater than or equal to 300 mgHg. ≥ 300 mgHg *BPMIL300*

Systolic Measurement #1

① Brachial (arm) *BPARM1* Error mmHg

② Right Posterior Tibial *BPRPOST1* Error mmHg

③ Left Posterior Tibial *BPLPOST1* Error mmHg

Systolic Measurement #2 *BPARM2*

④ Brachial (arm) Error mmHg

⑤ Right Posterior Tibial *BPRPOST2* Error mmHg

⑥ Left Posterior Tibial *BPLPOST2* Error mmHg

Was the measurement obtained for the LEFT leg? Yes No *BPLOBTAI*

Was the measurement obtained for the RIGHT leg? Yes No *BPROBTAI*

Why not? Mark all that apply.

Unable to occlude *BPLOCCLU*

Ulceration *BPLULCER*

Amputation *BPLAMPU*

Unable to locate tibial artery *BPLLOC*

Other. Please specify: *BPLOTHER*

Why not? Mark all that apply.

Unable to occlude *BPROCCLU*

Ulceration *BPRULCER*

Amputation *BPRAMPU*

Unable to locate tibial artery *BPRLOC*

Other. Please specify: *BPROTHER*

BPAAI1R

BPAAI2L

BPMINAAI

BPAAI1L

BPAAIR

BPLOWAAI

BPAAI2R

BPAAIL

BPAAIAT





DXA

Bone Density Form

Office Use Only-
MrOS ID#

Acrostic

HOME VISIT
Staff ID#

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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?
 Right Left Hip Not Scanned

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

↓

Record reason:

Fracture
 Hip replacement
 Other _____

↓

Record reason: *DXNOSCAN*

1 Refused radiation
 2 Unable to lie on table
 3 Bilateral hip replacement
 5 Other _____

↓

Last 2 characters of scan ID #:

⑥ Date of scan(s): / / ⑦ Temperature of room during scan: *DXQDTEMP* degrees Celsius

⑧ Was the block measurement obtained? *KYBLOCK*
 1 Yes 2 No, unable because of pain 3 No, unable other: _____ 7 Refused

↓

Number of blocks used: *KYBLOCKN*

Draft





Urine Collection & Processing

Office Use Only--
MrOS ID#

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Acrostic

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HOME VISIT
Staff ID#

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SCUSTAFF

1 Was urine collected?

Yes No



A. Date of specimen collection:

		/			/				
Month			Day			Year			

B. Time participant collected specimen:

		:			<input type="radio"/> am <input type="radio"/> pm
Hours			Minutes		

C. What void was this?

1st 2nd >2nd

D. Time of last meal:

		:			<input type="radio"/> am <input type="radio"/> pm
Hours			Minutes		

E. Was fasting sample collected?

Yes No

SCUFAST

Date of Lab Processing:

		/			/				
Month			Day			Year			

Start time of lab processing:

		:			<input type="radio"/> am <input type="radio"/> pm
Hours			Minutes		

Vial #17:(Yellow/1.0mL urine) Complete Partial Not filled

Vial #18:(Yellow/1.0mL urine) Complete Partial Not filled

Vial #19:(Yellow/1.0mL urine) Complete Partial Not filled

Enter ID from bar code label:

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



Activity Monitor Checklist

Office Use Only--

MrOS ID#	Acrostic	Staff ID#
<input type="text"/>	<input type="text"/>	V3AMSTF

Screening question:

Does the participant wear a pacemaker or defibrillator? 1 Yes 0 No V3AMPACE

Is it compliant? Yes No Unknown

Participant should not wear an activity monitor

1 Did the participant receive an activity monitor?

1 Yes 0 No V3AMRCV

Serial Number

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

Why not? V3AMDOT

8 Refused

1 Cognitive Impairment

2 Physical/Medical Problem

3 No device available/Schedule problem

4 Right Arm Disability/Amputation

5 Oxygen Use

6 Oxygen Use by Spouse/Household Member

7 Other _____

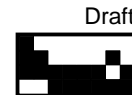
2 Date and time the device was initialized: / / : am pm

3 Time device was activated: : am pm

4 Date returned to clinic / /

5 Number of days participant wore the activity monitor (from 1st day to final day-include interim days even if not worn): days

6 Was the activity diary completed? 1 Yes 0 No → Why not? 7 Refused 8 Unable V3AMDRYN





Sexual Function

Office Use Only-- MrOS ID#						Acrostic			

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**

- 0 No sexual activity or 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

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

- 0 No problem 1 Very small problem 2 Small problem 3 Medium problem 4 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**

- 0 Not at all 1 Once or twice per month 2 About once per week 3 More than once per week 4 Daily

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

- 0 Not at all 1 Once or twice per month 2 About once per week 3 More than once per week 4 Daily

c. Oral sex with a partner? **SFORAL**

- 0 Not at all 1 Once or twice per month 2 About once per week 3 More than once per week 4 Daily

d. Sexual intercourse with a partner? **SFSEX**

- 0 Not at all 1 Once or twice per month 2 About once per week 3 More than once per week 4 Daily

e. Masturbation? **SFMAST**

- 0 Not at all 1 Once or twice per month 2 About once per week 3 More than once per week 4 Daily

Draft





Sexual Function

Office Use Only-- MrOS ID#						Acrostic			

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?
Please answer the following questions a-d:

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

d. For pleasure or enjoyment **SFPLEAS** Yes No

Please continue on to the next page

SFSHIM
SFEDSHIM

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?
Please answer the following questions a-k:

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 **SFNPOINT** 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



Sexual Function

Office Use Only--
MrOS ID#

Acrostic

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I4ACROST



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**

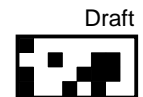
0○ Did not attempt intercourse 1○ Almost never or never 2○ A few times (much less than half the time) 3○ Sometimes (about half the time) 4○ Most times (much more than half the time) 5○ Almost always /always

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





Sexual Function

Office Use Only--
MrOS ID#

Acrostic

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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**

0 No problem 1 Very small problem 2 Small problem 3 Medium problem 4 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? 1 Improved 2 No change 3 Worsened **SFTRIMP**

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

1 Very dissatisfied 4 Moderately satisfied **SFSXLIFE**
 2 Moderately dissatisfied 5 Very satisfied
 3 About equally satisfied and dissatisfied

16 Are you currently using any treatment for erectile dysfunction? (Please mark all of the following treatments that you have used at least once in the PAST MONTH.)

SFEDEX

1 Cialis (tadalafil) **SFCIALIS** 1 Caverject or Edex (intracavernous alprostadil, i.e. injected by needle into shaft of penis)
 1 Levitra (vardenafil) **SFLVTRA** 1 MUSE (intraurethral alprostadil, i.e. pellet inserted into opening of penis) **SFMUSE**
 1 Viagra (sildenafil) **SFVIAGRA** 1 Vacuum constriction device **SFVACUUM**
 1 Yocon or Yohimex (yohimbine) **SFYOCON** 1 Surgical implant **SFSRGIMP**

17 Do you take testosterone in any form (monthly injections, daily patch, gel, etc.) to maintain or improve erectile dysfunction and/or to improve sex drive or sexual performance?

Yes No **SFTESTOS**

18 Do you take any over-the-counter supplements (pills, powders, etc.) to maintain or improve erectile function and/or to improve sex drive or sexual performance?

Yes No **SFOTC**

Draft

