

## 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.

The ID of the staff member that reviewed the participant's SAQ should be listed on page 2 of the SAQ (the first TELEform in the SAQ set).

### 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.

If the participant does not answer any questions on a certain page, the missing bubble in the 'Office Use Only' box should be marked. This will ensure that missing edits are not generated for all questions on that particular page.

### 3. Visit 2 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.

##### **Q3. Marital Status**

Participants should indicate their marital status. If the participant is widowed, the participant should record the date of their spouse's death.

##### **Q4-5. Living Arrangement**

More than one living arrangement should be marked. The participant should indicate how long they've lived in this arrangement

##### **Q6. Cut down on activities**

Note the 12-month time frame. Ensure that subsequent questions are answered if the main question is marked 'yes'.

#### 3.2 Medical 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.

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

Note: For Osteoarthritis, participants should mark which joints have osteoarthritis.

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.

**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.

**Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema, COPD**

Any diagnosed chronic lung disease: bronchitis-inflammation of the airway passages to and within the lungs; asthma: recurrent attacks of labored or difficult breathing; emphysema-pathologic accumulation of air in tissues or organs. Do not include ACUTE attacks of bronchitis or upper respiratory infection.

**Liver disease**

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

**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.

**Rheumatoid arthritis**

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

**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).

**Angina (chest pain)**

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

**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.

**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.

**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."

**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.

**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.

**Q2-3. Eye Health****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.

If a participant indicates that they have been told they have cataracts, they should indicate if this was correct.

**Q4. Cancer**

Make sure an age at diagnosis is listed if cancer has been diagnosed. Prostate cancer is not being queried during this visit because incident prostate cancer cases have been adjudicated since the baseline visit.

**Q5 & 6. 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.

Note the five-year period for question 6a.

**Q7. Dizziness**

Note that more than one type of dizziness can be selected in question 7b.

**Q8. 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 marked for question 8b. Participants cannot select both an injury and 'I did not have any injuries from a fall in the past 12 months.'

**Q10. Trying to Lose Weight**

More than one option can be selected for questions 9a.

**Q11. Hip Replacement**

Participants can mark both 'Yes, right hip' and 'Yes, left hip'. If one or both of these are marked, the 'No' and 'I don't know' options should be null.

**Q12 & 13. 'Dowager's hump'**

Participants should answer whether or not their natural mother or father developed a 'dowager's hump' or spine that was stooped or bent forward. These questions may be predictive of having hyperkyphosis.

**Q14 – 24. Prostate Health**

For question 22, if a participant answers "No" to the main question and "No" to the sub-question, the sub-question should be assumed to be NULL and should be corrected by the clinic. The participant should not be contacted.

For question 23, if the participant answers "No" to the main question, and "No" to the sub-question, and left the next sub-question blank, then first sub-question can be assumed to be null and can be corrected by the clinic. It is not necessary to contact the participant in this situation. For question 24, if a participant indicates that he has never had prostatitis and then inappropriately indicates he is not treated for this condition, then the treatment question can be assumed to be NULL and should be corrected by the clinic staff. The participant should not be contacted in this situation.

#### **Q 24. 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.

#### **Q 25. Erectile dysfunction**

One question and sub-question asks the participant about erectile dysfunction. If the participant does not answer this question, the missing bubble of the top of the page should be marked to avoid edits.

Clinic staff does not need to probe to clarify answers to the erectile dysfunction question. The clinic is also not required to contact the participant to address any resulting edits. If a participant is not able to complete the questionnaire on their own and requires assistance from clinic staff members, this question may be skipped over during administration of the SAQ.

#### **Q 26. Dental Question**

This question asks the participant how many of his adult teeth have been removed. If the participant only had their wisdom teeth removed, he should check 'None'. If the participant checks 'All of my teeth have been removed', then the sub-questions asking how old he was when his last tooth was removed and how often he wears dentures should also be answered.

### **3.3 Lifestyle**

#### **Q1-8. 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)**

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 (Q8)**

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

**Mental Health (Q5 & 7)**

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

**Pain (Q6)**

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 because of 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.

### 3.4 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.

**Treadmill Use**

Running or jogging on a treadmill should be coded as “Strenuous” activity. Walking on a treadmill should be coded as “Moderate” activity.



**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.

### **3.5 Life Events**

Eight questions about events in the past 12 months.

### **3.5 Sleep History**

#### **Epworth Sleepiness Scale**

This set of questions will provide a measurement of the participant's general level of daytime sleepiness. These questions ask how likely a participant is to dose off or fall asleep (in contrast to feeling just tired) during certain everyday activities. Answers should reflect the participant's life in recent times. The most appropriate choice should be marked for each part (a-h). If the doesn't answer a question because they haven't done a certain activity recently, explain that they should answer the question as to how the activity would have affected them if they did that activity in recent times.

### **3.6 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.

### 3.8 Caffeine

#### 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 him to give his 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  $\geq 1$ , 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 him how many cups of half and half and then divide by 2 for your number of caffeinated cups. For example, if he says he drinks 4 cups of half/half coffee, this would be 2 cups of caffeinated coffee.

### 3.9 Tobacco and Alcohol

#### Q1-2. 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>
< 1/2 pack	1
1/2 pack	1
1 pack	2
1 1/2 packs	4
2 packs	5
2 1/2 packs	7
3 packs	8
3 1/2 packs	10
4 packs	11
4 1/2 packs	12

5 packs	14
1 carton	28
1 ½ cartons	42
2 cartons	56

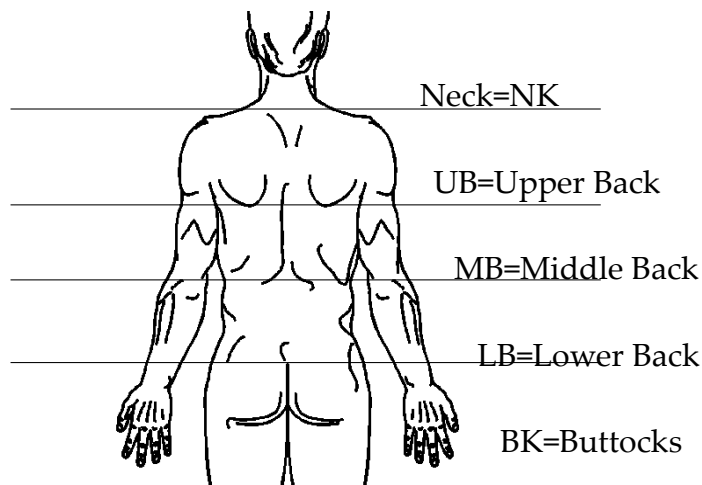
### Q3. Alcohol

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*.

#### 3.10 Back Pain

Note the 'past 12 months' time period for these questions.

The participant will mark the painful area on their back with an 'X'. The mark will then be coded as follows:



If a participant places an 'X' directly over a line, code both areas the 'X' touches.

#### 3.11 Hip Pain

Note the past 30 daytime period.