



# Enrollment Form

Office Use Only--  
MrOS ID#

Acrostic

Staff ID#

ID							
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Was the Interim Questionnaire (VI2) returned?

Yes  
↓

No  
↓

a. Date Interim Questionnaire was received from the participant:

		/			/				
Month			Day			Year			

VI2DATE

b. How was the Interim Questionnaire administered? VI2ADMIN

Mail  Phone  Other

Why not?

- Not interested/Too busy
- Health Problems
- Out of Area
- Too many contacts from study
- Caregiver responsibilities
- Postcard Only status - not contacted
- Other

VI2AGE1  
VI2AGE1RG

VI21FUTM  
VI2DFUTM  
VI2IFUTM  
VI2SFUTM  
VI22FUTM  
VI23FUTM





# General Information

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4 What is your current marital status? *GIMSTAT*

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



What is the date of your spouse's death?

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Month

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Day

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*GISEDOD*

Year

5 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*

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

--	--

*GILIVEYR*  
years

7 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 *MHREST*
- ↓

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

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days *MHRESTD*

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.)

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days *MHRESTBD*



# 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  No *MHDIAB*

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

*MHDIABT*

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

1  Yes  No *MHHTHY*

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

*MHHTHYT*

**c. Low thyroid or an underactive thyroid gland?**

1  Yes  No *MHLTHY*

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

*MHLTHYT*

**d. Parkinson's disease?**

1  Yes  No *MHPARK*

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

*MHPARKT*

**e. Depression?**

1  Yes  No *MHDEPR*

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

*MHDEPRT*

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

1  Yes  No *MHCOPD*

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

*MHCOPDT*

**g. Heart attack, coronary or myocardial infarction?**

1  Yes  No *MHMI*

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

*MHMIT*

**h. Congestive heart failure or enlarged heart?**

1  Yes  No *MHCHF*

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

*MHCHFT*

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

1  Yes  No *MHSTRK*

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

*MHSTRKT*

**j. Hypertension or high blood pressure?**

1  Yes  No *MHBP*

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

*MHBPRT*

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

1  Yes  No *MHPERVD*

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

*MHPRVDT*

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

1  Yes  No *MHANGIO*

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

m. Rheumatoid arthritis?

1  Yes 0  No *MHRHEU1*

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

*MHRHEUT*

n. Osteoarthritis or degenerative arthritis?

1  Yes 0  No *MHOA*

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

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

1  Hip 1  Knee 1  Other

*MHOAHIP MHOAKNE MHOAOTH*

2 In the past 12 months, have you had pain, aching or stiffness in either knee on most days for at least one month? Include pain, aching and stiffness in or around your knee, including the front, back and side of knee.

1  Yes 0  No *MHKNEE*

Was this pain in the left knee, right knee or both knees?

1  Left knee 2  Right knee 3  Both knees

*MHKNEESD*

3 Has a doctor or other health care provider ever 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

4 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

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

1  Yes 0  No *MHSTOM*

How old were you when you had this surgery?

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*MHSTMAGE*

years old

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

Yes  No **MHCANCER**  
↓

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

Prostate cancer →  
**MHPC**

How old were you at first diagnosis?

--	--	--

**MHPCAGE**  
years old

Colon (bowel) or rectum cancer →  
**MHCC**

How old were you at first diagnosis?

--	--	--

**MHCCAGE**  
years old

Skin cancer (not melanoma) →  
**MHSC**

How old were you at first diagnosis?

--	--	--

**MHSCAGE**  
years old

Lung cancer →  
**MHLC**

How old were you at first diagnosis?

--	--	--

**MHLCAGE**  
years old

Other cancer →  
**MHOC**

Please specify: \_\_\_\_\_

How old were you at first diagnosis?

--	--	--

**MHOCAGE**  
years old

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

Yes  No **MHKDNY**  
↓

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

--	--

times

b. Are you currently being treated for kidney stones?

Yes  No

**MHKDNYAK**

**MHKDNYTR**





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8) During the past 12 months, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair?

1  Yes 0  No *MHFALL*

a. How many times have you fallen in the past 12 months?

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

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 some other kind of injury *MHOTHER*

1  I had a sprain or a strain *MHSPRAIN*

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

9) During the past 12 months, have you intentionally lost more than 10 lbs?

1  Yes 0  No *MHWTLO10*

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

1  Diet *MHWDIET*

1  Diet pills *MHWPILL*

1  Exercise *MHWEXE*

1  Other *MHWOTH*

Please specify: \_\_\_\_\_

10) Have you been hospitalized overnight in the last 12 months?

1  Yes 0  No *MHHSP*

How many times were you hospitalized?

--	--	--

times

*MHHSPNUM*

11) 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?

1  Less than 1 hour

2  At least 1 hour but no more than 2 hours

3  More than 2 hours

*SLNAPHR*

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# Functional Status

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

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

- ① Do you have ANY difficulty walking 2 or 3 blocks outside on level ground? **QLRBLK1** **QLBLK1**  
**QLBLK2**
- 1  Yes      0  No      2  I don't do it      **QLBLK**
- ↓
- a. How much difficulty do you have doing this?**  
1  Some difficulty 2  Much difficulty 3  Unable to do it  
**QLBLKLVL**

**b. Is this because of a health or physical problem?**  
1  Yes 0  No 8  I don't know      **QLBLKPR1**

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

**QLBLKPR2**      **QLRSTP1**
- ② Do you have ANY difficulty climbing up 10 steps without resting? **QLSTP1**  
**QLSTP2**
- 1  Yes      0  No      2  I don't do it      **QLSTP**
- ↓
- a. How much difficulty do you have doing this?**  
1  Some difficulty 2  Much difficulty 3  Unable to do it  
**QLSTPLVL**

**b. Is this because of a health or physical problem?**  
1  Yes 0  No 8  I don't know      **QLSTPPR1**

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

**QLSTPPR2**      **QLRMEL1**
- ③ Do you have ANY difficulty preparing your own meals? **QLMEL1**  
**QLMEL2**
- 1  Yes      0  No      2  I don't do it      **QLMEL**
- ↓
- a. How much difficulty do you have doing this?**  
1  Some difficulty 2  Much difficulty 3  Unable to do it  
**QLMELLVL**

**b. Is this because of a health or physical problem?**  
1  Yes 0  No 8  I don't know      **QLMELPR1**

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

**QLMELPR2**
- ④ Do you have ANY difficulty doing heavy housework, like scrubbing floors or washing windows? **QLRHHW1**  
**QLHHW1**  
**QLHHW2**
- 1  Yes      0  No      2  I don't do it      **QLHHW**
- ↓
- a. How much difficulty do you have doing this?**  
1  Some difficulty 2  Much difficulty 3  Unable to do it  
**QLHHWVL**

**b. Is this because of a health or physical problem?**  
1  Yes 0  No 8  I don't know      **QLHHWPR1**

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

**QLHHWPR2**





# Functional Status

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

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

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

**QLRSHP1** **QLSHP1** **QLSHP2**  Yes  No  I don't do it **QLSHP**

**QLSHPLVL** a. How much difficulty do you have doing this?  
 Some difficulty  Much difficulty  Unable to do it

b. Is this because of a health or physical problem?  
 Yes  No  I don't know **QLSHPPR1**

**QLSHPPR2** Is this because of a health or physical problem?  
 Yes  No  I don't know

6 Do you have ANY difficulty managing money?

Yes  No  I don't do it **QLRMON1** **QLMON1** **QLMON2**

**QLMONLVL** a. How much difficulty do you have doing this?  
 Some difficulty  Much difficulty  Unable to do it

b. Is this because of a health or physical problem?  
 Yes  No  I don't know **QLMONPR1**

**QLMONPR2** Is this because of a health or physical problem?  
 Yes  No  I don't know

7 Do you have ANY difficulty bathing or showering?

Yes  No  I don't do it **QLRBAT1** **QLBAT1** **QLBAT2**

**QLBATLVL** a. How much difficulty do you have doing this?  
 Some difficulty  Much difficulty  Unable to do it

b. Is this because of a health or physical problem?  
 Yes  No  I don't know **QLBATPR1**

**QLBATPR2** Is this because of a health or physical problem?  
 Yes  No  I don't know

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

Yes  No  I don't do it **QLRBED1** **QLBED1** **QLBED2**

**QLBEDLVL** a. How much difficulty do you have doing this?  
 Some difficulty  Much difficulty  Unable to do it

b. Is this because of a health or physical problem?  
 Yes  No  I don't know **QLBEDPR1**

**QLBEDPR2** Is this because of a health or physical problem?  
 Yes  No  I don't know







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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.

**QLRMED1**

9 Do you have ANY difficulty managing your medications?

1  Yes      0  No

2  I don't do it  
↓ **QLMED**

**QLMED1**  
**QLMED2**

**a. How much difficulty do you have doing this?**  
 1  Some difficulty   2  Much difficulty   3  Unable to do it  
**QLMEDLVL**

**b. Is this because of a health or physical problem?**  
 1  Yes   0  No   8  I don't know   **QLMEDPR1**

**Is this because of a health or physical problem?**  
 Yes    No    I don't know  
**QLMEDPR2**

10 In the past five years, have you experienced a major decline in muscle strength?

1  Yes      0  No      2  I don't know   **QLDECMUS**

11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?

1  Yes      0  No      2  I don't know   **QLCANE**

12 Do you have any difficulty stooping, crouching, or kneeling?

1  Yes      0  No      2  I don't know   **QLSTO**

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

13 Do you have any difficulty raising your arms up over your head?

1  Yes      0  No      2  I don't know   **QLARM**

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

14 Do you have any difficulty using your fingers to grasp or handle?

1  Yes      0  No      2  I don't know   **QLFIN**

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

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These questions refer to your activities within the PAST MONTH:

1 During the past four weeks, have you been to other rooms of your home besides the room where you sleep?

Yes       No      *LS1YN*

- a. How often did you get to the other rooms of your home?  
 Less than 1/week     1-3 times/week     4-6 times/week     Daily      *LS1FQ*
- b. Did you use aids or equipment to get there?  
 Yes     No      *LS1IND1*
- c. Did you need help from another person to get there?  
 Yes     No      *LS1IND2*

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?

Yes       No      *BJLS2YN*

- a. How often did you get to an area outside your home?  
 Less than 1/week     1-3 times/week     4-6 times/week     Daily      *LS2FQ*
- b. Did you use aids or equipment to get there?  
 Yes     No      *LS2IND1*
- c. Did you need help from another person to get there?  
 Yes     No      *LS2IND2*

3 During the past four weeks, have you been to places in your neighborhood, other than your own yard or apartment building?

Yes       No      *LS3YN*

- a. How often did you get to places in your neighborhood?  
 Less than 1/week     1-3 times/week     4-6 times/week     Daily      *LS3FQ*
- b. Did you use aids or equipment to get there?  
 Yes     No      *LS3IND1*
- c. Did you need help from another person to get there?  
 Yes     No      *LS3IND2*





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These questions refer to your activities within the PAST MONTH:

4 During the past four weeks, have you been to places outside your neighborhood, but within your town?

1  Yes      0  No      *LS4YN*



a. How often did you get to places outside your neighborhood, but within your town?

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 to get there?

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*



a. How often did you get to places outside your town?

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 to get there?

1  Yes    0  No      *LS5IND1*

c. Did you need help from another person to get there?

1  Yes    0  No      *LS5IND2*

<i>LSM</i>	<i>LSII</i>
<i>LSI</i>	<i>LSIII</i>
<i>LSID</i>	<i>LSC</i>
<i>LSE</i>	



# Lifestyle

QL1I2COM  
 QLII2COM  
 QLSI2COM  
 QL2I2COM  
 QL3I2COM

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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?

② Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? **QLMODLIM**

Yes, limited a lot    Yes, limited a little    No, not limited at all

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)? **QLACCLV**

a. Accomplished less than you would like    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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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 . . . **QLCALM**

a. Have you felt calm and peaceful?

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

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

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

9 **Mobility:**

**QLEQMOB**

- 0  I have no problems walking about  
1  I have some problems walking about  
2  I am confined to bed

10 **Self-care:**

**QLEQCARE**

- 0  I have no problems with self-care  
1  I have some problems washing or dressing myself  
2  I am unable to wash or dress myself

11 **Usual activities**

(e.g. work, study, housework, family or leisure activities)

- 0  I have no problems with performing my usual activities  
1  I have some problems with performing my usual activities  
2  I am unable to perform my usual activities

**QLEQUSE**

12 **Pain/discomfort:**

**QLEQPAIN**

- 0  I have no pain or discomfort  
1  I have moderate pain or discomfort  
2  I have extreme pain or discomfort

13 **Anxiety/depression:**

**QLEQANX**

- 0  I am not anxious or depressed  
1  I am moderately anxious or depressed  
2  I am extremely anxious or depressed

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# Moods in the Last Week

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

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

*DPGDSSC*  
*DPGDS15*  
*DPGDSYN*





# Physical Activity

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

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

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

Go to Question 2

What were these activities? \_\_\_\_\_

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

**PASITT**

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

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)

**PAWALKW**

**PAWALK**

Go to Question 3

What were these activities? \_\_\_\_\_

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

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

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

**PALTEW**

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

**PALTE**

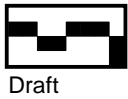
Go to Question 4

What were these activities? \_\_\_\_\_

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

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





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

**PAMODW**

**PAMOD**

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  Less than 1 hour    2  Between 1 and 2 hours    3  2-4 hours    4  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  Never    1  Seldom (1-2 days)    2  Sometimes (3-4 days)    3  Often (5-7 days)

**PASTRW**

**PASTR**

Go to  
Question 6

What were these activities? \_\_\_\_\_

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

1  Less than 1 hour    2  Between 1 and 2 hours    3  2-4 hours    4  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  Never    1  Seldom (1-2 days)    2  Sometimes (3-4 days)    3  Often (5-7 days)

**PAWGT**

**PAWGTW**

Go to  
Question 7

What were these activities? \_\_\_\_\_

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

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







# Physical Activity

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

- 7 During the past 7 days, have you done any light housework, such as dusting or washing dishes?  
 Yes  No PALHW **PALHWW**
- 8 During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows or carrying wood?  
 Yes  No PAHHW **PAHHWW**
- 9 During the past 7 days, did you engage in any of the following activities? (Please answer yes or no for each item.)
- Home repairs, like painting, wallpapering, electrical work, etc.?  Yes  No  
 PAHOME **PAHOMEW**
- Lawn work or yard care, including snow or leaf removal, wood chopping, etc.?  Yes  No  
 PALAWN **PALAWNW**
- Outdoor gardening?  Yes  No  
 PAGARDEN **PAGARDNW**
- Caring for another person, such as children, dependent spouse, or another adult?  Yes  No  
 PACAREW **PACAREW**
- 10 During the past 7 days, did you work either for pay or as a volunteer?  
 Yes  No PAWK **PAWKW**

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

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

1  Mainly sitting with slight arm movements PAWKPA  
 Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.

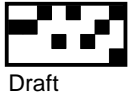
2  Sitting or standing with some walking  
 Examples: cashier, general office worker, light tool and machinery worker

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**





# Tobacco & Alcohol

Office Use Only--  
MrOS ID#

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① Do you smoke cigarettes now?

1  Yes    0  No

*TUSMKNOW*



About how many cigarettes do you smoke per day?

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*TUSMKCGN*  
cigarettes per day

② Do you currently smoke a pipe or cigars regularly?

1  Yes    0  No    *TUPIPEC*



About how much do you smoke per week?

--	--

*TUCPIAMT*  
pipes or cigars per week

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

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



# Sleep Habits

Office Use Only--  
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Questions 1 - 9 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.

- ① During the past month, what time have you usually gone to bed at night? **PQPTMBED**   :    A.M.  P.M.
- ② During the past month, how long (in minutes) has it usually taken you to fall asleep each night? **PQPSLPM4**     **PQPSLPM** **PQPSLDUR** **PQPINBED** minute
- ③ During the past month, when have you usually gotten up in the morning? **PQPTMWAK**   :    A.M.  P.M.
- 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.) **PQPEFFCY** **PQPEFFIC** **PQPACTSL**   hour

For questions 5-9, mark the one best response. Please answer all questions.

⑤ During the past month, how often have you had trouble sleeping because you...

	<b>PQPLATEN</b> <b>PQDAYDYS</b>	<b>PQDISTUR</b> <b>PQPSQI</b>	<b>PQBADSLP</b>	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 <b>PQP30M</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wake up in middle of the night or early morning <b>PQPWAKE</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have to get up to use the bathroom <b>PQPBATH</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cannot breathe comfortably <b>PQPBREA</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cough or snore loudly <b>PQPSNOR</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feel too cold <b>PQPCOLD</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feel too hot <b>PQPHOT</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have bad dreams <b>PQPBAD</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have pain <b>PQPPAIN</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have leg jerks or leg cramps <b>SLJERK</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Have heartburn <b>SLHBURN</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other reasons Describe: <b>PQPOTH</b>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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# Sleep Habits

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

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

- |  | Not During<br>the Past<br>Month  | Less than<br>Once a<br>Week | Once or<br>Twice a<br>Week | Three or<br>More Times<br>a Week |                 |
|--|--|-----------------------------|----------------------------|----------------------------------|-----------------|
| 6 During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?                   | <input type="radio"/> 0  | <input type="radio"/> 1     | <input type="radio"/> 2    | <input type="radio"/> 3          | <i>PQPSLMED</i> |
| 7 During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? | <input type="radio"/> 0  | <input type="radio"/> 1     | <input type="radio"/> 2    | <input type="radio"/> 3          | <i>PQPTRBSA</i> |
| 8 During the past month, how would you rate your sleep quality overall?  | <input type="radio"/> Very good <input type="radio"/> Fairly good <input type="radio"/> Fairly bad <input type="radio"/> Very bad  |                             |                            |                                  | <i>PQPSQUAL</i> |
| 9 During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?                | <input type="radio"/> No problem at all <input type="radio"/> Only a slight problem <input type="radio"/> Somewhat of a problem <input type="radio"/> A very big problem |                             |                            |                                  | <i>PQPENTH</i>  |
| 10 Do you have a bed partner or roommate?  | <input type="radio"/> Yes  |                             | <input type="radio"/> No   |                                  | <i>PQBEDPAR</i> |

Please describe your bed partner or roommate: *PQBPTYPE*

Partner or Roommate in SAME bed  
 Partner in SAME room but NOT SAME bed  
 Partner or Roommate in OTHER room

Please ask your bed partner or roommate how often in the past month you have had...	Not During the Past Month	Less than Once a Week	Once or Twice a Week	Three or More Times a Week
a. Loud snoring <i>PQBPLOUD</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Long pauses between breaths while asleep <i>PQBPPAUS</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Legs twitching or jerking while you sleep <i>PQBPLEGS</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Episodes of disorientation or confusion during sleep <i>PQBPCONF</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other restlessness while you sleep: Please describe: <i>PQBPTH</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



