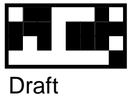
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Enrollment Form

Office Use Only--

MrOS ID#	Acrostic	Staff ID#

V4AGE1
V4AGE1RG

1 Was this participant seen at the clinic for Visit 4? V4TYPE

1 ○ Yes 2 ○ No, SAQ only 3 ○ No, Refused

Reason for clinic visit refusal: V4WHYN

1 ○ Not interested/Too busy
2 ○ Health Problems
3 ○ Out of Area
4 ○ Too many contacts from study
5 ○ Caregiver responsibilities
7 ○ Postcard Only status (not contacted)
6 ○ Other:__________

2 Was the Clinic Interview completed? 1 ○ Yes 0 ○ No V4CICOM

How was the clinic interview administered? 1 ○ At clinic visit 2 ○ By phone 3 ○ By mail
V4CIADM

Date administered or returned: V4CIDAT ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

3 Date of Clinic Visit or Date SAQ Returned to the clinic?

☐☐ / ☐☐ / ☐☐☐☐ V4DATE
Month Day Year

V41FUTM V41FYTM
V4DFUTM V4DFYTM
V4IFUTM V4IFYTM
V4I1FUTM V4I2FYTM
V4SFUTM V4SFYTM
V42FUTM V42FYTM
V43FUTM V43FYTM
V4S2FUTM
V4S2FYTM

4 Was the Personality Questionnaire completed and returned?

1 ○ Yes 0 ○ No AABV4PQCOM

Date Returned: ☐☐ / ☐☐ / ☐☐☐☐ V4PQDAT
Month Day Year

5 Who completed the majority of the questionnaires (Who provided the answers for the majority of questions)? V4QUEST

1 ○ Participant 2 ○ Spouse 3 ○ Other family 4 ○ Clinic 5 ○ Other

PLEASE COMPLETE THE ACTIVITY MONITOR CHECKLIST FOR ALL VISIT 4 PARTICIPANTS (CLINIC AND SAQ ONLY).

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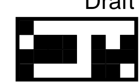

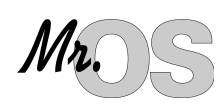

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General Information

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

5 **What is your current marital status?** AACGIMSTAT

1 ○ Married or living in a married-like relationship
4 ○ Divorced
3 ○ Separated
5 ○ Single, never married
2 ○ Widowed ➡ **What is the date of your spouse's death?** SEDOD ___ / ___ / ___ **Month** **Day** **Year**

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

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

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

GILIVEYR ___ years

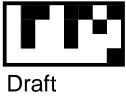
8 **During the last 12 months, have you, because of illness or injury, cut down on the things that you usually do, such as going to work or working around the house?** 1 ○ Yes 0 ○ No MHRESTBD

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 ___ 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 ___ days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Medical History

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

a. Diabetes? 1○ Yes 0○ No MHDIAB

i. How old were you when a health care provider first told you this? MHDIABY years old

ii. Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHDIABT

b. High thyroid, Graves disease or an overactive thyroid gland? MHHTHY
1○ Yes 0○ No

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHHTHYT

c. Low thyroid or an under active thyroid gland? 1○ Yes 0○ No MHLTHY

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHLTHYT

d. Parkinson's disease?
1○ Yes 0○ No MHPARK

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHPARKT

e. Dementia or Alzheimer's disease?
1○ Yes 0○ No MHALZH

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHALZHT

f. Glaucoma? 1○ Yes 0○ No

MHGLAU

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHGLAUT

g. Rheumatoid arthritis? MHRHEU1
1○ Yes 0○ No

MHRHEUT

Are you currently being treated for this by a doctor? 1○ Yes 0○ No

h. Osteoarthritis or degenerative arthritis?
1○ Yes 0○ No

MHOA

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHOAT

i. Angina (chest pain)?
1○ Yes 0○ No

MHANGIN MHANGINT

Are you currently being treated for this by a doctor? 1○ Yes 0○ No

j. Chronic obstuctive lung disease, chronic bronchitis, asthma, emphysema or COPD?
1○ Yes 0○ No

MHCOPD

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHCOPDT

k. Congestive heart failure or enlarged heart?
1○ Yes 0○ No

MHCHF

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHCHFT

l. Hypertension or high blood pressure?
1○ Yes 0○ No MHBP

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHBPT

m. Atrial fibrillation or atrial flutter?
1○ Yes 0○ No MHAFIB

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHAFIBT

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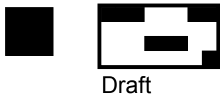

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Medical History

Office Use Only-- MrOS ID#	○ MISSING Acrostic

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

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

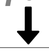
1○ Yes 0○ No

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHPRVDT

o. Heart attack, coronary or myocardial infarction? 1○ Yes 0○ No MHMI

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHMIT

p. TIA, transient ischemic attack, or mini-stroke? 1○ Yes 0○ No



MHTIA

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHTIAT

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

1○ Yes 0○ No

MHSTRK

Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHSTRKT

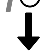
2 **Have you ever had a surgical procedure called coronary bypass surgery, heart bypass or CABG?** CVCABG

1○ Yes 0○ No 8○ Don't Know

3 **Have you ever had a surgical procedure called angioplasty of coronary arteries, which is a dilation of arteries of the heart with a balloon (or stenting procedures on coronary arteries)?** CVAPCORA

1○ Yes 0○ No 8○ Don't Know

4 **Have you been hospitalized overnight in the last 12 months?** 1○ Yes 0○ No



MHHSP

How many times were you hospitalized? [| |] MHHSPNUM **times**

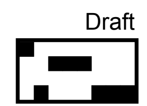
5 **During the past 12 months, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair?** 1○ Yes 0○ No MHFALL

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)

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



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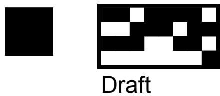
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Medical History

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6 **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 1 ○ Diet   MHWPILL 1 ○ Diet pills   MHWEXE 1 ○ Exercise   1 ○ Other (Please specify): MHWOTH

7 **Do you take naps regularly?** 1○ Yes 0○ No 8○ I don't know SLNAP

a. How many days per week do you usually nap? [ ] days SLNAPDY

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

8 **Do you sometimes have trouble with dizziness?** 1○ Yes 0○ 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? 1○ Yes 0○ No MHDIZLMT

9 **Has a doctor or other health care provider ever told you that you had depression?**
1○ Yes 0○ No MHDEPR

a. About how old were you the first time you had depression? MHDEPAG
1○ Less than 25 years old 2○ 25-44 years old 3○ 45-65 years old 4○ Over 65 years old

b. Over the past 2 years, about how often have you felt depressed? MHDEP2Y
0○ Never 1○ Very rarely 2○ Sometimes 3○ Much of the time 4○ All of the time

c. Were you ever treated by a doctor or other professional for this? MHDEPDR
0○ No 1○ Yes (by medication only) 2○ Yes (by talk therapy only) 3○ Yes (by both medication and talk therapy) 4○ Yes (including electroconvulsive therapy (ECT))

d. Are you currently being treated for this by a doctor? 1○ Yes 0○ No MHDEPRT

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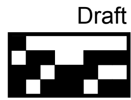

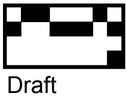

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Medical History

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10 **Has a doctor or other health care provider <u>ever</u> told you that you have cancer?**

1 ○ Yes 0 ○ No MHCANCER

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

1 ○ Prostate cancer MHPC 1 ○ Colon (bowel) or rectum cancer MHCC 1 ○ Skin cancer (not melanoma) MHSC 1 ○ Lung cancer MHLC 1 ○ Other cancer: MHOC ______

11 **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

a. **How would you rate your current eyesight during the <u>daytime</u> (with glasses or contact lenses if you wear them)?** MHEYED

1 ○ Excellent 2 ○ Good 3 ○ Fair 4 ○ Poor 5 ○ Very poor

b. **How would you rate your current eyesight during the <u>nighttime</u> (with glasses or contact lenses if you wear them)?** MHEYEN

1 ○ Excellent 2 ○ Good 3 ○ Fair 4 ○ Poor 5 ○ Very poor

12 **Has a doctor or other health care provider <u>ever</u> told you that you have cataracts?**

1 ○ Yes 0 ○ 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

13 **Has a doctor or other health care provider <u>ever</u> told you that you have kidney stones?** 1 ○ Yes 0 ○ No MHKDNY

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

b. **Are you currently being treated for kidney stones?** 1 ○ Yes 0 ○ No MHKDNYTR

14 **Has a doctor or other health care provider <u>ever</u> told you that you have chronic kidney (renal) disease or kidney (renal) failure?**

1 ○ Yes 0 ○ No MHRENAL

a. **Do you currently undergo dialysis?** 1 ○ Yes 0 ○ No MHRENALT

b. **Have you ever had a kidney (renal) transplant?** 1 ○ Yes 0 ○ No MHRENTR

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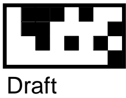

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Physical Activity

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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? 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?

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

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.?

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

PAWALKW

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?

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

PALTEW

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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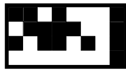
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Physical Activity

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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?**

0 O Never 1 O Seldom (1-2 days) 2 O Sometimes (3-4 days) 3 O 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*

1 O Less than 1 hour 2 O Between 1 and 2 hours 3 O 2-4 hours 4 O 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?**

0 O Never 1 O Seldom (1-2 days) 2 O Sometimes (3-4 days) 3 O 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*

1 O Less than 1 hour 2 O Between 1 and 2 hours 3 O 2-4 hours 4 O 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.?**

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

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? *PAWGTT*

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

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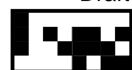

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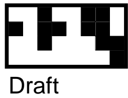

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Physical Activity

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

1○ Yes 0○ 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?**

1○ Yes 0○ 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.? 1○ Yes 0○ No PAHOME

Lawn work or yard care, including snow or leaf removal, wood chopping, etc.? 1○ Yes 0○ No PALAWN PALAWNW

Outdoor gardening? 1○ Yes 0○ No PAGARDEN PAGARDNW

Caring for another person, such as children, dependent spouse, or another adult? 1○ Yes 0○ No PACARE PACAREW

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

1○ Yes 0○ 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.

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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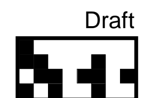

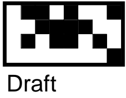
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Physical Activity

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1. **Do you take walks for exercise, daily or almost everyday?**

   1○ Yes 0○ No *CIPIWALK*

   CIPIBLKN

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

2. **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?**

   ☐☐☐ *CIPIBLKN* **blocks**

3. **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.**

   ☐☐ *CIPILIE* **hours per day**

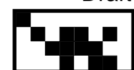
4. **During an average 24-hour day, about how many hours do you spend sitting upright? Include time sitting at the table eating, driving or riding in a car or bus, sitting watching TV, or talking.**

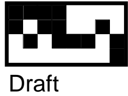
   ☐☐ *CIPITV* **hours per day**

5. **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?**

   1○ Yes 0○ No *CIPICON*

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

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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:**

#	Question	Variable	Yes	No
1	Are you basically satisfied with your life?	DPSAT	1 O Yes	0 O No
2	Have you dropped many of your activities and interests?	DPDROP	1 O Yes	0 O No
3	Do you feel that your life is empty?	DPEMPT	1 O Yes	0 O No
4	Do you often get bored?	DPBORE	1 O Yes	0 O No
5	Are you in good spirits most of the time?	DPGOOD	1 O Yes	0 O No
6	Are you afraid something bad is going to happen to you?	DPSBAD	1 O Yes	0 O No
7	Do you feel happy most of the time?	DPHAPY	1 O Yes	0 O No
8	Do you often feel helpless?	DPHPLS	1 O Yes	0 O No
9	Do you prefer to stay at home, rather than going out and doing new things?	DPHOME	1 O Yes	0 O No
10	Do you feel you have more problems with memory than most?	DPMEM	1 O Yes	0 O No
11	Do you think it is wonderful to be alive now?	DPWOND	1 O Yes	0 O No
12	Do you feel pretty worthless the way you are now?	DPWRTH	1 O Yes	0 O No
13	Do you feel full of energy?	DPENER	1 O Yes	0 O No
14	Do you feel that your situation is hopeless?	DPSIT	1 O Yes	0 O No
15	Do you think that most people are better off than you are?	DPMOST	1 O Yes	0 O No

DPGDSYN
DSPDSSC
DPGDS15

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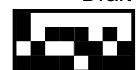
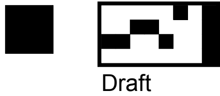


QL14COM QLI4COM QLS4COM
QL24COM QL34COM QLS24COM



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Lifestyle

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

   1○ Excellent for my age 2○ Good for my age 3○ Fair for my age 4○ Poor for my age 5○ 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 ○	2○	3○
3. Climbing several flights of stairs? QLSEVLIM	1 ○	2○	3○

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 1○ Yes 0○ No

   b. Were limited in the **kind** of work or other activities QLKIND 1○ Yes 0○ No

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)?** QLPCS12 QLMCS12

   a. **Accomplished less** than you would like QLACCLV 1○ Yes 0○ No

   b. Didn't do work or other activities as **carefully** as usual QLCARE 1○ Yes 0○ No

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

   0○ Not at all 1○ A little bit 2○ Moderately 3○ Quite a bit 4○ Extremely

7. **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

   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

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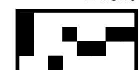

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Mr.OS

8 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

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

b. Did you have a lot of energy? QLENERGY

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

c. Have you felt downhearted and blue? QLBLUE

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

9 Considering the people to whom you are related either by birth or marriage, how many relatives do you see or hear from at least once a month?

SNRELSE

0 ○ None 1 ○ 1 2 ○ 2 3 ○ 3-4 4 ○ 5-8 5 ○ 9 or more

10 Considering the people to whom you are related either by birth or marriage, how many relatives do you feel close to such that you could call on them for help?

SNRELCA

0 ○ None 1 ○ 1 2 ○ 2 3 ○ 3-4 4 ○ 5-8 5 ○ 9 or more

11 Considering the people to whom you are related either by birth or marriage, how many relatives do you feel at ease with that you can talk about private matters?

SNRELTA

0 ○ None 1 ○ 1 2 ○ 2 3 ○ 3-4 4 ○ 5-8 5 ○ 9 or more

12 Considering all of your friends, including those who live in your neighborhood, how many of your friends do you see or hear from at least once a month?

SNFRDSE

0 ○ None 1 ○ 1 2 ○ 2 3 ○ 3-4 4 ○ 5-8 5 ○ 9 or more

13 Considering all of your friends, including those who live in your neighborhood, how many friends do you feel close to such that you could call on them for help?

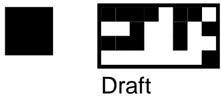
SNFRDCA

0 ○ None 1 ○ 1 2 ○ 2 3 ○ 3-4 4 ○ 5-8 5 ○ 9 or more

14 Considering all of your friends, including those who live in your neighborhood, how many friends do you feel at ease with that you can talk about private matters?

SNFRDTA

0 ○ None 1 ○ 1 2 ○ 2 3 ○ 3-4 4 ○ 5-8 5 ○ 9 or more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Alcohol Use

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1. **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?

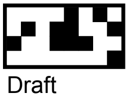
   1 ○ Less than one drink per week TUDRAMT
   2 ○ 1-2 drinks per week
   3 ○ 3-5 drinks per week
   4 ○ 6-13 drinks per week
   5 ○ 14 or more drinks per week

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

   1 ○ Yes 0 ○ No 8 ○ I don't know TU5YSTOP

   Is this primarily for health reasons? TU5YHLTH

   1 ○ Yes 0 ○ No 8 ○ I don't know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Sleep Habits

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

Questions 1 - 5 relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

PQPTMBED

1. **During the past month, what time have you usually gone to bed at night?** __ __ : __ __ 1○ A.M. 2○ P.M.

PQPSLPM4

2. **During the past month, how long (in minutes) has it usually taken you to fall asleep each night?** PQPSLPM __ __ __ minutes

3. **During the past month, when have you usually gotten up in the morning?** __ __ : __ __ 1○ A.M. 2○ P.M.

PQPTMWAK

4. **During the past month, how many hours of actual sleep did you get each night? (This may be different than the number of hours you spent in bed.)** PQPACTSL __ __ hours

5. **For questions 5-9, mark the one best response. Please answer all questions. During the past month, how often have you had trouble sleeping because you...**

	Not During the Past Month	Less than Once a Week	Once or Twice a Week	Three or More Times a Week
a. Cannot get to sleep within 30 minutes PQP30M	0 ○	1 ○	2 ○	3 ○
b. Wake up in middle of the night or early morning PQPWAKE	0 ○	1 ○	2 ○	3 ○
c. Have to get up to use the bathroom PQPBATH	0 ○	1 ○	2 ○	3 ○
d. Cannot breathe comfortably PQPBREA	0 ○	1 ○	2 ○	3 ○
e. Cough or snore loudly PQPSNOR	0 ○	1 ○	2 ○	3 ○
f. Feel too cold PQPCOLD	0 ○	1 ○	2 ○	3 ○
g. Feel too hot PQPHOT	0 ○	1 ○	2 ○	3 ○
h. Have bad dreams PQPBAD	0 ○	1 ○	2 ○	3 ○
i. Have pain PQPPAIN	0 ○	1 ○	2 ○	3 ○
j. Have leg jerks or leg cramps SLJERK	0 ○	1 ○	2 ○	3 ○
k. Have heartburn SLHBURN	0 ○	1 ○	2 ○	3 ○
l. Other reasons Describe: PPQPOTH ________	0 ○	1 ○	2 ○	3 ○

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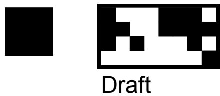

Sleep Habits

Office Use Only--
MrOS ID#

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Acrostic

For questions 6 - 9, mark the one best response. Please answer all questions.

PQPTMBED

	Not During the Past Month	Less than Once a Week	Once or Twice a Week	Three or More Times a Week
6. **During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?** PQPSLPM4	0○	1○ PQPSLMED	2○	3○
7. **During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?** PQPTMWAK	0○	1○ PQPTRBSA	2○	3○

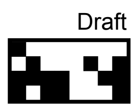
8. **During the past month, how would you rate your sleep quality overall?**

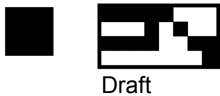
0○ Very good 1○ Fairly good 2○ Fairly bad 3○ Very bad PQPSQUAL

9. **During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?** PQPENTH

0○ No problem at all 1○ Only a slight problem 2○ Somewhat of a problem 3○ A very big problem

PQPSLMED
PQPSQUAL
PQPLATEN
PQPSLDUR
PQPINBED
PQPEFFCY
PQPEFFIC
PQDISTUR
PQDAYDYS
PQPSQI
PQBADSLP

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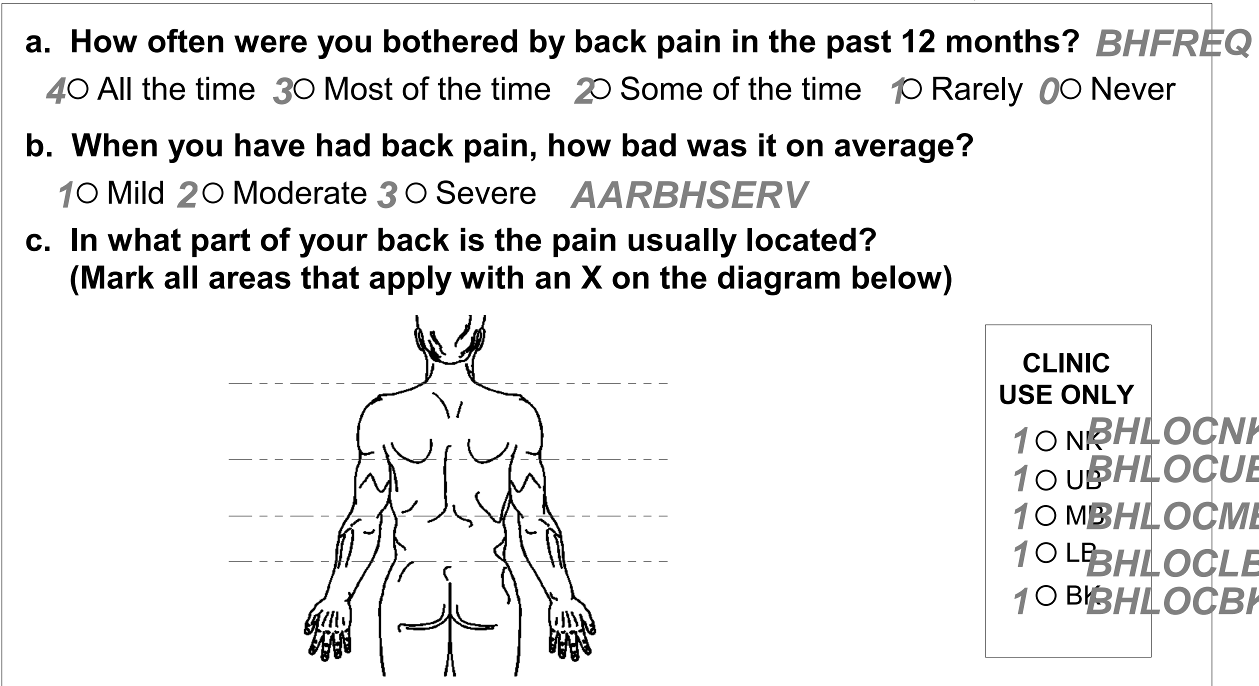
Pain Questionnaire

Office Use Only-- MrOS ID#	O MISSING Acrostic

1. **During the past 12 months, have you had any back pain?** 1O Yes 0O No BHPAIN



2. **In the past 12 months, have you limited your activites because of pain in your back?** 1O Yes 0O No BHLIMIT

3. **In the past 12 months, have you had pain in or around either hip joint, including the buttock, groin, or either side of the upper thigh, on most days for at least one month?** 1O Yes 0O No BHHIPJ

   a. How would you rate your usual hip pain? 1O Mild 2O Moderate 3O Severe BHHIPPN

   b. Have you limited your activities because of pain in either hip joint? 1O Yes 0O No BHHIPLM

4. **In the past 12 months, have you had pain, aching, or stiffness in either of your knees most days for at least one month?** 1O Yes 0O No BHKNEE

   a. How would you rate your usual knee pain, aching, or stiffness? 1O Mild 2O Moderate 3O Severe AARBHKNEPN

   b. Have you limited your activities because of pain, aching, or stiffness in either knee? 1O Yes 0O No BHKNELM

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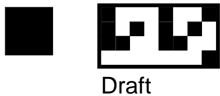
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Pain Questionnaire

Office Use Only-- MrOS ID# | ○ MISSING Acrostic

5 In the <u>past 12 months</u>, have you had pain, aching, or stiffness in either of your shoulders most days for at least one month?

1○ Yes 0 ○ No BHSHLD

a. How would you rate your usual shoulder pain, aching, or stiffness?

1○ Mild 2○ Moderate 3○ Severe BHSHLPN

b. Have you limited your activities because of pain, aching, or stiffness in either shoulder? 1○ Yes 0○ No BHSHLLM

The next three questions are about pain anywhere in your body IN THE PAST WEEK:

6 What number best describes your pain on average in the past week?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○
No pain										Pain as bad as you can imagine

BHPNAVG

7 What number best describes how pain has interfered with your enjoyment of life during the past week?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○
Does not interefere										Completely interferes

BHPNLIF

8 What number best describes how pain has interfered with your general activity during the past week?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○
Does not interefere										Completely interferes

BHPNGEN

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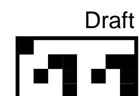

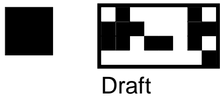

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Pittsburgh Fatigability Scale

Office Use Only-- MrOS ID#	○ MISSING Acrostic

Instructions: On the following page, please indicate the level of physical and mental fatigue (i.e, tiredness, exhaustion) you expect or imagine you would feel when you complete the following activities. Fill in the bubble between 0 and 5, where "0" equals no fatigue at all and "5" equals extreme fatigue.

Please mark "Yes" if you have done the activity in the past month and "No" if you have not done the activity in the past month. If you answer "No", make your best guess for the fatigue questions.

Be sure to fill out each column (Columns 1, 2, and 3) for every activity, even if you answer "NO" in Column 3. See example #2 below. Please pay careful attention to the duration (e.g., 30 minutes) and intensity (e.g., moderate, brisk) of each activity.

Examples:	**Physical Fatigue** 0 ⟷ 5 (No fatigue – Extreme Fatigue)	**Mental Fatigue** 0 ⟷ 5 (No fatigue – Extreme Fatigue)	**Have you done this activity in the past month?**
EXAMPLE ACTIVITY 1:	0 ○ 1 ○ 2 ○ 3 ● 4 ○ 5 ○	0 ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○	Yes ● No ○
EXAMPLE ACTIVITY 2:	0 ○ 1 ○ 2 ○ 3 ○ 4 ● 5 ○	0 ○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○	Yes ○ No ●

	COLUMN 1	**COLUMN 2**	**COLUMN 3**
Please complete 1-10:	**Physical Fatigue** 0 ⟷ 5 (No fatigue – Extreme Fatigue)	**Mental Fatigue** 0 ⟷ 5 (No fatigue – Extreme Fatigue)	**Have you done this activity in the past month?**
1 **Leisurely walk for 30 minutes:**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFWALKP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFWALKM	Yes 1○ No 0○ PFWALKA
2 **Brisk or fast walk for 1 hour:**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFFASTP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFFASTM	Yes 1○ No 0○ PFFASTA
3 **Light household activity for 1 hour (cleaning, cooking, dusting, straightening up, baking, making beds, dishwashing, watering plants):**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFHOUSP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFHOUSM	Yes 1○ No 0○ PFHOUSA

PFPHYSSC
PFMENTSC

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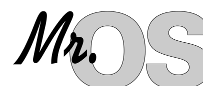

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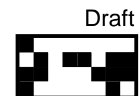

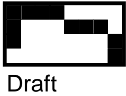

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Pittsburgh Fatigability Scale

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	COLUMN 1	COLUMN 2	COLUMN 3
	Physical Fatigue 0 ⟷ 5 No fatigue … Extreme Fatigue	**Mental Fatigue** 0 ⟷ 5 No fatigue … Extreme Fatigue	**Have you done this activity in the past month?**
4 **Heavy gardening or yard work for 1 hour (mowing (push), raking, weeding, planting, shoveling snow):**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFYARDP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFYARDM	Yes ○ 1 No ○ 0 PFYARDA
5 **Watching TV for 2 hours:**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFTVP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFTVM	Yes ○ 1 No ○ 0 PFTVA
6 **Sitting quietly for 1 hour:**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFSITP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFSITM	Yes ○ 1 No ○ 0 PFSITA
7 **Moderate- to high-intensity strength training for 30 minutes (hand-held weights or machines greater than 5 lbs., push-ups):**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFTRNP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFTRNM	Yes ○ 1 No ○ 0 PFTRNA
8 **Participating in a social activity for 1 hour (party, dinner, senior center, gathering with family/ friends, playing cards, bridge):**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFSOCP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFSOCM	Yes ○ 1 No ○ 0 PFSOCA
9 **Hosting a social event for 1 hour (not including preparation time):**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFHOSTP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFHOSTM	Yes ○ 1 No ○ 0 PFHOSTA
10 **High intensity activity for 30 minutes (jogging, hiking, biking, swimming, racquet sports, aerobic machines, dancing, Zumba):**	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFACTP	0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ PFACTM	Yes ○ 1 No ○ 0 PFACTA

PLEASE MAKE SURE YOU COMPLETE EVERY QUESTION IN EVERY COLUMN, EVEN IF YOU SAID "NO" TO DOING AN ACTIVITY.

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QLFXST51
QLFXST52

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Functional Status

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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.

QLBLK1
QLBLK2
QLRBLK1

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

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

GO TO QUESTION #2

How much difficulty do you have doing this?
1 ○ Some difficulty 2 ○ Much difficulty 3 ○ Unable to do it
QLBLKLVL

Is this because of a health or physical problem?
1 ○ Yes 0 ○ No 8 ○ I don't know
QLBLKPR

QLSTP1
QLSTP2
QLRSTP1

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

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

GO TO QUESTION #3

How much difficulty do you have doing this?
1 ○ Some difficulty 2 ○ Much difficulty 3 ○ Unable to do it
QLSTPLVL

Is this because of a health or physical problem?
1 ○ Yes 0 ○ No 8 ○ I don't know
QLSTPPR

QLMEL1
QLMEL2
QLRMEL1

3 Do you have ANY difficulty preparing your own meals?

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

GO TO QUESTION #4

How much difficulty do you have doing this?
1 ○ Some difficulty 2 ○ Much difficulty 3 ○ Unable to do it
QLMELLVL

Is this because of a health or physical problem?
1 ○ Yes 0 ○ No 8 ○ I don't know
QLMELPR

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

QLHHW
QLHHW1
QLHHW2
QLRHHW1

1 ○ Yes   0 ○ No   2 ○ I don't do it

GO TO QUESTION #5

How much difficulty do you have doing this?
1 ○ Some difficulty 2 ○ Much difficulty 3 ○ Unable to do it
QLHHWLVL

Is this because of a health or physical problem?
1 ○ Yes 0 ○ No 8 ○ I don't know
QLHHWPR

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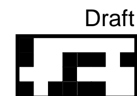

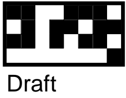

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Functional Status

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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.

5 Do you have ANY difficulty doing your own shopping for groceries or clothes? QLSHP1 QLSHP2 QLRSHP1

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

No → **GO TO QUESTION #6**

Yes → How much difficulty do you have doing this?
1○ Some difficulty 2○ Much difficulty 3○ Unable to do it QLSHPLVL

I don't do it → Is this because of a health or physical problem?
1○ Yes 0 ○ No 8○ I don't know QLSHPPR

6 Do you have ANY difficulty managing money? QLMON1 QLMON2 QLRMON1

1 ○ Yes 0○ No 2○ I don't do it QLMON

No → **GO TO QUESTION #7**

Yes → How much difficulty do you have doing this?
1○ Some difficulty 2○ Much difficulty 3○ Unable to do it QLMONLVL

I don't do it → Is this because of a health or physical problem?
1○ Yes 0 ○ No 8○ I don't know QLMONPR

7 Do you have ANY difficulty bathing or showering? QLBAT1 QLBAT2 QLRBAT1

1 ○ Yes 0○ No 2○ I don't do it QLBAT

No → **GO TO QUESTION #8**

Yes → How much difficulty do you have doing this?
1○ Some difficulty 2○ Much difficulty 3○ Unable to do it QLBATLVL

I don't do it → Is this because of a health or physical problem?
1○ Yes 0○ No 8○ I don't know QLBATPR

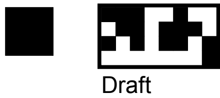
8 Do you have ANY difficulty getting in and out of beds or chairs? QLBED1 QLBED2 QLRBED1

1 ○ Yes 0○ No 2○ I don't do it QLBED

No → **GO TO QUESTION #9**

Yes → How much difficulty do you have doing this?
1○ Some difficulty 2○ Much difficulty 3○ Unable to do it QLBEDLVL

I don't do it → Is this because of a health or physical problem?
1○ Yes 0○ No 8○ I don't know QLBEDPR



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Functional Status

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Acrostic | | | | |

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

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 QUESTION #10

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
QLMEDPR

10 Do you have ANY difficulty carrying or lifting 10 lbs.? ABCQL10P

QL10P1
QL10P2
QLR10P

1 ○ Yes 0 ○ No 2 ○ I don't do it

GO TO QUESTION #11

How much difficulty do you have doing this?
1 ○ Some difficulty 2 ○ Much difficulty 3 ○ Unable to do it
QL10PLVL

Is this because of a health or physical problem?
1 ○ Yes 0 ○ No 8 ○ I don't know
QL10PPR

11 Do you have ANY difficulty driving? QLDRVL

QLDRV1
QLDRV2
QLRDRV1

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
QLDRVLVL

Is this because of a health or physical problem?
1 ○ Yes 0 ○ No 8 ○ I don't know
QLDRVPR

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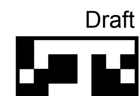

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Life Space

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These questions refer to your activities within the PAST MONTH (prior to today):
(Please note that if someone else drives you, helps you get on a bus, or assists you in some way, this would be considered needing help from another person.)

1. **During the past four weeks, have you been to other rooms of your home besides the room where you sleep?** 1○ Yes 0○ No LS1YN LS1IND
   - a. **How often did you get there?** 1○ Less than 1/week 2○ 1-3 times/week 3○ 4-6 times/week 4○ Daily LS1FQ
   - b. **Did you use aids or equipment?** 1○ Yes 0○ No LS1IND1
   - c. **Did you need help from another person to get there?** 1○ Yes 0○ No LS1IND12

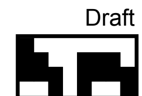
2. **During the past four weeks, have you been to an area outside your home such as your porch, deck, or patio, hallway (of an apartment building) or garage, in your own yard or driveway?** 1○ Yes 0○ No LS2YN LS2IND
   - a. **How often did you get there?** 1○ Less than 1/week 2○ 1-3 times/week 3○ 4-6 times/week 4○ Daily LS2FQ
   - b. **Did you use aids or equipment?** 1○ Yes 0○ No LS2IND1
   - c. **Did you need help from another person to get there?** 1○ Yes 0○ No LS2IND2

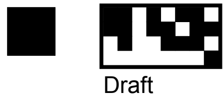
3. **During the past four weeks, have you been to places in your neighborhood, other than your own yard or apartment building?** 1○ Yes 0○ No LS3YN LS3IND
   - a. **How often did you get there?** 1○ Less than 1/week 2○ 1-3 times/week 3○ 4-6 times/week 4○ Daily LS3FQ
   - b. **Did you use aids or equipment?** 1○ Yes 0○ No LS3IND1
   - c. **Did you need help from another person to get there?** 1○ Yes 0○ No LS3IND2

4. **During the past four weeks, have you been to places outside your neighborhood, but within your town?** 1○ Yes 0○ No LS4YN LS4IND
   - a. **How often did you get there?** 1○ Less than 1/week 2○ 1-3 times/week 3○ 4-6 times/week 4○ Daily LS4FQ
   - b. **Did you use aids or equipment?** 1○ Yes 0○ No LS4IND1
   - c. **Did you need help from another person to get there?** 1○ Yes 0○ No LS4IND2

5. **During the past four weeks, have you been to places outside your town?** 1○ Yes 0○ No LS5YN LS5IND
   - a. **How often did you get there?** 1○ Less than 1/week 2○ 1-3 times/week 3○ 4-6 times/week 4○ Daily LS5FQ
   - b. **Did you use aids or equipment?** 1○ Yes 0○ No LS5IND1
   - c. **Did you need help from another person to get there?** 1○ Yes 0○ No LS5IND2

LSC LSIII
LSE LSM
LSI
LSID





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Teng Mini-Mental

TMSTAFF

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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."

TMTEST TMTIMEM

What time was the Mini-Mental test administered (start time)? ___ ___ : ___ ___ ○ A.M. ○ P.M.

1 A. When were you born?

TMBORNM ___ ___ / ___ ___ / ___ ___ ___ ___ TMBORNY

Month Day Year

TMBORND

B. Where were you born? Place of Birth?

	Answer given*	Can't do/ Refused	Not attempted
TMCITY ________ City or town	1○	2○	3○
TMSTE ________ State/Country	1○	2○	3○

* If answer is given, you wil 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:

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 TMSHRT	1○	2○	3○
B. Blue TMBLU	1○	2○	3○
C. Honesty TMHON	1○	2○	3○

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

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

1○ Able to count forward   2○ Unable to count forward → Say "1,2,3,4,5"

TMCNT

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

☐ ☐ ☐ ☐ ☐

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

4 A. Spell 'world'.

TMSPL

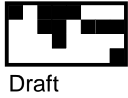
1○ Able to spell   2○ Unable to spell → Say "Its spelled W-O-R-L-D"

B. Now spell world backwards

ABETMSPWLD

☐ ☐ ☐ ☐ ☐

Record the response in the order given. Enter XXXXX if no response.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Teng Mini-Mental

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5 What three words did I ask you to remember?

TMSHRM
A. Shirt
1 ○ Spontaneous recall
2 ○ Correct word, incorrect form
3 ○ After 'Something to wear'
4 ○ After 'Shirt, shoes, socks'
5 ○ Unable to recall/refused
6 ○ Not attempted

TMBLRM
B. Blue
1 ○ Spontaneous recall
2 ○ Correct word, incorrect form
3 ○ After 'A color'
4 ○ After 'Blue, black, brown'
5 ○ Unable to recall/refused
6 ○ Not attempted

TMHNRM
C. Honesty
1 ○ Spontaneous recall
2 ○ Correct word, incorrect form
3 ○ After 'A good personal quality'
4 ○ After 'Honesty, charity, modesty'
5 ○ Unable to recall/refused
6 ○ Not attempted

6 **A. What is today's date?**

TMTDAYM ___ ___ (Month) / TMTDAYD ___ ___ (Day) / TMTDAYY ___ ___ ___ ___ (Year)

B. What is the day of the week? TMDAYWK
1 ○ Correct
2 ○ Error/Refused ____________ **day of the week**
3 ○ Not attempted

C. What season of the year is it? TMSEAS
1 ○ Correct
2 ○ Error/Refused ____________ **season**
3 ○ Not attempted

7 **A. What state are we in?** TMSTAT
1 ○ Correct
2 ○ Error/Refused ____________ **state**
3 ○ Not attempted

B. What county are we in? TMCNTY
1 ○ Correct
2 ○ Error/Refused ____________ **county**
3 ○ Not attempted

C. What city/town are we in? TMCITN
1 ○ Correct
2 ○ Error/Refused ____________ **city/town**
3 ○ Not attempted

D. Are we in a clinic, store, or home? TMWHRE
1 ○ Correct
2 ○ Error/Refused ____________
3 ○ Not attempted

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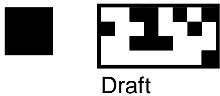
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8 Point to the object or part of your own body and ask the participant to name it. Score 'Error/Refused' if the participant cannot name it within 2 seconds or gives an incorrect name.

	Correct	Error/ Refused	Not attempted
A. Pencil: 'What is this?' TMPENC	1 ○	2 ○	3 ○
B. Watch: 'What is this?' TMWTCH	1 ○	2 ○	3 ○
C. Forehead: 'What do you call this part of the face?' TMFRHD	1 ○	2 ○	3 ○
D. Chin: 'And this part?' TMCHN	1 ○	2 ○	3 ○
E. Shoulder: 'And this part of the body?' TMSHLD	1 ○	2 ○	3 ○
F. Elbow: 'And this part?' TMELB	1 ○	2 ○	3 ○
G. Knuckle: 'And this part?' TMKNK	1 ○	2 ○	3 ○

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

Discontinue after 30 seconds. If the participant gives no reponse 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) [ ][ ] TMSCR

Record correct responses:

______________ ______________

______________ ______________

______________ ______________

______________ ______________

______________ ______________

______________ ______________

______________ ______________

______________ ______________

Record additional correct answers on a separate sheet.

10

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

1 ○ Limbs, extremities, appendages
2 ○ Lesser correct answer (e.g., body parts, both bend, have joints)
3 ○ Error/Refused
4 ○ Not attempted

B. In what way are laughing and crying alike? TMLCRY

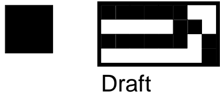
1 ○ Expressions of feelings, expressions of emotions
2 ○ Lesser correct answer (e.g., sounds, expressions, emotions, or other similar
3 ○ Error/Refused
4 ○ Not attempted

C. In what way are eating and sleeping alike? TMETSL

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

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

1 ○ Correct
2 ○ 1 or 2 words missed
3 ○ 3 or more words missed
4 ○ Not attempted



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

	Correct	Error/ Refused	Not attempted
A. no ifs TMIF	1○	2○	3○
B. ands TMAND	1○	2○	3○
C. or buts TMBUT	1○	2○	3○

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.' TMCRD1

1 ○ Closes eyes without prompting
2 ○ Closes eyes after prompting
3 ○ Reads aloud, but does not close eyes
4 ○ Does not read aloud or close eyes/Refused
5 ○ Not attempted

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

	Correct	Error/ Refused	Not attempted
A. would TMWLD	1○	2○	3○
B. like TMLKE	1○	2○	3○
C. to TMTO	1○	2○	3○
D. go TMGO	1○	2○	3○
E. out TMOUT	1○	2○	3○

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 TMPENT1

1○ 5 approximately equal sized sides
2○ 5 sides, but longest:shortest side is >2:1
3○ Nonpentagon enclosed figure
4○ 2 or more lines, but it is not an enclosed figure
5○ Less than 2 lines, Refused
6○ Not attempted

B. Pentagon 2 TMPENT2

1○ 5 approximately equal sized sides
2○ 5 sides, but longest:shortest side is >2:1
3○ Nonpentagon enclosed figure
4○ 2 or more lines, but it is not an enclosed figure
5○ Less than 2 lines, Refused
6○ Not attempted

C. Intersection TMINT

1○ 4-cornered enclosure
2○ Not a 4-cornered enclosure
3○ No enclosure, Refused
4○ Not attempted, Disabled

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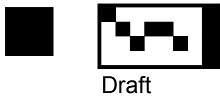

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Teng Mini-Mental

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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 TMPCOR	1 ○	2 ○	3 ○
B. Folds paper in half TMPFLD	1 ○	2 ○	3 ○
C. Hands paper back TMPHND	1 ○	2 ○	3 ○

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

A. Shirt TMSH2
- 1 ○ Spontaneous recall
- 2 ○ Correct word, incorrect form
- 3 ○ After 'Something to wear'
- 4 ○ After 'Shirt, shoes, socks'
- 5 ○ Unable to recall/refused
- 6 ○ Not attempted

B. Blue TMBLU2
- 1 ○ Spontaneous recall
- 2 ○ Correct word, incorrect form
- 3 ○ After 'A color'
- 4 ○ After 'Blue, black, brown'
- 5 ○ Unable to recall/refused
- 6 ○ Not attempted

C. Honesty ABITMHON2
- 1 ○ Spontaneous recall
- 2 ○ Correct word, incorrect form
- 3 ○ After 'A good personal quality'
- 4 ○ After 'Honesty, charity, modesty'
- 5 ○ Unable to recall/refused
- 6 ○ Not attempted

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

	Matches	Does not match/ Refused	Not attempted
TMCITY2 ______ City or town	1 ○	2 ○	3 ○
TMSTE2 ______ State/Country	1 ○	2 ○	3 ○

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.**

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

TMMFLAG
TMBDAY
TMREGIS
TMREVERS
TMRECALL
TMTEMPOR
TMSPACE
TMNAMING
TM4LEG
TMMSCORE

TMM14SC
TMMS4SC
TMM24SC
TMM34SC
TMMS24SC

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TBSTAFF

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Trail Making Task B

Office Use Only--
MrOS ID# | Acrostic | Trails B Staff ID#

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1 **Was the participant able to complete the Sample Response Sheet?** 1○ Yes 0○ No
TBSAMP

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

2 **Was the Trails B test administered?** 1○ Yes 0○ No → 1○ Did not complete sample test
TBTEST
2○ Refused
3○ Other
TBTEWHYN

What time was the Trails B test administered (start time)? __ __ : __ __ 1○ **A.M.** 2○ **P.M.**
TBTIME

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): __ **errors**
TBERROR

Please note: If secs<300, circles=25. If errors=5, secs=300

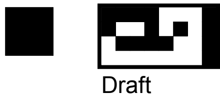
Is the hand being used to complete Trails B the participant's usual or dominant hand for writing? 1○ Yes 0○ No
TBDOMH

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? 1○ Yes 0○ No
TBAFFECT

Did the participant have a hand tremor (dominant hand)? 0○ No 1○ Mild 2○ Marked
TBTREM

Minutes/Seconds to Seconds Conversions

Minutes	Seconds	Minutes	Seconds	Minutes	Seconds
1:00	60	3:00	180	6:00	360
1:15	75	3:15	195	6:15	375
1:30	90	3:30	210	6:30	390
1:45	105	3:45	225	**6:40**	**400**
2:00	120	4:00	240	6:45	405
2:15	135	4:15	255	7:00	420
2:30	150	4:30	270	7:15	435
2:45	165	4:45	285	7:30	450
3:00	180	**5:00**	**300**	7:45	465
3:15	195	5:15	315	8:00	480
3:30	210	5:30	330	8:15	495
3:45	225	5:45	345	8:30	510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Height & Weight

HWSTAFF

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

1 **Was STANDING HEIGHT measured?** 1 ○ Yes 0 ○ No → **Explain:** ____________

HWHEIGHT

HWKYPH

a. **Is the participant standing sideways due to kyphosis?** 1 ○ Yes 0 ○ No

Measurement 1: [ ][ ][ ][ ] mm **Measurement 2:** [ ][ ][ ][ ] mm

HWHGT

b. **Do Measurement 1 and Measurement 2 differ by 4 or more mm?** 1 ○ Yes 0 ○ No

Complete Measurements 3 & 4

Measurement 3: [ ][ ][ ][ ] mm **Measurement 4:** [ ][ ][ ][ ] mm

2 **Was WEIGHT measured?** ABKHWWEIGHT

1 ○ Yes 0 ○ No → **Explain:** ____________

HWWGT [ ][ ][ ] . [ ] kg

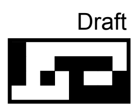
HW14WPC
HW24PWC
HW34WPC
HWD4WPC
HWS4WPC
HWS24PWC

HWWT425

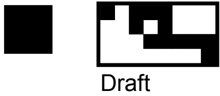
HW14WT
HWD4WT
HWS4WT
HW24WT
HW34WT
HWS24WT

HWBMI
HW14BMI
HWD4BMI
HWS4BMI
HW24BMI
HW34BMI
HWS24BMI

HW14HT
HWD4HT
HWS4HT
HW24HT
HW34HT
HWS24HT



NFBSTAFF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Balance Tests

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

1 **Was the SIDE-BY-SIDE STAND attempted?** 1 ○ Yes 0 ○ No NFBSI

Why not? NFBSIWH

1 ○ Participant could not hold position unassisted
2 ○ Not attempted, examiner felt unsafe
3 ○ Not attempted, participant felt unsafe
4 ○ Participant unable to understand instructions
5 ○ Participant refused
6 ○ Other (specify): ______________

END BALANCE TESTS.

2 **Was side-by-side stand held for 10 seconds?** 1 ○ Yes 0 ○ No NFBSI10

Yes → **PROCEED TO SEMI-TANDEM STAND.**

No → **Seconds Position Held:** NFBSITM
☐☐.☐☐ seconds
END BALANCE TESTS.

---

3 **Was the SEMI-TANDEM STAND attempted?** 1 ○ Yes 0 ○ No NFBSE

Why not? ABLNFBSEWH

1 ○ Participant could not hold position unassisted
2 ○ Not attempted, examiner felt unsafe
3 ○ Not attempted, participant felt unsafe
4 ○ Participant unable to understand instructions
5 ○ Participant refused
6 ○ Other (specify): ______________

END BALANCE TESTS.

4 **Was semi-tandem stand held for 10 seconds?** 1 ○ Yes 0 ○ No NFBSE10

Yes → **PROCEED TO TANDEM STAND.**

No → **Seconds Position Held:** NFBSETM
☐☐.☐☐ seconds
END BALANCE TESTS.

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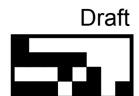

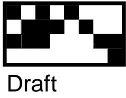
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Balance Tests

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5 **Was the TANDEM STAND attempted?** 1○ Yes 0○ No *NFBTA*

Why not? *NFBTAWH*

1○ Participant could not hold position unassisted
2○ Not attempted, examiner felt unsafe
3○ Not attempted, participant felt unsafe
4○ Participant unable to understand instructions
5○ Participant refused
6○ Other (specify): ______________

END BALANCE TESTS.

6 **Was tandem stand held for 10 seconds?** 1○ Yes 0○ No *NFBTA10*

Yes → **PROCEED TO ONE-LEG STAND.**

No → **Seconds Position Held:** ☐☐.☐☐ *NFBTATM* seconds

END BALANCE TESTS.

---

7 **Was the ONE-LEG STAND attempted?** 1○ Yes 0○ No *NFBON*

Why not? *NFBONWH*

1○ Participant could not hold position unassisted
2○ Not attempted, examiner felt unsafe
3○ Not attempted, participant felt unsafe
4○ Participant unable to understand instructions
5○ Participant refused
6○ Other (specify): ______________

END BALANCE TESTS.

8 **Was one-leg stand held for 30 seconds?** 1○ Yes 0○ No *NFBON30*

Yes → **PROCEED TO NEXT EXAM.**

No → **Seconds Position Held:** ☐☐.☐☐ *NFBONTM* seconds

PROCEED TO NEXT EXAM

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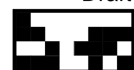
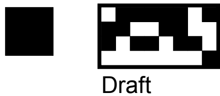


GSSTAFF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Grip Strength

Office Use Only--

MrOS ID#	Acrostic	Staff ID#

EXCLUSION CRITERIA:

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

1 ○ Yes 0 ○ No 7 ○ Refused 8 ○ Don't Know

Which side? 1 ○ Left → **DO NOT TEST LEFT** 2 ○ Right → **DO NOT TEST RIGHT** 3 ○ Both → **DO NOT TEST EITHER SIDE** GSSDWEAK

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

1 ○ Yes 0 ○ No GSSURG

Which side? 1 ○ Left → **DO NOT TEST LEFT** 2 ○ Right → **DO NOT TEST RIGHT** 3 ○ Both → **DO NOT TEST EITHER SIDE** GSSDSURG

GSFLAGEX

3 RIGHT SIDE

GSRT1
Trial 1 [ ][ ] **kg**

GSRTAB1
8 ○ Refused
2 ○ Unable, did not attempt

GSRT2
Trial 2 [ ][ ] **kg**

GSRTAB2
8 ○ Refused
2 ○ Unable, did not attempt

GSGRPRAV

4 LEFT SIDE

GSLF1
Trial 1 [ ][ ] **kg**

GSLFAB1
8 ○ Refused
2 ○ Unable, did not attempt

GSLF2
Trial 2 [ ][ ] **kg**

GSLFAB2
8 ○ Refused
2 ○ Unable, did not attempt

GSGRPLAV

GSGRPAVG
GSGRPMAX

GSUNABLE

GS14AVS	GS24AVS	GS14GSP	GS24GSP
GSD4AVS	GS34AVS	GSD4GSP	GS34GSP
GSS4AVS	GSS24AVS	GSS4GSP	GSS24GSP

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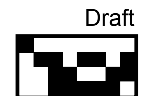
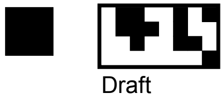


NFCSTAFF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Chair Stands

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

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 (NFORTH) -1 ○ Missing limbs (NFLIMB) -1 ○ Prosthesis (NFPROTHE) -1 ○ Paralysis of extremity or side of body (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
   1 ○ Yes → 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."
   0 ○ No

SINGLE CHAIR STAND

4. **Could the participant stand up one time unassisted?** NF1STAND1
   1 ○ Yes 2 ○ No, unable to stand 3 ○ No, rises using arms 7 ○ Did not attempt/Refused

   (2, 3, 7 →) 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

If Yes:

Time to complete stands? NFTIME5 ☐☐.☐☐ seconds

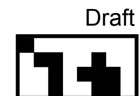
Record arm use: NFARMU5A
1 ○ Did not use arms
2 ○ Used arms part of the time
3 ○ Used arms all of the time

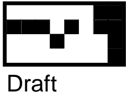
If No:

How many chair stands were completed? ☐ stands NF5MANY

Why weren't 5 chair stands completed? NFARMU5B
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

NFSTDARM

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Six Meter Walk

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

SIX METER USUAL PACE

1 **Did the participant complete Trial 1?**

1 ○ Yes 2 ○ No, participant attempted but unable 3 ○ No, unable to assess
NFWLKNA1

Record time and number of steps: __ __ . __ __ **seconds** NFWLKTM1 __ __ **steps** NFWLKST1

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: __ __ . __ __ **seconds** NFWLKTM2 __ __ **steps** NFWLKST2

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

NFSTPLGT
NFWLKSPD
NF6MWTM
NF6MPACE

NF6MPACA
NF6MABLE

NF14STL	NF14WKS	NF146MT	NF146MP
NFD4STL	NFD4WKS	NFD46MT	NFD46MP
NFS4STL	NFS4WKS	NFS46MT	NFS46MP
NF24STL	NF24WKS	NF246MT	NF246MP
NF34STL	NF34WKS	NF346MT	NF346MP
NFS24STL	NFS24WKS	NFS246MT	NFS246MP

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400 Meter Walk

Office Use Only-- NF4STAFF

MrOS ID#	Acrostic	Staff ID#

1. **Was the 400 meter walk test attempted?** 1○ Yes 0○ No NF400

Aids used (Mark all that apply): NF400CA -1○ Straight cane NF400OX -1○ Oxygen Device

Why not? (Please choose one.) NF400N

1○ Shortened Clinic Visit
2○ Course obstructed or unavailable
3○ Needed aid other than cane
4○ Participant felt unsafe
5○ Examiner deems test unsafe
6○ Refused
7○ Other: ________________

NF4UNSF Due to: 1○ Injury 2○ Physical limitations 3○ General fear 4○ Other

2. **Was an alternative walking course used?** 1○ Yes 0○ No NF4ALTC

a. What is the length of one lap for the alternative course? NF4ALTL [|] meters

b. What type of alternative course was used? NF4ALTT 1○ Back and Forth 2○ Circular

3. **Cross off each lap number as the lap is completed and record time that first foot crosses the finish line (record split time):**

For every lap, offer standard encouragement and call out the number of laps completed and number remaining: ***"You're doing a good job. You have completed __ laps and have __ to go."***

After Lap 4: ***Please tell me how hard you feel you are working right now. Is it:***

1○ Light 2○ Somewhat hard 3○ Hard 4○ Very hard NF4LAP4

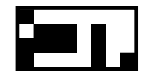
"I would like to remind you to walk at your usual pace without overexerting yourself. If you develop chest pain or significant shortness of breath, or are too uncomfortable to continue, please stop walking and tell me. If you need to, you may stand in place and rest for a few seconds."

Record Split Times:		Min	Second	Hundredths /Sec	Rests: Use space to track # of rest stops.
1	9 laps to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME1
2	8 laps to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME2
3	7 laps to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME3
4	6 laps to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME4
5	5 laps to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME5
6	4 laps to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME6
7	3 laps to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME7
8	2 laps to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME8
9	1 lap to go	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME9
10		[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME10
11	Alternative Course Only-	[ ][ ]	: [ ][ ]	. [ ][ ]	NF4TIME11
Cumulative (Total) Time at End of 400 Meter Walk:		NF4MIEN [ ][ ]	: [ ][ ]	NF4SEEN [ ][ ]	

NF4EXEREX
NF4TOTAL
NF4FLAG

NF4WLKSPD

Draft



Version 1.0 04.24.2014
MrOS_ABQ_400MeterWalk1
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400 Meter Walk, page 1 of 3

Draft

400 Meter Walk

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4. **Tell the participant: "Please tell me how hard you feel you worked during the walk on a scale from 6 to 20, where 6 represents no exertion at all and 20 represents maximal exertion."**

RPE on Borg Scale at 400 meters or at stop: ☐☐ NF4RPE

5. **Sitting pulse at 400 meters or at stop:** ☐☐☐ NF4PUL beats per 30 seconds

6. **Did the participant complete all 400 meters of the "400-meter walk"?**
1 ○ Yes → **GO TO QUESTION 7.**
0 ○ No NF4COMP
NF4TOTMET

a. Number of full laps completed: ☐☐ NF4FULL laps

b. How many additional meters did the participant walk after the last full completed lap? (Round up to the next full meter) ☐☐ NF4ADDM meters

c. Time at test discontinuation: ☐☐ : ☐☐ . ☐☐
Min Second Hundredths/Sec

d. Reasons for not completing all 10 laps: (Mark all that apply)
- 1 ○ Participant requested to rest for longer than 60 seconds NF410L1
- 1 ○ Participant requested to rest and leaned on a surface for a second time NF410L2
- 1 ○ Participant requested assistive device, other than cane NF410L3
- 1 ○ Participant requested to stop NF410L4
- 1 ○ Other (Please specify): NF410L5

e. Why did you feel you couldn't continue? (Mark all that apply)
- 1 ○ Chest pain, tightness, or pressure NF4CON1
- 1 ○ Trouble breathing or shortness of breath NF4CON2
- 1 ○ Feeling faint, lightheaded, or dizzy NF4CON3
- 1 ○ Knee, hip, calf, or back pain NF4CON4
- 1 ○ Feeling too uncomfortable to continue NF4CON5
- -1 ○ Numbness or tingling in legs or feet NF4CON6
- -1 ○ Leg cramps or leg pain NF4CON7
- -1 ○ Fatigue NF4CON8
- -1 ○ Other: NF4CON9

f. Did the participant take any rest stops during the 400 m walk? 1 ○ Yes 0 ○ No NF4RE1

How many times? 1 ○ 1 2 ○ 2 3 ○ 3 4 ○ 4 5 ○ 5 or more NF4RE1T

GO TO NEXT EXAM.

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MrOS_ABR_400MeterWalk2
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400 Meter Walk

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NOTE: Questions 7-9 should only be answered if all 400 meters of the "400 Meter Walk" was completed by the participant.

7 **Did the participant take any rest stops during the 400 m walk?** 1 ○ Yes 0 ○ No NF4RE2

How many times? 1 ○ 1 2 ○ 2 3 ○ 3 4 ○ 4 5 ○ 5 or more NF4RE2T

8 **Ask participant: "Is there anything bothering you?"** 1 ○ Yes 0 ○ No NF4BOTR

Mark all participant-reported symptoms that apply:

1 ○ Chest pain, tightness, or pressure NF4BOT1
1 ○ Trouble breathing or shortness of breath NF4BOT2
1 ○ Feeling faint, lightheaded, or dizzy NF4BOT3
1 ○ Knee, hip, calf, or back pain NF4BOT4
1 ○ Numbness or tingling in legs or feet NF4BOT5
1 ○ Leg cramps or leg pain NF4BOT6
1 ○ Fatigue NF4BOT7
1 ○ Other: __________ NF4BOT8

9 **Did the examiner observe any symptoms at the end of the 400 Meter Walk?** 1 ○ Yes 0 ○ No NF4SYMP

Mark all observed symptoms that apply:

1 ○ Shortness of breath NF4SYM1
1 ○ Wheezing/dyspnea NF4SYM4
1 ○ Unsteadiness NF4SYM2
1 ○ Sweating NF4SYM5
1 ○ Signs of discomfort NF4SYM3
1 ○ Other (specify): NF4SYM6

Draft

SCREENING QUESTIONS

FPDATA
FPWHYN

1. **Did the participant attempt the force plate measure?** FPFORCP 1 ○ Yes 0 ○ No

   a. **Was it not attempted because of health reasons?** 1 ○ Yes 0 ○ No FPHLTH

   Please specify (Mark all that apply):
   - 1 ○ Unable to walk or stand with or without an aid FPHAID
   - 1 ○ Had surgery in spine or lower extremity in past 6 months FPHSURG
     - **Mark all that apply:** 1 ○ Spine FPHSSPN 1 ○ Knee FPHSKNE 1 ○ Hip FPHSHIP 1 ○ Other lower extremity FPHSOTH
   - 1 ○ Knee replacement in past 6 months FPHKNE6
   - 1 ○ Hip replacement in past 6 months ABTFPHHIP6
   - 1 ○ Reports severe pain prior to test FPHPAIN

   b. **Was it not attempted because of other reasons?** 1 ○ Yes 0 ○ No FPOTHRS

   Please specify (Mark all that apply):
   - 1 ○ Shortened clinic visit FPOSHRT
   - 1 ○ Computer/equipment failure FPOFAIL
   - 1 ○ Examiner deems test unsafe FPOUNSF
     - **Please specify (Mark all that apply):** 1 ○ Balance issues FPOUNBA 1 ○ Cannot step onto plate FPOUNST 1 ○ Other: ___________ FPOUNOT
   - 1 ○ Cannot perform test without orthotics FPOORTH
   - 1 ○ Refused FPOREF
   - 1 ○ Other: FPOOTHR ___________

   GO TO NEXT EXAM.

CALF RISE TRIALS

2. **Did the participant complete all 3 calf rise trials and is able to continue to the practice jump trials?** ○ Yes ○ No

   Yes → **How many calf rise trials were saved?** ○ 1 ○ 2 ○ 3 ○ Trials not saved

   No →
   a. **Why not?**
   - ○ Severe pain
   - ○ Unable
   - ○ Refused calf rises
   - ○ Other: ___________
   - ○ Unable to understand instructions
   - ○ Refused practice jump trials

   b. **How many calf rise trials were attempted?** ○ 1 ○ 2 ○ 3

   c. **How many calf rise trials were saved?** ○ 1 ○ 2 ○ 3 ○ Trials not saved

   GO TO QUESTION 9 & 10

PRACTICE JUMP TRIALS

3. **Did the participant report any pain after the demonstration of or during the practice jump trials?** ○ No ○ Yes, not severe and able to continue ○ Yes, severe and test stopped

   GO TO QUESTION 9 & 10

4. **Did the participant understand instructions after the practice jump trials?** ○ Yes ○ No

   GO TO QUESTION 9 & 10

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Force Plate

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JUMP TEST TRIALS

5 Was Trial 1 attempted? ○ No → **Why not?** ○ Unable ○ Refused
○ Yes ↓

Were there any protocol issues? ○ Yes ○ No

Mark all that apply:
- ○ Required stabilization from spotter before/ during jump
- ○ Broken movement
- ○ Failed to maintain a still position prior to "Go"
- ○ Lost balance after landing
- ○ Required stabilization from spotter after jump
- ○ Testing/technical issue
- ○ Other deviation:________________
- ○ Trial not saved

6 Was Trial 2 attempted? ○ No → **Why not?** ○ Unable ○ Refused ○ Severe pain, test stopped
○ Yes ↓

Were there any protocol issues? ○ Yes ○ No

Mark all that apply:
- ○ Required stabilization from spotter before/ during jump
- ○ Broken movement
- ○ Failed to maintain a still position prior to "Go"
- ○ Lost balance after landing
- ○ Required stabilization from spotter after jump
- ○ Testing/technical issue
- ○ Other deviation:________________
- ○ Trial not saved

7 Was Trial 3 attempted? ○ No → **Why not?** ○ Unable ○ Refused ○ Severe pain, test stopped
○ Yes ↓

Were there any protocol issues? ○ Yes ○ No

Mark all that apply:
- ○ Required stabilization from spotter before/ during jump
- ○ Broken movement
- ○ Failed to maintain a still position prior to "Go"
- ○ Lost balance after landing
- ○ Required stabilization from spotter after jump
- ○ Testing/technical issue
- ○ Other deviation:________________
- ○ Trial not saved

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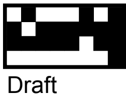
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Force Plate

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8 **Were there any protocol issues in Trials 1, 2, or 3?** ○ Yes ○ No ○ Test stopped before 3 trials were attempted

a. Was Trial 4 attempted? 0○ No → **Why not?** ○ Unable ○ Refused ○ Severe pain, test stopped ○ Examiner deemed test unsafe
1○ Yes

Were there any protocol issues? ○ Yes ○ No

Mark all that apply:
- ○ Required stabilization from spotter before/ during jump
- ○ Broken movement
- ○ Failed to maintain a still position prior to "Go"
- ○ Lost balance after landing
- ○ Required stabilization from spotter after jump
- ○ Testing/technical issue
- ○ Other deviation:________________
- ○ Trial not saved

b. Was Trial 5 attempted? ○ No → **Why not?** ○ 3 valid trials ○ Unable ○ Refused ○ Severe pain, test stopped ○ Examiner deemed test unsafe
○ Yes

Were there any protocol issues? ○ Yes ○ No

Mark all that apply:
- ○ Required stabilization from spotter before/ during jump
- ○ Broken movement
- ○ Failed to maintain a still position prior to "Go"
- ○ Lost balance after landing
- ○ Required stabilization from spotter after jump
- ○ Testing/technical issue
- ○ Other deviation:________________
- ○ Trial not saved

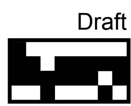
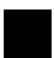
9 **Were any of the trials performed with stocking or bare feet due to inappropriate footwear (e.g., loose fitting footwear, sandals, orthotic devices)?**
1○ Yes 0○ No FPFEET

10 **Did the participant report <u>any pain</u> from the trials?** 1○ Yes 0○ No FPPAIN

a. Please indicate location of pain (Mark all that apply):
1○ Back FPPBACK 1○ Hip FPPHIP 1○ Knee FPPKNEE ○ Ankle FPPANKL 1○ Foot FPPFOOT 1○ Other: FPPOTHR

b. Please indicate severity of pain at the location that is most severe: FPPLVL

0○	1○	2○	3○	4○	5○	6○	7○	8○	9○	10○
0	1	2	3	4	5	6	7	8	9	10
NO PAIN										**SEVERE PAIN**

Draft



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Blood Pressure & Pulse

BPSTAFF

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

BLOOD PRESSURE

1. **Was first sitting blood pressure obtained?** 1 ○ Yes 0 ○ No BPBP

SITTING MEASUREMENT 1

Systolic ○ Systolic Error ☐☐☐ mmHg

Diastolic ○ Diastolic Error ☐☐☐ mmHg

2. **Was second sitting blood pressure obtained?** 1 ○ Yes 0 ○ No BPBP2

BPBPSYSM
BPBPDIAM

SITTING MEASUREMENT 2

Systolic ○ Systolic Error ☐☐☐ mmHg

Diastolic ○ Diastolic Error ☐☐☐ mmHg

3. **Cuff Size for BpTru:** 0 ○ Child 1 ○ Small 2 ○ Regular 3 ○ Large 5 ○ Extra Large BPTRCF

4. **Arm Used:** 1 ○ Right 2 ○ Left → Why wasn't right arm used: ______

BPARM

5. **Was an alert noted?** 1 ○ Yes 0 ○ No BPBPALT

Complete the Blood Pressure section on the Medical Alert Form

RADIAL PULSE

6. **Was Pulse Obtained?** 1 ○ Yes 0 ○ No HWPULSE

a. Measurement 1: ☐☐☐ **beats per minute**

b. Measurement 2: ☐☐☐ **beats per minute**

c. Total (Measurement 1 + Measurement 2): ☐☐☐ **/ 2 =** ☐☐☐ **average beats per minute** HWPULSEM

d. Was an alert noted? 1 ○ Yes 0 ○ No HWPULAL

Complete the Heart Rate section on the Medical Alert Form

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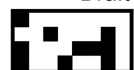

Version 1.0 12.18.2013
MrOS_ABW_BloodPressurePulse
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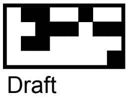
Blood Pressure & Pulse, page 1 of 1

Mr.OS

DXSTAFF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DXA

Bone Density Form

Office Use Only- MrOS ID#	Acrostic	Staff ID#

1 Was a bone density measurement obtained for the whole body? DXWB

1 ○ Yes 0 ○ No, unable 7 ○ No, refused

DXDATA

Last 2 characters of scan ID #: ☐☐

2 Which hip was scanned at the MrOS baseline visit?

1 ○ Right 2 ○ Left DXHPSID1

3 Which hip was scanned at this visit?

1 ○ Right 2 ○ Left 0 ○ Hip Not Scanned DXHPSID2

4 Was the same hip scanned at the baseline visit and this visit? DXSAMESD

1 ○ Yes 0 ○ No, other hip scanned 7 ○ Scan not completed

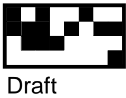
Record reason: DXDIFFSD
1 ○ Fracture
2 ○ Hip replacement
3 ○ Other ____________

Record reason: DXNOSCAN
1 ○ Refused radiation
2 ○ Unable to lie on table
3 ○ Bilateral hip replacement
5 ○ Other ____________

Last 2 characters of scan ID #: ☐☐

5 Date of scan(s): ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

6 Temperature of room during scan: ☐☐ degrees Celsius DXQDTEMP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Microbiome Specimen Collection

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

1 **Did the participant complete the Block FFQ?** 1 ○ Yes 0 ○ No → **Why not?** 3 ○ FFQ not offered 1 ○ Refused 2 ○ Other:________ DTFFQW

DTFFQ DTFFQWHYN

DTFFQ

Block FFQ ID number: ☐☐☐☐☐☐☐☐☐

2 **Did the participant agree to provide a stool sample?** 1 ○ Yes 0 ○ No → **Why not?** MIAGREW 1 ○ Refused 2 ○ Other:________

MISTDATA MIWHYN

MIAGREE

A. Ask the participant: "Have you been on a special diet during the past year?" ○ Yes ○ No

DTDATA DTWHYN

a. Indicate which special diets the participant has been on during the past year: (Mark all that apply.)

○ Low fat diet	○ High protein diet	○ Weight loss diet	○ Vegetarian
○ Low cholesterol diet	○ High fiber diet	○ Liquid diet to gain weight	○ Other diet. Please specify:
○ Low carbohydrate diet	○ Low fiber diet	○ Liquid diet to lose weight	________
○ Low salt diet	○ High potassium diet	○ Diabetic diet	

b. Indicate which special diets the participant has been on during the past two weeks: (Mark all that apply.)

○ Low fat diet	○ High protein diet	○ Weight loss diet	○ Vegetarian
○ Low cholesterol diet	○ High fiber diet	○ Liquid diet to gain weight	○ Other diet. Please specify:
○ Low carbohydrate diet	○ Low fiber diet	○ Liquid diet to lose weight	________
○ Low salt diet	○ High potassium diet	○ Diabetic diet	○ No special diet in the past two weeks

B. Did the participant take any antibiotics within the two weeks prior to the clinic visit? ○ Yes ○ No

Are these antibiotics listed on the Medication Inventory form? ○ Yes ○ No → ***PLEASE ADD NAMES OF ANTIBIOTICS TO MIF.***

C. Did the participant send their stool sample to OHSU? ○ Yes ○ No ○ Unknown

a. Date of sample collection:

☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

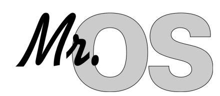
b. Time of sample collection: MISAT

☐☐ : ☐☐ ○ am ○ pm
Hours Minutes

c. Affix vial label:

MIFUPLAG

Why not?
○ Refused ○ Other:________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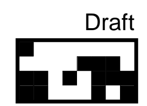
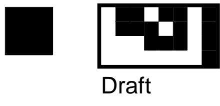




Blood Collection & Processing

Office Use Only-- SCSTAFF

MrOS ID#	Acrostic	Staff ID#

1 **Was any blood drawn?** ○ Yes ○ No → **Reason:** SCWHYN
SCBLOOD1

1 ○ Refused, did not provide consent
2 ○ Refused, other
3 ○ Unable
4 ○ Other:________

2 **Was a fasting sample collected?** ○ Yes ○ No SCFAST

3 **Time of last meal:** __ __ : __ __ (Hours : Minutes) ○ am ○ pm

4 **Time of blood draw:** __ __ : __ __ (Hours : Minutes) ○ am ○ pm

5 **Date of Lab Processing:** __ __ / __ __ / __ __ __ __ (Month / Day / Year)

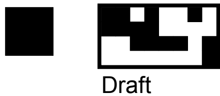
Vial					
Vial #1:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #2:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #3:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #4:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #5:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #6:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #7:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #8:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #9:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #10:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #11:(Clear/0.5 mL serum)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Lavender: (2.0 mL whole blood)	○ Complete	○ Partial	○ Not filled		
Vial #12: (Brown/1.0 mL plasma)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #13: (Brown/1.0 mL plasma)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled
Vial #14: (Brown/1.0 mL plasma)	○ Complete	○ Hemolyzed	○ Partial	○ Hemolyzed/partial	○ Not filled

6 **Ending time of laboratory processing:** __ __ : __ __ (Hours : Minutes) ○ am ○ pm

7 **Enter ID from bar code label:** __ __ __ __ __ __

8 **Did participant provide consent for future genetics studies?** ○ Yes ○ No

Affix barcode label:



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Urine Collection & Processing

SCUSTAFF

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

1 **Was urine collected at clinic visit?** 1 ○ Yes 0 ○ No SCURINE

Reason: SCUWHY
1 ○ Refused, did not provide consent
2 ○ Refused, other
3 ○ Unable
4 ○ Other:________

A. Date of specimen collection: __ __ / __ __ / __ __ __ __ (Month / Day / Year)

B. Time participant collected specimen: __ __ : __ __ (Hours : Minutes) ○ am ○ pm

C. What void was this? ○ 1st ○ 2nd ○ >2nd

D. Time of last meal: __ __ : __ __ (Hours : Minutes) ○ am ○ pm

E. Was fasting sample collected? 1 ○ Yes 0 ○ No SCUFAST

Date of Lab Processing: __ __ / __ __ / __ __ __ __ (Month / Day / Year)

Start time of lab processing: __ __ : __ __ (Hours : Minutes) ○ am ○ pm

Vial #12:(Yellow/0.5mL urine)	○ Complete	○ Partial	○ Not filled
Vial #13:(Yellow/0.5mL urine)	○ Complete	○ Partial	○ Not filled
Vial #14:(Yellow/0.5mL urine)	○ Complete	○ Partial	○ Not filled
Vial #15:(Yellow/0.5mL urine)	○ Complete	○ Partial	○ Not filled
Vial #16:(Yellow/0.5mL urine)	○ Complete	○ Partial	○ Not filled
Vial #17:(Yellow/0.5mL urine)	○ Complete	○ Partial	○ Not filled
Vial #18:(Yellow/0.5mL urine)	○ Complete	○ Partial	○ Not filled

Enter ID from bar code label: __ __ __ __ __ __

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Activity Monitor Checklist

Office Use Only-- MrOS ID#	Acrostic	V4AMSTF Staff ID#

V4AMFLAG

1. **Did the participant receive an activity monitor?** 1 ○ Yes 0 ○ No V4AMRCV V4AMWHYN

   a. **Does the participant wear a pacemaker or defibrillator?** 1 ○ Yes 0 ○ No V4AMPACE

   Is it compliant? 1 ○ Yes 0 ○ No 8 ○ Unknown AMPACECO

   Participant should not wear an activity monitor.

   b. **Serial Number:** ☐☐☐☐☐☐☐

   Why not? V4AMDOT
   - 8 ○ Refused
   - 1 ○ Cognitive Impairment
   - 2 ○ Physical/Medical Problem
   - 9 ○ Non-compliant pacemaker/defibrillator
   - 3 ○ No device available/Schedule problem
   - 4 ○ Right Arm Disability/Amputation
   - 5 ○ Oxygen Use
   - 6 ○ Oxygen Use by Spouse/Household Member
   - 10 ○ Unknown parameters (unknown weight, height, handedness, and/or smoking status)
   - 7 ○ Other ____________________

2. **Status of Participant:** ○ Seen in clinic ○ SAQ Only

   a. **Height:** ☐ feet ☐☐ inches b. **Weight:** ☐☐☐ pounds

3. **Does the participant smoke cigarettes now?** 1 ○ Yes 0 ○ No TURSMOKE

4. **Does the participant currently smoke a pipe or cigars regularly?** ○ Yes ○ No

5. **Handedness:** 1 ○ Right-handed 2 ○ Left-handed AMHAND

6. **Date and time the device was initialized:** ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year) ☐☐ : ☐☐ (Hours : Minutes) ○ am ○ pm

7. **Date returned to clinic:** ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

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

9. **Was the activity diary completed?** 1 ○ Yes 0 ○ No → **Why not?** 7 ○ Refused 8 ○ Unable

   V4AMDRY V4AMDRYN

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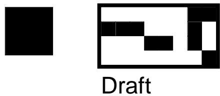
Mr.OS

CRDATA CRWHYN



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Creatine Dilution

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

DOSE ADMINISTRATION:

1. **Did the participant take a 30 mg dose of labeled creatine?** CRDOSE
   1 ○ Yes   0 ○ No → **Reason:** 1 ○ Refused 3 ○ Forgot to take dose 2 ○ Other:____ CRDOSW

A. Date of dose administration: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

B. Time of dose administration: ☐☐ : ☐☐ (Hours : Minutes) ○ am ○ pm

C. Where was dose administered? ○ Home ○ Clinic

D. Batch Number: ☐☐☐☐☐☐☐☐☐☐

URINE COLLECTION:

2. **Did the participant provide a urine sample 3-6 days (between 72-144 hours) after dose administration?**
   ○ Yes   ○ No → **Reason:** ○ Refused ○ Forgot to provide sample within window ○ Other:____

A. Date of urine collection: ○ Date Unknown ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

B. Time of urine collection: ○ Time Unknown ☐☐ : ☐☐ (Hours : Minutes) ○ am ○ pm

C. What void was this? ○ 1st ○ 2nd ○ 3rd ○ >=4th

D. Was sample fasting? ○ Yes ○ No

If 1st void or non-fasting, do not send to lab.

E. Enter ID from cryovial label: ☐☐☐☐☐☐

Affix cryovial label:

F. Date of meal preceding collection: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

G. Time of meal preceding collection: ☐☐ : ☐☐ (Hours : Minutes) ○ am ○ pm

H. Where was urine sample collected? ○ Home ○ Clinic

1. **How was sample received?** ○ Mail ○ Participant drop-off ○ Other:____
2. **Date sample received by clinic:** ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)
3. **Was sample received on expected day of delivery, drop-off, or pick-up?** ○ Yes ○ No
4. **What is the condition of the gel packs?** ○ Frozen ○ Partly thawed ○ Completely thawed or not included (Do NOT send to lab) ○ Not applicable/ Dropped off at clinic/ Clinic pick up
5. **What is the condition of the urine?** ○ No leakage ○ Partly leaked ○ Completely leaked or not included (Do NOT send to lab)

I. Were there any other problems with the sample? ○ Yes ○ No

Please describe:____ → Contact CC about sending to lab.

J. Was urine aliquoted for shipment to central lab? ○ Yes ○ No

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MrOS_ACL_Creatine
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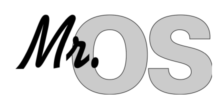
Creatine Dilution, page 1 of 1



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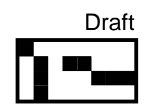

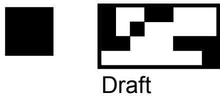
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HRpQCT

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

Were any of the HRpQCT scans obtained for this participant? HQWHY

HQSCAN
1 ○ Yes 0 ○ No →

Reason: 1 ○ Unable 2 ○ Refused 3 ○ Scanner Unavailable 4 ○ Other:___________

1 Patient Number/Sample Number:

2 Was a DISTAL RADIUS scan obtained?
1 ○ Yes 7 ○ No, refused 0 ○ No, unable →
HQRAD

Mark all that apply:
1 ○ History of fracture on both sides HQRADUF
1 ○ Hardware on both sides HQRADUH
1 ○ Other:_________ HQRADUO

A. Ulnar length: ___ mm

B. Participant's dominant hand: ○ Left ○ Right

C. Date of distal radius scan: ___ / ___ / ___ (Month / Day / Year)

D. Which side was scanned? ○ Left ○ Right

E. Was the non-dominant side scanned? ○ Yes ○ No

F. Measurement Number:

Mark all that apply:
○ History of fracture ○ Hardware ○ Other:_________

G. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Comments:_____________________________

REPEAT SCAN #1
○ Refused

H. Measurement Number:

I. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

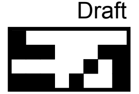
Comments: _____________________________

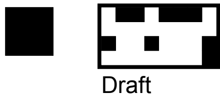
REPEAT SCAN #2
○ Refused

J. Measurement Number:

K. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Comments: _____________________________

Draft




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HRpQCT

Office Use Only-- MrOS ID# ______ ○ MISSING Acrostic ______

3 Were any of the TIBIA scans obtained?
1○ Yes 7○ No, refused 0○ No, unable → HQTIB

Mark all that apply: HQTIBUF HQTIBUH
1○ History of fracture on both sides 1○ Hardware on both sides
1○ Injury or surgery related non-weight bearing for 6 weeks or more in past 12 months (both sides) HQTIBUS
1○ Other: HQTIBUO

A. Tibia length: ___ mm

B. Participant's dominant foot: ○ Left ○ Right

C. Which side was scanned? ○ Left ○ Right

D. Was the non-dominant side scanned? ○ Yes ○ No →

Mark all that apply: HQTIBDF
1○ History of fracture HQTIBDF 1○ Hardware
1○ Injury or surgery related non-weight bearing for 6 weeks or more in past 12 months HQTIBDS
1○ Other: ______ HQTIBDO

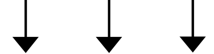
E. Was a DISTAL TIBIA scan obtained?
1○ Yes 7○ No, refused 2○ No, other: ______ HQTID

1. Date of distal tibia scan: __ / __ / ____ (Month / Day / Year)

2. Measurement Number: ________

3. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Comments: ______________________

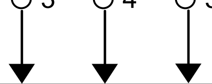


REPEAT SCAN #1 ○ Refused

4. Measurement Number: ________

5. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Comments: ______________________



REPEAT SCAN #2 ○ Refused

6. Measurement Number: ________

7. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Comments: ______________________

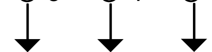
F. Was a PROXIMAL TIBIA scan obtained? ○ Yes ○ No, refused ○ No, software/cast unavailable ○ No, other: ______

1. Date of proximal tibia scan: __ / __ / ____ (Month / Day / Year)

2. Measurement Number: ________

3. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Comments: ______________________

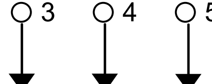


REPEAT SCAN #1 ○ Refused

4. Measurement Number: ________

5. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Comments: ______________________



REPEAT SCAN #2 ○ Refused

6. Measurement Number: ________

7. Image Quality: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Comments: ______________________

Mr.OS

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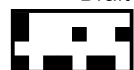

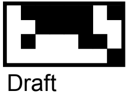

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Personality Questionnaire

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

Please answer the following 10 items about yourself by indicating the extent of your argreement using the following scale. Be as honest as you can throughout, and try not to let your response to one item influence your response to other items. There are no right or wrong answers.

PEOPSCOR
PECOSCOR
PETASCOR
PEGDSCOR
PEGRSCOR
PEGDAVG
PEGRAVG

1. **In uncertain times, I usually expect the best.** *PEEXPCT*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

2. **It's easy for me to relax.** *PERELAX*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

3. **If something can go wrong for me, it will.** *PEWRONG*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

4. **I'm always optimistic about my future.** *PEOPTIM*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

5. **I enjoy my friends a lot.** *PEFRNDS*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

6. **It's important for me to keep busy.** *PEKEEPB*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

7. **I hardly expect things to go my way.** *PEMYWAY*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

8. **I don't usually get upset too easily.** *PEUPSET*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

9. **I rarely count on good things happening to me.** *PERARE*
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

10. **Overall, I expect more good things to happen to me than bad.** *PEMOREG*
    1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

Version 1.0 11.27.2013
MrOS_AAV_Personality1
MrOS Visit 4
Personality Questionnaire, page 1 of 5

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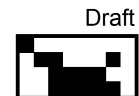
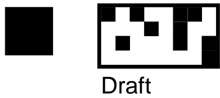




Personality Questionnaire

Office Use Only-- MrOS ID# | ○ MISSING Acrostic

During their lives, people cannot always attain what they want and are sometimes forced to stop pursuing the goals they have set. We are interested in understanding how you usually react when this happens to you. Please indicate the extent to which you agree or disagree with each of the following 10 items, as it usually applies to you.

"If I have to stop pursuing an important goal in my life..."

1. **It's easy for me to reduce my effort towards the goal.** PEGREDU
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

2. **I convince myself that I have other meaningful goals to pursue.** PEGCONV
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

3. **I stay committed to the goal for a long time; I can't let it go.** PEGCOMM
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

4. **I start working on other new goals to pursue.** PEGWORK
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

5. **I think about other new goals to pursue.** PEGOTHR
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

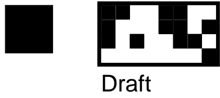
6. **I find it difficult to stop trying to achieve.** PEGDIFF
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

7. **I seek other meaningful goals.** PEGSEEK
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

8. **It's easy for me to stop thinking about the goal and let it go.** PEGEASY
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

9. **I tell myself that I have a number of other new goals to draw upon.** PEGNUMB
   1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly

10. **I put effort toward other meaningful goals.** PEGEFFO
    1○ Disagree strongly 2○ Disagree 3○ Neutral 4○ Agree 5○ Agree Strongly



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Personality Questionnaire

Office Use Only--
MrOS ID# | ○ MISSING
Acrostic

The next 18 phrases describe people's behaviors. Please fill in the box that corresponds with how accurately each statement describes you. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. Remember, your responses will be kept in absolute confidence, so that you can describe yourself honestly.

1. **Am always prepared.**
   1 ○ Very Inaccurate 2 ○ Moderately Inaccurate 3 ○ Neither Inaccurate nor Accurate 4 ○ Moderately Accurate 5 ○ Very Accurate
   PEBPREP

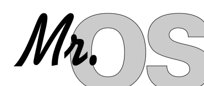
2. **Leave my belongings around.**
   1 ○ Very Inaccurate 2 ○ Moderately Inaccurate 3 ○ Neither Inaccurate nor Accurate 4 ○ Moderately Accurate 5 ○ Very Accurate
   PEBLEV

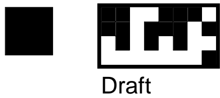
3. **Pay attention to details.**
   1 ○ Very Inaccurate 2 ○ Moderately Inaccurate 3 ○ Neither Inaccurate nor Accurate 4 ○ Moderately Accurate 5 ○ Very Accurate
   PEBATTN

4. **Make a mess of things.**
   1 ○ Very Inaccurate 2 ○ Moderately Inaccurate 3 ○ Neither Inaccurate nor Accurate 4 ○ Moderately Accurate 5 ○ Very Accurate
   PEBMESS

5. **Get chores done right away.**
   1 ○ Very Inaccurate 2 ○ Moderately Inaccurate 3 ○ Neither Inaccurate nor Accurate 4 ○ Moderately Accurate 5 ○ Very Accurate
   PEBCHOR

6. **Often forget to put things back in their proper place.**
   1 ○ Very Inaccurate 2 ○ Moderately Inaccurate 3 ○ Neither Inaccurate nor Accurate 4 ○ Moderately Accurate 5 ○ Very Accurate
   PEBFORG

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Personality Questionnaire

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7. **Like order.**
1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate
PEBORDR

8. **Shirk my duties.**
1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate
PEBDUTY

9. **Follow a schedule.**
1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate
PEBSCHE

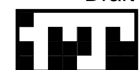
10. **Am exacting in my work.**
1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate
PEBEXAC

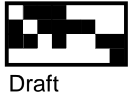
11. **Am always busy.**
1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate
PEBBUSY

12. **Like to take my time.**
1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate
PEBTIME

13. **Do a lot in my spare time.**
1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate
PEBSPAR

14. **Let things proceed at their own pace.**
1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate
PEBPACE





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Personality Questionnaire

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15 **Like to take it easy.**

1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate

PEBEASY

16 **Am always on the go.**

1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate

PEBONGO

17 **Like a leisurely lifestyle.**

1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate

PEBLEIS

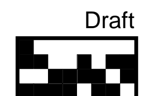
18 **Can manage many things at the same time.**

1○ Very Inaccurate 2○ Moderately Inaccurate 3○ Neither Inaccurate nor Accurate 4○ Moderately Accurate 5○ Very Accurate

PEBMANG

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Draft



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2	2	2	2	2	2	2	2	2
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4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

TODAY'S DATE

	DAY		YEAR
◯ Jan			
◯ Feb			
◯ Mar	0	0	2000 ◯
◯ Apr	1	1	2001 ◯
◯ May	2	2	2002 ◯
◯ Jun	3	3	2003 ◯
◯ Jul		4	2004 ◯
◯ Aug		5	2005 ◯
◯ Sep		6	2006 ◯
◯ Oct		7	2007 ◯
◯ Nov		8	2008 ◯
◯ Dec		9	2009 ◯

BRIEF FOOD QUESTIONNAIRE

This form is about the foods you usually eat.
It will take about 15 - 25 minutes to complete.

- **Please answer each question as best you can. Estimate if you aren't sure.**
- **Use only a No. 2 pencil.**
- **Fill in the circles completely, and erase completely if you make any changes.**

Please print your name in this box.

This form is about your <u>usual</u> eating habits in the past year or so. There are no right or wrong answers, and it is very important that we learn what <u>you actually</u> eat, not what you think you should eat. Please include all meals or snacks, at home or in a restaurant or carry-out.

There are two kinds of questions for each food:
HOW OFTEN, on average, did you eat the food during the past year?
*Please BE CAREFUL which column you put your answer in.
*Please DO NOT SKIP any foods. Mark "Never" if you didn't eat it.

HOW MUCH did you usually eat of the food?
*Sometimes we ask how <u>many</u> you eat, such as 1 egg, 2 eggs, etc., ON THE DAYS YOU EAT IT.
*Sometimes we ask "how much" as A, B, C or D. LOOK AT THE ENCLOSED PICTURES, and choose the one closest to the amount you usually eat of that food. (If you don't have pictures: A=1/4 cup, B=1/2 cup, C=1 cup, D= 2 cups.)

*Sometimes we made the "D" column a darker color. This is just to remind you to make sure you really eat that large a serving.

EXAMPLE: This person drank apple juice twice a week, and had one glass each time. Once a week he ate a "C"-sized bowl of rice.

TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR: NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
Apple juice	◯	◯	◯	◯	◯	●	◯	◯	◯	How many glasses each time	● 1	◯ 2	◯ 3	◯ 4
Rice	◯	◯	◯	◯	●	◯	◯	◯	◯	How much each time	◯ A	◯ B	● C	◯ D

PLEASE DO NOT WRITE IN THIS AREA

TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR: NEVER 1	A FEW TIMES per YEAR 2	ONCE per MONTH 3	2-3 TIMES per MONTH 4	ONCE per WEEK 5	TWICE per WEEK 6	3-4 TIMES per WEEK 7	5-6 TIMES per WEEK 8	EVERY DAY 9	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D	1	2	3	4
How often do you eat each of the following foods all year round?														
Eggs, including egg biscuits or Egg McMuffins (Not egg substitutes)	DTEGGSF									How many eggs each time	1	2	3	4
											DTEGGSS			
Bacon or breakfast sausage, including sausage biscuit	DTSAUSF									How many pieces	1	2	3	4
											DTSAUSS			
Pancakes, waffles, or French toast	DTWAFPNF									How many pieces	1	2	3	4
											DTWAFPNS			
Cooked cereals like oatmeal, cream of wheat or grits	DTCKCERF									How much (bowl)	A	B	C	D
											DTCKCERS			
Cold cereals like Corn Flakes, Cheerios, Special K, fiber cereals	DTCDCERF									How much (bowl)	A	B	C	D
											DTCDCERS			

Which cereal do you eat most often? **MARK ONLY ONE:** 1 Bran Buds, Raisin Bran, Fruit-n-Fiber, other fiber cereals 2 Product 19, Just Right, Total 3 Other cold cereal, like Corn Flakes, Cheerios, Special K DTCDCERT

TYPE OF FOOD	NEVER 1	A FEW TIMES per YEAR 2	ONCE per MONTH 3	2-3 TIMES per MONTH 4	ONCE per WEEK 5	TWICE per WEEK 6	3-4 TIMES per WEEK 7	5-6 TIMES per WEEK 8	EVERY DAY 9	HOW MUCH EACH TIME	1	2	3	4
Cheese, sliced cheese or cheese spread, including on sandwiches.	DTCHEESF									How many slices	1	2	3	4
											DTCHEESS			

When you eat cheese, is it 1 Usually low-fat 2 Sometimes 3 Rarely or never low-fat N/A DTFTCHES

TYPE OF FOOD	NEVER 1	A FEW TIMES per YEAR 2	ONCE per MONTH 3	2-3 TIMES per MONTH 4	ONCE per WEEK 5	TWICE per WEEK 6	3-4 TIMES per WEEK 7	5-6 TIMES per WEEK 8	EVERY DAY 9	HOW MUCH EACH TIME	1	2	3	4
Yogurt or frozen yogurt	DTYOGRTF									How much	A	B	C	D
											DTYOGRTS			
How often do you eat each of the following fruits?														
Bananas	DTBANANF									How many each time	1/2	1	2	3
											DTBANANS			
Fresh apples or pears	DTAPPPRF									How many	1/2	1	2	3
											DTAPPPRS			
Oranges, tangerines, not including juice	DTORANGF									How many	1/2	1	2	3
											DTORANGS			
Applesauce, fruit cocktail, or any canned fruit	DTCANFRF									How much	A	B	C	D
											DTCANFRS			
Any other fruit, like grapes, honeydew, pineapple, strawberries	DTFFRUTF									How much	A	B	C	D
											DTFFRUTS			

TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR: NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
	1	2	3	4	5	6	7	8	9					
How often do you eat each of the following vegetables, including fresh, frozen, canned or in stir fry, at home or in a restaurant?											1	2	3	4
French fries, fried potatoes or hash browns	DTFRIESF									How much	DTFRIESS A	B	C	D
White potatoes not fried, incl. boiled, baked, mashed & potato salad	DTPOTATF									How much	DTPOTATS A	B	C	D
Sweet potatoes, yams	DTSWPOTF									How much	DTSWPOTS A	B	C	D
Rice, or dishes made with rice	DTRICEF									How much	DTRICES A	B	C	D
Baked beans, chili with beans, blackeye peas, any other dried beans	DTBEANSF									How much	DTBEANSS A	B	C	D
Corn	DTCORNF									How much	DTCORNS A	B	C	D
Green beans or green peas	DTPEASF									How much	DTPEASS A	B	C	D
Broccoli	DTBROCF									How much	DTBROCS A	B	C	D
Carrots, or stews or mixed vegetables containing carrots	DTCARRTF									How much	DTCARRTS A	B	C	D
Spinach, or greens like collards	DTSPNCHF									How much	DTSPNCHS A	B	C	D
Cole slaw, cabbage	DTCABGEF									How much	DTCABGES A	B	C	D
Green salad	DTSALADF									How much	DTSALADS A	B	C	D
Raw tomatoes, including in salad	DTRWTOMF									How much	DTRWTOMS 1/4	1/2	1	2
Salad dressing	DTSDRESF									How many TBSP.	DTSDRESS 1	2	3	4
When you use salad dressing, is it	1 Always low-fat		2 Sometimes			3 Rarely low-fat			N/A	DTSDREST	1	2	3	4
Any other vegetable, like okra, cooked green peppers, cooked onions	DTVEGTAF									How much	DTVEGTAS A	B	C	D
Tofu, bean curd	DTTOFUF									How much	DTTOFUS A	B	C	D
Vegetable soup, vegetable beef, chicken vegetable, or tomato soup	DTVSOUPF									How much (bowl)	DTVSOUPS A	B	C	D
Other soups, like chicken noodle, chowder, mushroom, instant soups	DTOSOUPF									How much (bowl)	DTOSOUPS A	B	C	D

PLEASE DO NOT WRITE IN THIS AREA

TYPE OF FOOD	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME (SEE PORTION SIZE PICTURES FOR A-B-C-D)				
	HOW OFTEN IN THE PAST YEAR													
MEATS	1	2	3	4	5	6	7	8	9		1	2	3	4
Hamburgers, cheeseburgers, meat loaf, at home or in a restaurant	DTHMBRGF			○	○	○	○	○	○	How much meat	DTHMBRGS 1/8 lb.	1/4 lb.	1/2 lb.	3/4 lb.
Beef steaks, roasts, pot roast, or in frozen dinners or sandwiches	DTBEEFF			○	○	○	○	○	○	How much	DTBEEFS A	B	C	D
Liver, including chicken livers or liverwurst	DTLIVERF			○	○	○	○	○	○	How much	DTLIVERS A	B	C	D
Pork, including chops, roasts, or dinner ham	DTPORKF			○	○	○	○	○	○	How much	DTPORKS A	B	C	D
Mixed dishes with meat or chicken, like stew, corned beef hash, chicken & dumplings, or in frozen meals	DTMIXMEF			○	○	○	○	○	○	How much	DTMIXMES A	B	C	D
Fried chicken, at home or in a restaurant	DTFCHICF			○	○	○	○	○	○	# medium pieces	DTFCHICS 1	2	3	4
Chicken or turkey not fried, such as baked, grilled, or on sandwiches	DTCHICKF			○	○	○	○	○	○	How much	DTCHICKS A	B	C	D
Shellfish like shrimp, scallops, crabs	DTSFISHF			○	○	○	○	○	○	How much	DTSFISHS A	B	C	D
Fish or fish sandwich, at home or in a restaurant	DTFISHF			○	○	○	○	○	○	How much	DTFISHS A	B	C	D
Hot dogs, or sausage like Polish, Italian or Chorizo	DTHTDOGF			○	○	○	○	○	○	How many	DTHTDOGS 1	2	3	4
Boloney, sliced ham, turkey lunch meat, other lunch meat	DTLCHMTF			○	○	○	○	○	○	How many slices	DTLCHMTS 1	2	3	4

Do you ever eat chicken, meat or fish? 1 ○ Yes 0 ○ No IF NO, SKIP TO NEXT PAGE DTETMEAT

When you eat beef or pork, do you DTFATON 1 ○ Avoid eating the fat 2 ○ Sometimes eat the fat 3 ○ Often eat the fat ○ I don't eat meat

When you eat chicken, do you DTSKNCHX 1 ○ Avoid eating the skin 2 ○ Sometimes eat the skin 3 ○ Often eat the skin ○ N/A

When you eat lunch meats, are they 1 ○ Usually low-fat 2 ○ Sometimes 3 ○ Rarely low-fat ○ N/A DTFTLMET

TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR: NEVER (1) · A FEW TIMES per YEAR (2) · ONCE per MONTH (3) · 2-3 TIMES per MONTH (4) · ONCE per WEEK (5) · TWICE per WEEK (6) · 3-4 TIMES per WEEK (7) · 5-6 TIMES per WEEK (8) · EVERY DAY (9)	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D	1 · 2 · 3 · 4
Pasta, breads, spreads, snacks	1 2 3 4 5 6 7 8 9		1 2 3 4
Spaghetti, lasagna, or other pasta with tomato sauce	DTPASTAF	How much	DTPASTAS (A B C D)
Cheese dishes without tomato sauce, like macaroni and cheese	DTCHESDF	How much	DTCHESDS (A B C D)
Pizza, including carry-out	DTPIZZAF	How many slices	DTPIZZAS (1 2 3 4)
Biscuits, muffins	DTBISCTF	How many each time	DTBISCTS (1 2 3 4)
Rolls, hamburger buns, English muffins, bagels	DTBISCTF	How many each time	DTBISCTS (1/2 1 2 3)
White bread or toast, including French, Italian, or in sandwiches	DTWBREDF	How many slices	DTWBREDS (1 2 3 4)
Dark bread like rye or whole wheat, including in sandwiches	DTDBREDF	How many slices	DTDBREDS (1 2 3 4)
Margarine in cooking, or on bread, potatoes or vegetables	DTMARGRF	How many pats	DTMARGRS (1 2 3 4)
Butter in cooking, or on bread, potatoes or vegetables	DTBUTTRF	How many pats	DTBUTTRS (1 2 3 4)
Mayonnaise, sandwich spreads	DTMAYOF	How many TBSP.	DTMAYOS (1 2 3 4)
Peanut butter	DTPNUTBF	How many TBSP.	DTPNUTBS (1 2 3 4)
Gravy	DTGRAVYF	How many TBSP.	DTGRAVYS (1 2 3 4)
Snacks like potato chips, corn chips, popcorn (Not pretzels)	DTSLTSKF	How much	DTSLTSKS (A B C D)
Peanuts, other nuts or seeds	DTNUTSF	How much	DTNUTSS (A B C D)
Crackers	DTCRACKF	How much	DTCRACKS (A B C D)
Doughnuts, cake, pastry	DTDONUTF	How many pieces	DTDONUTS (1 2 3 4)
Cookies	DTCOOKYF	How many	DTCOOKYS (1-2 3-5 6-7 8+)
When you eat cookies, are they	1 Usually low-fat · 2 Sometimes · 3 Rarely low-fat · N/A		DTFTCOKY
Ice cream, ice milk, ice cream bars	DTICECMF	How much	DTICECMS (A B C D)
When you eat ice cream, is it	1 Usually low-fat · 2 Sometimes · 3 Rarely low-fat · N/A		
Pie or cobbler	DTPIEF	How many slices	DTPIES (1/2 1 2 3)
Chocolate candy, candy bars	DTCHOCOF	How many bars	DTCHOCOS (small medium large 2 large)

TYPE OF BEVERAGE	HOW OFTEN IN THE PAST YEAR: NEVER 1	A FEW TIMES per YEAR 2	ONCE per MONTH 3	2-3 TIMES per MONTH 4	ONCE per WEEK 5	TWICE per WEEK 6	3-4 TIMES per WEEK 7	5-6 TIMES per WEEK 8	EVERY DAY 9	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D	1	2	3	4
How often do you drink the following beverages?														
Real 100% orange juice or grapefruit juice, including fresh, frozen or bottled	DTCJUICF			○	○	○	○	○	○	How many glasses each time	DTCJUICS 1	2	3	4

When you drink orange juice, how often do you drink a calcium-fortified brand? DTCJUICT
1 ○ Usually calcium-fortified
2 ○ Sometimes
3 ○ Rarely/never calcium-fortified
○ N/A

TYPE OF BEVERAGE	1	2	3	4	5	6	7	8	9	HOW MUCH	1	2	3	4
Hi-C, Kool-Aid, or other drinks with added vitamin C	DTKLAIDF			○	○	○	○	○	○	How many glasses each time	DTKLAIDS 1	2	3	4
Tomato juice or V-8 juice	DTTOMJUF			○	○	○	○	○	○	How many glasses	DTTOMJUS 1	2	3	4
Liquid supplements like Ensure, instant breakfast milkshakes like Carnation, or diet shakes like SlimFast	DTSHKF			○	○	○	○	○	○	How many glasses or cans	DTSHKS 1	2	3	4
Glasses of milk (any kind)	DTMILKF			○	○	○	○	○	○	How many glasses	DTMILKS 1	2	3	4

When you drink glasses of milk what kind do you usually drink? **MARK ONLY ONE:** DTFTMILK
1 ○ Whole milk
2 ○ Reduced fat 2% milk
3 ○ Low-fat 1% milk
4 ○ Non-fat milk
5 ○ Rice milk
6 ○ Soy milk
7 ○ I don't drink milk or soy milk

TYPE OF BEVERAGE	1	2	3	4	5	6	7	8	9	HOW MUCH	1	2	3-4	5+
Soft drinks with caffeine, like colas or Mountain Dew	DTSFTDRF			○	○	○	○	○	○	How many bottles or cans	DTSFTDRS 1	2	3-4	5+
Coffee	DTCOFFEF			○	○	○	○	○	○	How many cups	DTCOFFES 1	2	3-4	5+

When you drink coffee, is it usually DTCOFFTP
1 ○ Brewed caffeinated
2 ○ Instant caffeinated
3 ○ Decaffeinated

TYPE OF BEVERAGE	1	2	3	4	5	6	7	8	9	HOW MUCH	1	2	3-4	5+
Tea, regular black tea or Chinese tea, not herbal teas	DTTEAF			○	○	○	○	○	○	How many cups	DTTEAS 1	2	3-4	5+

What do you usually add to coffee? DTCOFFAD
1 ○ Cream or half & half
2 ○ Nondairy creamer
3 ○ Milk
4 ○ None of these

What do you usually add to tea? DTTEADD
1 ○ Cream or half & half
2 ○ Nondairy creamer
3 ○ Milk
4 ○ None of these

During the past year, have you taken any vitamins or minerals regularly, at least once a week? 0 No, not regularly 1 Yes, fairly regularly

DTTKVITS

(IF YES) WHAT DID YOU TAKE FAIRLY REGULARLY?

VITAMIN TYPE	HOW OFTEN					FOR HOW MANY YEARS					
	DIDN'T TAKE 1	A FEW DAYS PER MONTH 2	1-3 DAYS PER WEEK 2	4-6 DAYS PER WEEK 3	EVERY DAY 4	LESS THAN 1 YEAR 1	1 YEAR 2	2 YEARS 3	3-4 YEARS 4	5-9 YEARS 5	10+ YEARS 6
Multiple Vitamins. Did you take...											
Regular Once-A-Day, Centrum, or Thera type	DONEDYF					DONEDYY					
Stress-Tabs or B-Complex type	DTSTRSTF					DTSTRSTY					
Antioxidant combination type	DTANTIXF					DTANTIXY					
Single Vitamins, not part of multiple vitamins											
Vitamin A, not beta-carotene	DTVITAF					DTVITAY					
Beta-carotene	DTBETACF					DTBETACY					
Vitamin C	DTVITCF					DTVITCY					
Vitamin E	DTVITEF					DTVITEY					
Folic acid, folate	DTFOLATF					DTFOLATY					
Calcium or Tums, alone or combined with vit. D or magnesium	DTCHLCMF					DTCHLCMY					
Zinc	DTZINCF					DTZINCY					
Iron	DTIRONF					DTIRONY					
Selenium	DTSELENF					DTSELENY					
Vitamin D, alone or combined with calcium	DTVITDF					DTVITDY					
Soy Supplements such as Soy Care, Soy50, or soy protein powder (NOT soy milk)	DTSOYF					DTSOYY					

If you took Once-a-Day, Centrum, or Thera-type multiple vitamins, did you usually take types that

1 contain minerals, iron, zinc, etc. 2 do not contain minerals don't know DTMINSUP

If you took vitamin C or vitamin E:

How many milligrams of vitamin C did you usually take, on the days you took it? DTMGVITC

1 100 2 250 3 500 4 750 5 1000 6 1500 7 2000 8 3000+ don't know

How many IUs of vitamin E did you usually take, on the days you took it? DTIUVITE

1 100 2 200 3 300 4 400 5 600 6 800 7 1000 8 2000+ don't know

Thank you very much for filling out this questionnaire.
Please take a minute to go back and fill in anything you may have skipped.

PLEASE DO NOT WRITE IN THIS AREA