

SELF-ADMINISTERED QUESTIONNAIRE

1. General

Review all sections of the take-home questionnaire for completeness. Check to see that all questions have been answered that should be answered. Do not probe further on questions that appear to be answered completely unless:

- (1) the question is answered "don't know"
- (2) there is an obvious contradiction between responses to factual questions. Most of the possible conflicts will be outlined below.
- (3) special instructions are given (below).

For "don't know" answers, check to see if the participant understood the question by reading the question out loud to the participant in interview format. If a question has not been answered that should have been, read the question to the participant. Handle the responses in the same manner as you would any interview question.

For all open ended questions or "other" responses, if the response fits into one of the given categories, code it as such.

As always, our goal is to clarify discrepancies with the participant while he is in clinic. Thus, as outlined below, certain questions should be cross-checked while the participant is in the clinic so any discrepancies can be clarified immediately.

Many of the questions are framed in a certain period of time. Please make sure that the participant understands these time frames.

The participant will complete the self-administered questionnaire in blue or black pen.

2. Missing data

Leave boxes and circles blank that are NOT APPLICABLE (for example, questions that should be skipped because of the response to a stem question).

For boxes, if a participant REFUSES or DOESN'T KNOW the answer to a question LEAVE IT BLANK.

3. Sleep Visit SAQ

3.1 General Information

Q1. **Name, Address, Phone & Number**

The participant's name, address, and phone number that was most recently given (at the MrOS baseline visit, on interim questionnaire, or at the dental visit) should be inserted on the SAQ. This can easily be done using labels printed with the information. Participants should make any corrections, changes, or additions in the space provided. Review the address for accuracy and legibility. This address should be where the respondent can be located and mailed study materials for most of the year. **Be sure zip code is included.** For participants who do not have telephones, it is acceptable if they give us the number of someone who can get a message to him.

Q2. Regular Doctor or Clinic

The name, address and telephone number of the participant's regular doctor or clinic should be recorded. Please review for accuracy.

3.2 Sleep Habits

Q1-10. Pittsburgh Sleep Quality Index

This is an instrument developed by researchers used to assess sleep quality and disturbances over a 1-month time interval. These questions relate to usual sleep habits during the past month only. All questions should be answered and answers should reflect the most accurate reply for the majority of days and nights in the past month. If participants say that their sleeping patterns vary and thus can't answer these questions, try to elicit what happened on average during the past month.

Q1 & 3. Bedtime and Waketime

Review the a.m./p.m. boxes to make sure they make sense. For example, if someone says that they usually fall asleep at 12 p.m., verify that she means 12 a.m. (midnight) and change the response accordingly.

Q5. Trouble Sleeping

The field for "other reasons" at the end of question 5 ALWAYS needs an answer. If the participant does not have trouble sleeping for any other reason than those listed the correct response would be "Not During the Past Month" and the corresponding bubble should be filled in.

Q10. Bed Partner or Roommate

A person has a roommate if they share a house or apartment with another person, they do not need to share a bedroom with another person to consider them a roommate. If a person answers 'No' verify that they live by themselves.

3.3 Functional Outcomes of Sleep

This is another tool developed to assess sleep. The purpose of these questions is to determine if participants generally have difficulty carrying out everyday activities because they are sleepy or tired. The words 'sleepy' and 'tired' mean the feeling that you can't keep your eyes open, your head is droopy, that you want to nod off, or that you feel the urge to take a nap. These words do not refer to the tired or fatigued feeling you may have after you exercise. Each question should be answered as accurately as possible. Only one answer should be marked for each question.

3.4 Medical History

Q1. Snoring

Snoring may be an important variable used to assess sleep. We are interested if a participant has ever snored (either now or at anytime in the past). If he has snored, we are interested in how often he snores now. If he snored in the past but does not currently snore, he should mark 'Do not snore anymore'.

Q2. Stop breathing during sleep

If a participant reports that there have been times when he stopped breathing during sleep, he should also report how often this occurs.

Q3 & Q4. Medical Conditions - Sleep

We are interested if the participant has been diagnosed with sleep apnea or other sleep disorders. For participants with diagnosed sleep apnea, we are interested in treatment options. Definitions for these sleep disorders are as follows:

Sleep Apnea: A condition in which breathing stops during sleep.

Insomnia: A condition in which a person has trouble falling or staying asleep

Narcolepsy: A neurological condition that causes patients to have excessive sleepiness during the day combined with recurring episodes of naps, particularly at inappropriate times.

Restless Leg Syndrome: A sleep disorder characterized by leg discomfort during sleep, which is only relieved by frequent movements of the legs.

Periodic Leg Movements:

Other: A sleep disorder that is not defined as one of the above.

Q5. Oxygen Therapy

This question asks if the participant usually uses oxygen therapy during sleep.

Q6. Alcohol and Sleep

This question asks if the participant ever drinks alcohol to help them sleep

Q7. Falls in the Past 12 Months

Note the 12 month time period for the question. More than one type of injury from a fall can be listed. Participants cannot select both an injury and 'I did not have any injuries from a fall in the past 12 months.'

Q8. Bedtime Urination

Participant should answer question according to their behavior over the past month.

Q9. Medical Conditions

Ensure that the Yes/No question is answered for each disease or condition. If the answer is yes, the participant should have indicated if a doctor is currently treating them for this condition.

Note: For kidney disease, only dialysis as treatment should be recorded.

Below is a description for each condition:

Diabetes

Any confirmed diagnosis of diabetes mellitus should be recorded. Do not include "borderline diabetes" unless the participant received a medical treatment (insulin or an oral medication) for this condition.

High Thyroid, Grave's disease, or overactive thyroid gland

Hyperthyroidism will almost always have been treated (by surgery, medication, or radiation treatments) if it was diagnosed. Many men who initially suffered from an overactive thyroid will develop an under active thyroid because of the treatment given. Do not include thyroid conditions which are not specifically associated with hyperthyroidism (such as goiter, thyroid nodule or tumor, or problems with metabolism) unless participant was told it was accompanied by an overactive thyroid.

Low thyroid or under active thyroid gland

This condition is also known as hypothyroidism. This condition may be the result of hyperthyroidism treatment. Symptoms include weakness and fatigue. Many men with low thyroid will be on medication.

Osteoporosis, thin or brittle bones

Osteoporosis is a condition that is characterized by low bone mineral density, the progressive loss of bone density, thinning of bone tissue and increased susceptibility to fracture.

Osteoarthritis or degenerative arthritis

Non-inflammatory degenerative joint disease, accompanied by pain and stiffness. Many men who have been diagnosed with arthritis will not be able to accurately define what type of arthritis they have. Determining if the arthritis was accompanied by inflammation or not may help to distinguish osteoarthritis (no inflammation) from rheumatoid arthritis (inflammatory).

Rheumatoid arthritis

Chronic systemic disease primarily of the joints. This type of arthritis is accompanied by inflammation.

Chronic bronchitis

Inflammation of the airway passages to and within the lungs. Do not include ACUTE attacks of bronchitis or upper respiratory infection.

Asthma

Recurrent attacks of labored or difficult breathing.

Chronic obstructive lung disease, emphysema, COPD

Diagnosed chronic lung disease, pathologic accumulation of air in tissues or organs.

Hayfever or seasonal allergies

An allergy to pollen or sometimes mold spores, resulting in irritation and inflammation. Intense nasal itch with explosive sneezing, watery eyes and nose and itchy palate and ears with profuse nasal drip. Seasonal puffiness of the eyes and eyelids with associated nasal swelling.

Prostatitis

Acute and chronic prostatitis are generally caused by bacterial infection. Causes of acute prostatitis include sexually transmitted diseases; bacteria that cause urinary tract infections; or as a result of medical instruments (such as a catheter.) Chronic prostatitis is usually caused by bacteria that cause urinary tract infections. A person may have no symptoms of prostatitis.

Parkinson's disease

Parkinson's disease is a progressive degenerative neurological process, which results in characteristic tremor and gait disturbances. Most, not all, will receive medication for this disorder.

Liver disease

All diseases of the liver, including but not limited to: gallstones, viral hepatitis, cirrhosis, cancer of the liver.

Kidney disease

All diseases of the kidney such as: Diabetes Insipidus, End-Stage Renal Disease (ESRD), Glomerular Diseases, Goodpasture's Syndrome, Hemolytic Uremic Syndrome, Lupus Nephritis Nephrotic Syndrome, Polycystic Kidney Disease, Proteinuria, Renal Tubular Acidosis, Kidney cysts.

Glaucoma

Glaucoma is a condition of increased fluid pressure inside the eye, also known as intraocular pressure. This damages the optic nerve causing partial vision loss and eventually blindness. This is the leading cause of blindness in the United States. Most people with glaucoma will be receiving treatment for this condition.

Cataracts

This condition is also known as lens opacity. It is defined by a cloudy area in the lens of the eye. Three classifications for cataracts exist: immature, mature or hypermature. About 50 percent of Americans ages 65 to 74 have cataracts, and about 70 percent of those over age 75 have it. Include if participant has cataracts diagnosed in one or both eyes.

3.5 Cardiovascular History

Q1. Medical Conditions

Ensure that the Yes/No question is answered for each disease or condition. If the answer is yes, the participant should have indicated if a doctor is currently treating them for this condition.

Below is a description for each condition:

Heart attack, coronary or myocardial infarction

Most men will know if they've had an MI. If you are not sure, ask if they spent several days in the hospital; most people with MIs are hospitalized for at least several days.

Angina (chest pain)

Characterized by chest pain, often accompanies physical activity or stress. Almost always treated with medication.

Congestive heart failure or enlarged heart

Congestive heart failure (CHF) is the inability of the heart to maintain circulation sufficient to meet the body's needs. Marked by breathlessness and abnormal retention of sodium and water, resulting in edema, with congestion in the lungs. Enlarged heart will usually be diagnosed by x-ray. Usually treated with low salt diet, diuretics, and other medications.

Intermittent Claudication or Pain in Your Legs

Intermittent claudication is an important symptom of peripheral artery disease (PAD). It is the pain that occurs in PAD patients when they exercise, particularly during walking. In intermittent claudication, blood flow is sufficient to meet the needs of the person at rest. When the patient exercises, however, the vessels are blocked and limit the free flow of blood. The result of these actions is leg pain during exercise, which is relieved only by rest.

TIA, Transient Ischemic Attack

Rapid onset of new symptoms consistent with stroke, but resolving in less than 24 hours and without imaging findings consistent with stroke.

Stroke, blood clot in the brain or bleeding in the brain

Stroke refers to neurological abnormality, including weakness, numbness, slurred speech, or partial loss of vision, which lasted at least 24 hours and was diagnosed by a physician at the time it occurred or within a few weeks. Do not include episodes of a "transient ischemic attack" or TIA, which are similar to strokes but are limited to 24 hours or less of symptoms. If the respondent says the doctor told him he had a "mini-stroke", record "NO."

Rheumatic Heart Disease or Valvular Heart Disease

Valvular heart disease is any dysfunction or abnormality of one or more of the heart's four valves. The four valves of the heart are: the tricuspid, pulmonary valve, mitral valve, and aortic valve. Rheumatic heart disease is the permanent damage to the valves of the heart caused especially by repeated attacks of rheumatic fever.

Hypertension or high blood pressure

Most men will be aware of a diagnosis of hypertension if it is present. Include treated or untreated hypertension, but do not include men who were told on one or two occasions that they had an elevated blood pressure which later returned to normal and did not require specific treatment. Include men who say they have high systolic (the upper number) blood pressure. The vast majority of men with a diagnosis of hypertension will have been treated with medications, although some will have only received only dietary treatment.

Q2. Medical or Surgical Procedures

If the participant answers yes that they have ever had any medical or surgical procedure in their heart, neck, or blood vessels, ensure that the Yes/No question is answered for each procedure.

Below is a description for each procedure:

Coronary Bypass Surgery, Heart Bypass, or CABG

A surgical procedure performed to improve blood supply to the heart by creating new routes for blood flow when one or more of the coronary arteries become obstructed. The surgery involves removing a healthy blood vessel from another part of the body, such as the leg, and grafting it onto the heart to circumvent the blocked artery.

Angioplasty of Coronary Arteries

The surgical repair of coronary arteries, either by inserting a balloon-tipped catheter to unblock it, or by reconstructing or replacing part of the blood vessels.

Repair of Aortic Aneurysm

Aneurysms are treated surgically. A patch or artificial piece of blood vessel is sewn where the aneurysm was.

Bypass Procedure on the Arteries of your Legs

This surgery reroutes, or "bypasses," blood around clogged arteries to improve blood flow and oxygen. During a bypass procedure, surgeons take a segment of a healthy blood vessel from another part of the body and make a detour around the blocked part of the artery in the patient's leg.

Angioplasty of Lower Extremity Arteries

Angioplasty of the lower extremity arteries is a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the lower extremities. It is not considered to be a type of surgery. Stents and coils may also be used.

Carotid Endarterectomy

Carotid endarterectomy is a surgical procedure. In it, a fatty buildup of plaque is removed from the carotid artery. (This is the main artery in the neck that brings blood to the head.)

Pacemaker Implant

An "artificial pacemaker" is a small, battery-operated device that helps the heart beat in a regular rhythm. A pacemaker implant is inserted under the patient's skin. A pacemaker uses batteries to send electrical impulses to the heart to help it pump properly.

Replacement of a Heart Valve

Heart valve replacement refers to procedures aimed at replacing a patient's heart valve, rather than repairing the valve. The valve is removed and replaced with an artificial (prosthetic) valve by sewing it into the remaining tissue from the natural valve.

Q3. Pain or Discomfort in your Chest

Verify that the participant has answered all questions about chest pain that are required based on skip patterns.

For questions 4 under part A of question 3, the participant should mark the location of the pain and discomfort with a X on the drawing provided. The participant may mark more than one location. Clinic staff should mark the appropriate code/codes in the 'Clinic Use Only' box.

SUM: Sternum, Upper or Middle (Location 1 on drawing)
SL: Sternum, Lower (Location 2 on drawing)
LC: Left Anterior Chest (Location 3 on drawing)
LA: Left Arm (Location 4 on drawing)
OT: Other (Any other location on drawing)
DK: Don't Know (Participant did not know the location of their pain)

Q4. Pain or Discomfort in your Legs

Verify that the participant has answered all questions about leg pain if he said he gets pain or discomfort in his legs when he walks.

3.6 Lifestyle

Q1-12. SF-12

These questions are designed to assess multiple health concepts and a range of health states pertaining to general functioning and well-being. These questions are the Medical Outcomes Study, Short Form (SF-12), and include six health related concepts: physical functioning, role functioning, social functioning, mental health, health perceptions and pain. Physical functioning is assessed by limitations due to health in a variety of physical activities, ranging from basic to strenuous activities. Role and social functioning are defined by limitations in major role or social activities due to health problems. Mental health is assessed in terms of psychological distress and well being. The measure of health perceptions taps the participant's own ratings of his current health in general. The definitions of physical functioning, mental health and health perceptions tap positive as well as negative states of health.

Definitions: The definitions of these health concepts and the corresponding questions are summarized below:

Health perceptions (Q1)

Overall ratings of current health in general.

Physical functioning (Q2-3)

Extent to which health interferes with a variety of physical activities (such as sports, carrying groceries, climbing stairs, and walking)

Role functioning (Q4-5)

Extent to which health interferes with major roles and regular daily activity such as work, housework, taking care of family members, volunteer work and taking part in community activities.

Social functioning (Q12)

Extent to which health interferes with normal social activities such as visiting with friends during the past month.

Mental Health (Q6-7 & 9-11)

General mood or affect, including anxiety, depression and physiological well-being during the past month.

Pain (Q8)

Extent of bodily pain in the past four weeks.

Issues: Some participants will not be able to describe limitations in their physical functioning due to health reasons because they simply don't do the activity. In general, this will only apply to questions 2, 3 and 8. In this case, the interviewer needs to determine if the subject does not do the activity due to a health or physical problem, or if he does not do the activity for some other reason (such as living in a place where there are no stairs). If the activity is not done for reasons that are not related to health, then ask the subject to project or estimate whether his health would limit him from doing these activities if the opportunity were to arise.

3.7 Physical Activity

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Introduction

The Physical Activity Scale for the Elderly (PASE) is an easily administered and scored instrument that measures the level of physical activity in individuals aged 65 years and older. The development of this instrument was supported by a Small Business Innovation Research grant from the National Institute on Aging. The instrument is comprised of self-reported occupational, household and leisure activities items over a one-week period and may be administered by telephone, mail, or in person. The PASE can be used to measure physical activity levels in epidemiologic surveys of older people as well as to assess the effectiveness of exercise interventions.

Administration Instructions

The PASE instrument may be administered by interview or completed by elderly respondents. Self-administered or interview-administered versions of the instrument can be completed in 5 to 15 minutes.

The leisure activity items require respondents to first report the number of days per week the activity was performed and then the number of hours per day. Space is also provided for respondents to record the types of activities in which they engaged. These reports should be

reviewed with the participant before faxing the forms to the Coordinating Center, to ensure that specific sports and recreational activities have been recorded in the appropriate categories.

Scoring information**Q3. Light Sport and Recreation**

archery
 badminton
 billiards
 boating (canoeing, rowing, sailing)
 bocci
 bowling
 catch
 croquet
 darts
 fishing
 frisbee
 golf with a power cart
 horseshoes
 musical program
 riflery
 shuffleboard
 swimming; no laps
 table tennis

Q5. Strenuous Sport and Recreation

aerobic dance or water aerobics
 backpacking
 basketball
 bicycling/exercise bike
 board sailing
 handball/paddle ball
 racquetball
 hiking
 hockey (field or ice)
 jogging
 lacrosse
 mountain climbing, running
 rope skipping
 rowing machine
 rowing/canoeing for competition
 skiing(cross country, downhill, water)
 snow shoeing
 soccer
 stair climbing
 squash
 swimming laps
 tennis (singles)

Q4. Moderate Sport and Recreation

barn chores
 dancing (ball room, ballet, disco)
 fencing
 football
 golf without a cart
 horseback riding
 hunting
 scuba diving
 skating (ice, roller)
 sledding
 snorkeling
 softball/baseball/cricket
 surfing
 tennis (doubles)
 trampoline
 volleyball

Q7. Light Housework

drying dishes
 dusting
 hanging up laundry
 ironing
 laundry
 meal preparation
 washing dishes

Q6. Muscle Strength and Endurance

calisthenics
 hand weights
 physical therapy with weights
 push-ups
 sit-ups
 weight-lifting

Q8.Heavy Housework

carrying wood
 mopping floors
 moving furniture
 scrubbing floors
 sweeping
 vacuuming
 washing walls
 washing windows
 washing cars

PASE coding examples

The following examples are provided as guidelines regarding the administration and coding of the PASE.

Q1. Example: Respondent watches the news every day for one hour.

On Tuesday, the respondent plays bingo for three hours.

Also, the respondent attends meetings twice a week. One meeting lasts one hour, and the other meeting lasts two hours.

Since the respondent watches TV every day, the interviewer would code sitting activities as often (5-7 days). During the week, the respondent reported 13 hours of sitting (7 hours of TV watching, 3 hours of bingo, and 3 hours of meetings.) Dividing the total hours/week (13) by the days engaged in sitting activities per week (7) results in hours per day engaged in sitting activities (1.9 hours; between 1 and 2 hours.)

Visiting with others, sewing, paperwork, playing musical instruments, playing cards, and/or bingo are considered sitting activities.

Q2. Example: The respondent walks 30 minutes to 1.5 hours per day.

The average time spent walking was 1 hour. Between 1 and 2 hours per day is coded for walking.

Example: Three times a week, the respondent walks 3-4 times a day for 15 minutes.

Throughout PASE, the number of days rather than the number of occasions is coded. Therefore, the respondent walked sometimes (3-4 days). The respondent averaged 52.5 minutes of walking (3.5 times x 15 minutes) on those days, which is coded as less than one hour of walking outside the home or yard.

Any leisure time, household or work related activity that involves walking is coded entirely under the appropriate activity category (light, moderate or strenuous sport or recreation, muscle strength and endurance, or work-related.) Hence, walking as part of golf would be coded only as moderate sport and recreation (Question 4) and not as walking (Question 2.)

Q3. Example: The respondent plays golf 4 days per week for 4 hours per day. Three days a week, the golfer uses a power cart. One day a week, the golfer walks the course either pulling a cart, carrying the clubs, or the caddy carries the clubs.

Only golf with the power cart would be coded under light sport and recreation. Specifically, the respondent golfed with a cart sometimes (3-4 days/week) for 2-4 hours/day. Golfing without a cart would be marked under moderate sport and recreation as seldom (1-2 days) for 2-4 hours per day. Putting or hitting golf balls at a driving range are coded for light sport and recreation.

Stretching is not coded under any activity in the PASE.

Q4. Gardening and lawn work are not coded under leisure time activities. Gardening and lawn work are considered household activities. Question 9 addresses lawn work and gardening.

Q5. Example: The respondent swims laps but considers the activity light rather than strenuous sport and recreation.

Swimming laps is coded a strenuous sport and recreational activity, regardless of the respondent's assessment of the activity's intensity. Leisure time activities and listed in this section.

Example: The respondent participates in a one hour aerobic class, 3 days per week. The class consists of 20 minutes of stretching, 20 minutes of hand weights or calisthenics, and 20 minutes of aerobic dance (exercise).

The aerobic class would be coded under two categories. The 20 minutes of aerobic dance (exercise) would be coded under strenuous activities, and the 20 minutes of calisthenics would be coded under muscle strength and endurance. The 20 minutes of stretching would not be coded under any activity category. Under strenuous activities, the interviewer would list aerobics and mark less than 1 hour per day for 3-4 days per week. Likewise, calisthenics would be listed under muscle strength and endurance for less than 1 hour/day for 3-4 days/week.

Climbing stairs as part of an exercise regimen is coded under strenuous sport and recreation. However, stair climbing as part of daily activities is not coded in the PASE.

Q6. Strenuous work activity, such as moving furniture, is not included in this question. Only activities that are done specifically to increase muscular strength and endurance are used in Question 6.

Q7. Drying dishes, clothes washing, ironing, hanging up laundry, taking out the garbage, and preparing meals are considered light housework.

Q8. See above for applicable activities.

Q9. Home repair includes home improvement and maintenance projects such as painting, plumbing and carpentry.

Snow removal (sweeping snow, shoveling snow or using a snow blower) is considered to be lawn work or yard care. Lawn mowing is counted as lawn work regardless of the type of mower (riding, power, or push) used.

Stacking wood as a household chore is considered to be heavy housework (Question 8); chopping wood outdoors should be coded under this question.

Example: Respondent does outdoor gardening in season. In February, the respondent has not started the garden yet.

Outdoor gardening is not checked. Only activities performed during the past seven days are coded.

Dependency is defined as a person requiring assistance with activities of daily living (food preparation, personal hygiene, household cleaning.) Division of labor within a household (i.e. meal preparation, laundry, yard work) is not considered dependency.

Babysitting is included in this question. Baby sitting is not included in Question 10 as a work-related activity.

Pet care is not considered part of Question 9.

Q10. Only work performed during the past 7 days is coded.

Example: The respondent works half the time sitting or standing with some walking, and the other half of the time walking, with some handling of materials.

Higher rather than lower activity levels are coded if the respondent indicates two categories of physical activity are required on the job or volunteer work.

Respondents should be encouraged to give their best estimate of the number of hours they worked during the previous seven days. However, if a range of hours is reported (e.g. 15-20 hours), use the midpoint of the range as an estimate.

Further information about the PASE instruments can be obtained from:

Washburn RA, Smith KW, Jette AM, Janney CA. The Physical Activity Scale for the Elderly (PASE): Development and Evaluation. *Journal of Clinical Epidemiology*. 46 (2) 153-162. 1993.

3.8 Caffeine, Tobacco, and Alcohol

Q1-3. Current Caffeine Use.

The responses to these questions should be straightforward. Note that only colas or other soft drinks (such as Mountain Dew, Pepsi, Coca-Cola, Tab, Dr. Pepper) containing caffeine should be included in question 3 (i.e. do not count Sprite, 7-Up, or other sodas that do not contain caffeine such as root beer). If the participant has difficulty in reporting the number of cups or cans, probe further. Stress the idea of a typical or average day. For example, for a participant who reports 2 cups of coffee per day during the week but only 1 per day on the weekend, the quantity consumed should be recorded as 2 per day. If, after probing, the participant cannot determine the number of cups or cans, ask her to give her best guess. If the participant answers “yes” to the question about currently drinking regular coffee, regular tea, or caffeinated sodas, then the number of cups or cans needs to be ≥ 1 , if they drink 1/2 cup a day round to 1. Always round up to the nearest whole number.

Many participants might report drinking half caffeinated/half decaffeinated coffee. In this case, ask her how many cups of half and half and then divide by 2 for your number of caffeinated cups. For example, if she says she drinks 4 cups of half/half coffee, this would be 2 cups of caffeinated coffee.

Q4-5. Smoking

These questions ask about current smoking status. If a participant reports that he currently smokes cigarettes or pipes/cigars, he should report how many cigarettes they smoke a *day* or how many pipes/cigars smoked per *week*. Use the chart below to convert packs a week to cigarettes a day.

Smoking Habit Conversion

<u>Use per week</u>	<u>Cigarette use per day</u>
< ½ pack	1
½ pack	1
1 pack	2
1 ½ packs	4
2 packs	5
2 ½ packs	7
3 packs	8
3 ½ packs	10
4 packs	11
4 ½ packs	12
5 packs	14
1 carton	28
1 ½ cartons	42
2 cartons	56

Q6. Alcohol

This question asks about alcohol use in the PAST 12 MONTHS. If the participant reports that he had at least 12 alcoholic drinks of any kind in the past 12 months, then he should report how many drinks he consumed on average per *week*.

3.8 Moods in the Last Week**Q1-15. Depression**

This is the standard measure of depression (GDS) we will use for MrOS Sleep Visit. If anyone asks what moods have to do with osteoporosis, tell them that we are exploring how all aspects of physical and mental well-being affect osteoporosis and other conditions of aging.

3.10 Feelings

Q1-18. Feelings

This previously developed instrument (Goldberg Anxiety Scale) will be used to measure anxiety in MrOS participants. These questions ask a variety of questions about how the participant has felt over the last four weeks. All questions should be answered.