

# LONGITUDINAL DATA DOCUMENTATION

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Eligibility Form  
(Record 01\*)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE01				DATE01		
Person Interviewed	TYPE01				TYPE01		
Age	AGE01				AGE01		
Birth date	BIRTH01				BIRTH01		
Race	RACE01				RACE01		
Race other than those listed	ROTHER01				ROTHER01		
Of Hispanic Origin?	HISP01				HISP01		
Gender	GEND01				GEND01		
Marital Status	MARIT01				MARIT01		
What is the highest grade or year of school you have ever completed?	GRADE01				GRADE01		
What best describes the kind of work you have done most of your life?	OCCUP01				OCCUP01		
Other lifetime occupation not listed	SOCCUP01				SOCCUP01		
Please look at this card while I read it all to you. Then tell me which one best describes your current occupation:	CUROC01				CUROC01		
Other current occupation not listed	OCUROC01				OCUROC01		

\* The data in this form is baseline information only; thus, no table for Years 8-12 is included.

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Which of the income groups on this card represents your total combined family income, before taxes, for the past 12 months?	INCOME01				INCOME01		
Would you say, in general, your health is: **	HEALT01	HLTH137		HLTH129	HEALT01	HLTH159	HLTH159
How would you say your health compares to other persons of your age? Would you say your health is: **	RLHLTH01	HLTH237		HLTH229	RLHLTH01	HLTH259	
During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury?	BED01				BED01		
What illness caused you to stay in bed?	ILL01				ILL01		
Other illness not listed	ILLSPC01				ILLSPC01		
<b>Have you been told by a doctor that you currently have any of the following conditions:</b>							
- lung disease, emphysema, or bronchitis?	LUNG01				LUNG01		
- nervous or emotional disorder?	NERV01				NERV01		
- high blood pressure?	HIBP01				HIBP01		
- hearing problems?	HEAR01				HEAR01		

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- vision problems not corrected with glasses?	VISION01				VISION01		
- kidney disease?	KIDNEY01				KIDNEY01		
- heart disease?	HEART01				HEART01		
- diabetes?	DIAB01				DIAB01		
- arthritis?	ARTH01				ARTH01		
- disability from stroke?	STROKE01				STROKE01		
Have you ever been diagnosed with cancer?	DIAG01				DIAG01		
Are you currently undergoing active treatment for cancer?	TREAT01				TREAT01		
Have you had cancer during the past five years?	FIVE01				FIVE01		
<b>Please tell me the type of cancer you had:</b>							
- lung	LUNG101				LUNG101		
- breast	BREAS101				BREAS101		
- stomach	STOM101				STOM101		
- liver	LIVER101				LIVER101		
- colon	COLON101				COLON101		

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- rectal	RECT101				RECT101		
- pancreas	PANC101				PANC101		
- esophagus	ESOPH101				ESOPH101		
- lymphoma	LYMPH101				LYMPH101		
- multiple myeloma	MULT101				MULT101		
- brain	BRAIN101				BRAIN101		
- prostate	PROST101				PROST101		
- acute leukemia	LEUK101				LEUK101		
- melanoma	MELA101				MELA101		
- non-melanoma skin cancer	NONME101				NONME101		
- chronic leukemia	CHRON101				CHRON101		
Other cancer not listed (yes or no)	OTHYN101				OTHYN101		
Other cancer not listed (name)	OTHER101				OTHER101		
Have you smoked more than 100 cigarettes or 5 packs of cigarettes in your lifetime:	SMOKE101				SMOKE101		
Have you smoked cigarettes during the last 30 days?	SMOKE201				SMOKE201		

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How tall are you? (____ft, ____in)	FEET01 INCHES01				FEET01 INCHES01		
How much do you weigh?	WEIGHT01				WEIGHT01		
Because of any physical or health problem, do you need the help of other persons with your personal care needs, such as eating , bathing, dressing or getting around the home?	CARE01				CARE01		
Because of any physical or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?	NEEDS01				NEEDS01		
<b>Can you do the following activities without difficulty?</b>							
- walk a 1/2 mile or about 5-6 blocks?	MILE01				MILE01		
- walk up 10 steps?	STEPS01				STEPS01		
- get out of bed or a chair?	BED101				BED101		
- walk around your home?	HOME01				HOME01		



Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you able to walk from room to room independently or with a cane or walker?	CANE01				CANE01		
Are you planning to live in this community for the next three years?	STAY01				STAY01		
Are you able to travel by car, van or bus to the clinic center?	TRAVEL01				TRAVEL01		
Are you on a waiting list to enter a nursing home?	WAIT01				WAIT01		
Are you participating in the ARIC Study, Systolic Hypertension in Elderly Study, or NHANES III?	ARIC01				ARIC01		
Is the individual eligible?	ELGBL01				ELGBL01		
Are you willing to participate in this study?	WILL01				WILL01		
How many people over 64 live here?	NUMBER01				NUMBER01		
Household ID number	HSHOLD01				HSHOLD01		
Relationship of household member	HHREL01				HHREL01		
Interviewer IDNO	INTID01				INTID01		

Alert Form  
(Record 02)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE02	DATE02	DATE02	DATE02	DATE02	YEAR02	YEAR02
Unique Record Identifier	SEQ02	SEQ02	SEQ02	SEQ02	SEQ02	SEQ02	SEQ02
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Identification Date	IDDATE02	IDDATE02	IDDATE02	IDDATE02	IDDATE02	IDDATE02	IDDATE02
Type of Alert	ATYP02	ATYP02	ATYP02	ATYP02	ATYP02	ATYP02	ATYP02
Level of Alert	ALEV02	ALEV02	ALEV02	ALEV02	ALEV02	ALEV02	ALEV02
Alert Description	ALTXT02	ALTXT02	ALTXT02	ALTXT02	ALTXT02	ALTXT02	ALTXT02

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR02	YEAR02	YEAR02	YEAR02
Unique Record Identifier	SEQ02	SEQ02	SEQ02	SEQ02
Participant ID	IDNO	IDNO	IDNO	IDNO
Identification Date	IDDATE02	IDDATE02	IDDATE02	IDDATE02
Type of Alert	ATYP02	ATYP02	ATYP02	ATYP02
Level of Alert	ALEV02	ALEV02	ALEV02	ALEV02
Alert Description	ALTXT02	ALTXT02	ALTXT02	ALTXT02

Reception Form  
(Record 30)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	N/A						
Participant ID	IDNO						
Arrival Status	ARRIV30						
First Visit	FSTVIS30						
Hours since last ate or drank	FAST30						
Diabetic	DIAB30						
Interviewer ID	INTID30						
Holter Status	HOLTER30						
Participant Name	NAME30						

Exit Information Form  
(Record 33)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable		YEAR33	YEAR33	YEAR33	YEAR33	YEAR33	YEAR33
Visit date		DATE33	DATE33	DATE33	DATE33	DATE33	DATE33
Year in study		YEAR33	YEAR33	YEAR33	YEAR33	YEAR33	YEAR33
Participant ID number		IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Weight in pounds * Tech. ID for weight	WEIGHT13 TECHID13	WEIGHT33 TCHID133	WEIGHT33 TCHID133	WEIGHT13 TECHID13	WEIGHT13 TECHID13	WEIGHT33 TCHID133	WEIGHT33 TCHID133
Measured (15 foot) walk time ** Tech. ID for measured walk time	TIME17 INTID17	WALK33 TCHID233	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27
Nutrition form done? Tech. ID for nutrition form							
Pulmonary function form done? If not, why?						PLMDON33 NOPULM33	
Is this an oximetry participant?						OXIM33	
Did participant take mylicon?				MYLICN33	MYLICN33		
Was Holter monitor worn? If not, why?							HOLTER33 NOHOLT33
Visit location		VISIT33	VISIT33	VISIT33	VISIT33	VISIT33	VISIT33
Data collected from (participant/proxy)		DATACL33	DATACL33	DATACL33	DATACL33	DATACL33	DATACL33
Reason for proxy contact If other reason, specify							WHYPRX33 PRXSPC33

\* Weight was measured in Rec 13 at baseline, Year 5 & Year 11. \*\* Walk time was measured at baseline in Rec 17 and is in Rec 27 from Years 4 on.

Exit Information Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR33	YEAR33	YEAR33	YEAR33
Visit date	DATE33	DATE33	DATE33	DATE33
Year in study	YEAR33	YEAR33	YEAR33	YEAR33
Participant ID number	IDNO	IDNO	IDNO	IDNO
Weight in pounds * Tech. ID for weight	WEIGHT33 TCHID133	WEIGHT13 TECHID13	WEIGHT33 TCHID133	WEIGHT13 TECHID13
Measured (15 foot) walk time ** Tech. ID for measured walk time	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27
Nutrition form done? Tech. ID for nutrition form	NUTDON33 NUTID33			
Pulmonary function form done? If not, why?		PLMDON33 NOPULM33		
Is this an oximetry participant?				
Did participant take mylicon?				
Was Holter monitor worn? If not, why?	HOLTER33 NOHOLT33			
Visit location	VISIT33	VISIT33	VISIT33	VISIT33
Data collected from (participant /proxy)	DATACL33	DATACL33	DATACL33	DATACL33
Reason for proxy contact If other reason, specify	WHYPRX33 PRXSPC33	WHYPRX33 PRXSPC33	WHYPRX33 PRXSPC33	WHYPRX33 PRXSPC33

\* Weight was measured in Rec 13 at baseline, Year 5 & Year 11. \*\* Walk time was measured at baseline in Rec 17 and is in Rec 27 from Years 4 on.

Tracking Update Form  
(Record 35)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable		DATE35	DATE35	DATE35	DATE35	YEAR35	YEAR35
Key entry date		DATE35	DATE35	DATE35	DATE35	DATE35	DATE35
Year in study		YEAR35	YEAR35	YEAR35	YEAR35	YEAR35	YEAR35
Version of form		VERS35	VERS35	VERS35	VERS35	VERS35	VERS35
Key entry ID number		KEYID35	KEYID35	KEYID35	KEYID35	KEYID35	KEYID35
Interviewer ID		INTID35	INTID35	INTID35	INTID35	INTID35	INTID35
Interview Date		INTDAT35	INTDAT35	INTDAT35	INTDAT35	INTDAT35	INTDAT35
Participant ID number		IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
You previously provided us with information... is it still correct?		CHANGE35	CHANGE35	CHANGE35	CHANGE35	CHANGE35	CHANGE35
Do you plan to be out of the area 6 months from now? (if yes) Permanently or temporarily?		OUTAR35	OUTAR35	OUTAR35	OUTAR35	OUTAR35	OUTAR35
		PERM35	PERM35	PERM35	PERM35	PERM35	PERM35

Tracking Update Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR35	YEAR35	YEAR35	YEAR35
Key entry date	DATE35	DATE35	DATE35	DATE35
Year in study	YEAR35	YEAR35	YEAR35	YEAR35
Version of form	VERS35	VERS35	VERS35	VERS35
Key entry ID number	KEYID35	KEYID35	KEYID35	KEYID35
Interviewer ID	INTID35	INTID35	INTID35	INTID35
Interview Date	INTDAT35	INTDAT35	INTDAT35	INTDAT35
Participant ID number	IDNO	IDNO	IDNO	IDNO
You previously provided us with information... is it still correct?	CHANGE35	CHANGE35	CHANGE35	CHANGE35
Do you plan to be out of the area 6 months from now? (if yes) Permanently or temporarily?	OUTAR35 PERM35	OUTAR35 PERM35	OUTAR35 PERM35	OUTAR35 PERM35

Tracking Update Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
(if permanently) Do you know what your new address and telephone number will be? (if yes) New street address New city New state New zip code New phone - Area code Prefix Last 4 digits (if no) Do you know which general area you will be moving to?		KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35
(if temporarily) When will you return Month Year		RETMO35 RETYR35	RETMO35 RETYR35	RETMO35 RETYR35	RETMO35 RETYR35	RETMO35 RETYR35	RETMO35 RETYR35
Ever applied for Medicare benefits using a SSN other than your own? If so, what was it?		OTHSS35 SSNO35					



Tracking Update Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
(if permanently) Do you know what your new address and telephone number will be? (if yes) New street address New city New state New zip code New phone - Area code Prefix Last 4 digits (if no) Do you know which general area you will be moving to?	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35	KNOW35 STREET35 CITY35 STATE35 ZIP35  PHNA35 PHNB35 PHNC35  AREA35
(if temporarily) When will you return Month Year	RETMO35 RETYR35	RETMO35 RETYR35	RETMO35 RETYR35	RETMO35 RETYR35
Ever applied for Medicare benefits using a SSN other than your own? If so, what was it?				

Missing Data Indicator Form  
(Record 36)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	YEAR36	YEAR36	YEAR36	YEAR36	YEAR36	YEAR36	YEAR36
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Eligibility Form *	EF36	EF36	EF36	EF36	EF36	EF36	EF36
Quality of Life	QL36	QL36	QL36	QL36	QL36	QL36	QL36
Physical Activity	PA36			PA36	PA36		
Life Events-Depression	LE36	LE36	LE36	LE36	LE36	LE36	LE36
Personal Medications	PM36	PM36	PM36	PM36	PM36	PM36	PM36
Medical History	MH36	MH36	MH36	MH36	MH36	MH36	MH36
Personal History	PH36	PH36			PH36		
Physical Function	PF36	PF36	PF36	PF36	PF36	PF36	PF36
Cognitive Function	CF36	CF36	CF36	CF36	CF36	CF36	CF36
Spirometry Questionnaire	SP36						
Phlebotomy Form	BL36			BL36	BL36	BL36	BL36
Anthropometric Form	MS36			MS36	MS36		
Zero Muddler Blood Pressure	BP36	BP36	BP36	BP36	BP36	BP36	BP36
Supine Ankle-Arm Blood Pressure	SU36				SU36		
Orthostatic Blood Pressure	OR36			OR36	OR36		

\* EF36 is Tracking Update after baseline.

Missing Data Indicator Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR36	YEAR36	YEAR36	YEAR36
Participant ID	IDNO	IDNO	IDNO	IDNO
Eligibility Form*	EF36	EF36	EF36	EF36
Quality of Life	QL36	QL36	QL36	QL36
Physical Activity				
Life Events-Depression	LE36	LE36	LE36	LE36
Personal Medications	PM36	PM36	PM36	PM36
Medical History	MH36	MH36	MH36	MH36
Personal History				
Physical Function	PF36	PF36	PF36	
Cognitive Function	CF36	CF36	CF36	
Spirometry Questionnaire				
Phlebotomy Form	BL36	BL36	BL36	BL36
Anthropometric Form		MS36	MS36	MS36
Zero Muddler Blood Pressure		BP36	BP36	
Supine Ankle-Arm Blood Pressure				SU36
Orthostatic Blood Pressure				

\* EF36 is Tracking Update after baseline.

Missing Data Indicator Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Physical Exam / Perf. Based Measures	PE36		PE36	PE36	PE36	PE36	PE36
Pulmonary Function Data	PU36						
Field Center Echo Questionnaire	CA36						CA36
Field Center Ultrasound Questionnaire	US36			US36	US36		
Field Center ECG Questionnaire	EK36	EK36	EK36	EK36	EK36	EK36	EK36
Neurologic History	NH36				NH36		
Hematology Report	HEM36			HEM36	HEM36		
Nutrition History	NU36				NU36		
Ultrasound Data from Reading Center	ULTRA36			ULTRA36	ULTRA36		
ECG Data from Reading Center	ECG36	ECG36	ECG36	ECG36	ECG36	ECG36	ECG36
Echo Data from Reading Center	ECHO36						
Blood Lab Data	CBAL36			CBAL36	CBAL36	CBAL36	CBAL36
Status of Six Month Phone Call	SV36	SV36	SV36	SV36	SV36	SV36	SV36
Status of Annual Visit	STATUS36	STATUS36	STATUS36	STATUS36	STATUS36	STATUS36	STATUS36
Vital Status at Annual Visit							VITLST36
Vital Status at Six Month Phone Call							VITLSV36
MRI Data From R.C.						MRI36	
SPOT Urine Form							

Missing Data Indicator Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Physical Exam / Perf. Based Measures	PE36	PE36	PE36	PE36
Pulmonary Function Data				
Field Center Echo Questionnaire				
Field Center Ultrasound Questionnaire				US36
Field Center ECG Questionnaire	EK36	EK36	EK36	EK36
Neurologic History				
Hematology Report				
Nutrition History	NU36			
Ultrasound Data from Reading Center				ULTRA36
ECG Data from Reading Center	ECG36	ECG36	ECG36	ECG36
Echo Data from Reading Center				
Blood Lab Data	CBAL36	CBAL36	CBAL36	CBAL36
Status of Six Month Phone Call	SV36	SV36	SV36	SV36
Status of Annual Visit	STATUS36	STATUS36	STATUS36	STATUS36
Vital Status at Annual Visit	VITLST36	VITLST36	VITLST36	VITLST36
Vital Status at Six Month Phone Call	VITLSV36	VITLSV36	VITSV36	VITSV36
MRI Data From R.C.				MRI36
SPOT Urine Form		UR36		

Missing Data Indicator Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Six-minute Walk							
Audiometry							
Trails A & B							
Vibration/Tuning Fork							

Question	Year 8	Year 9	Year 10	Year 11
Six-minute Walk		WK36		
Audiometry				AU36
Trails A & B				TR36
Vibration/Tuning Fork				VB36

Children and Study Evaluation Form\*  
(Record 73)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable		YEAR73		
Number of Living Children		NCHILD73		
Birth Month of Child 01 Birth Day of Month of Child 01 Birth Year of Child 01 Age of Child 01 Gender of Child 01 Location of Child 01 . . . Birth Month of Child 11 Birth Day of Month of Child 11 Birth Year of Child 11 Age of Child 11 Gender of Child 11 Location of Child 11		C01MON73 C01DAY73 C01YR73 C01AGE73 C01SEX73 C01LOC73 . . . C11MON73 C11DAY73 C11YR73 C11AGE73 C11SEX73 C11LOC73		
What is liked about CHS (#1) What is liked about CHS (#2)		LIKE173 LIKE273		
Improvement to CHS (#1) Improvement to CHS (#2)		IMPR173 IMPR273		
Date of Interview Interviewer ID		INTDAT73 INTID73		

\* This form was only administered at Year 9.

Informed Consent Tracking Form\*  
(Record 81)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable				YEAR81
<u>DNA Informed Consent</u> Type of Consent Preparation of DNA from blood cells Transformation of blood cells to cell line Test of genes related to heart disease Test of genes related to other conditions Access to DNA by private companies Notify physician of potentially serious gene condition				CONTYP81 BCDNA81  BCLINE81 GENEHD81  GENEOT81 PRIVCO81  NOTIFY81
<u>Other Study Data</u> Permission for use of study data Main study goals only CHS Researchers only Other Restrictions Specify Other Restrictions Send CHS Results to Doctors Partial consent for sending specified Access Medical Records Partial consent for access specified				STUDY81 GOALS81 CHS81 OTHRES81 OTHSPC81 SEND91 SENSPC81 MEDREC81 MEDSPC81
Date of Interview Interviewer ID				INTDAT81 INTID81

\*This form administered for the first time in Year 11.



Tracking/Demographic Calculated Variables

<b>TRACKING/DEMOGRAPHIC VARIABLES</b>	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Age (corrected)	AGE	AGE	AGE	AGE	AGE	AGE	AGE
Enrollment date	INITDATE (VISDATE)				INITDATE		
Cohort				PERSTAT	PERSTAT	PERSTAT	PERSTAT
Season enrolled	SEASON				SEASON		
Year of study		YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
Time since study entry (days)		STDYTIME	STDYTIME	STDYTIME		STDYTIME	STDYTIME

<b>TRACKING/DEMOGRAPHIC VARIABLES</b>	Year 8	Year 9	Year 10	Year 11
Age (corrected)	AGE	AGE	AGE	AGE
Enrollment date				
Cohort	PERSTAT	PERSTAT	PERSTAT	PERSTAT
Season enrolled				
Year of study	YEAR	YEAR	YEAR	YEAR
Time since study entry (days)	STDYTIME	STDYTIME	STDYTIME	STDYTIME

Medical History Form  
(Records 06,07,29,37,39,57,59)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable	DATE07	DATE37	DATE39	KDATE29	KDATE57	YEAR59	YEAR59
Self or Interviewer-administered survey Completed by: participant or proxy			ADMIN39	ADMIN29	ADMIN57	ADMIN59	ADMIN59
Interviewer or Reviewer	INTID07	INTID37	INTID39	INTID29	INTID57	INTID59	INTID59
Interview Date	INTDAT07	INTDAT37	INTDAT39	INTDAT29	INTDAT57	INTDAT59	INTDAT59
<u>EVENTS</u> Has a dr ever told you that you had.....a (new) MI (a new incident of) CHF (a new incident of) Angina (a new incident of) Claudication a (new) stroke a (new) TIA	MI07 HRTFLR07 ANGINA07 CLAUD07 STK22 TIA22	MI37 CHF37 ANG37 CLD37 STK37 TIA37	NEWMI39 NEWCHF39 NEWANG39 NEWCLD39 NEWSTK39 NEWTIA39	NEWMI29 NEWCHF29 NEWANG29 NEWCLD29 NEWSTK29 NEWTIA29	MI57 CHF57 ANGINA57 CLD57 STK22 TIA22	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59
<u>ARIC CHF Q=s:</u> Have you ever... had to sleep on >= 2 pillows awakened at night by trouble breath. had swelling of your feet or ankles come during day and go at night?	PILLOW07 AWAKEN07 SWELL07 CMDAY07	PILLOW37 AWAKEN37 SWELL37 CMDAY37	PILLOW39 AWAKEN39 SWELL39 CMDAY39	PILLOW29 AWAKEN29 SWELL29 CMDAY29	PILLOW57 AWAKEN57 SWELL57 CMDAY57	PILLOW56 WKTRBR56 SWELL59 CMDAY59	PILLOW59 GSPCHK59 SWELL59 CMDAY59
<u>During the last 30 days, did you...</u> Start taking any medication? What medication? Stop taking any medication? What medication? Change the dosage of any medication? What medication? Did the dosage increase/decrease?		STARTM37 START137... STOPM37 STOP137			STARTM57 START157... STOPM57 MED1N57...		STMED59  STPMED59  CHDOSE59 DOSNM159... DOSE159

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date selection variable	YEAR59	YEAR59	YEAR59	YEAR59
Self or Interviewer-administered Completed by: participant or proxy	ADMIN59	ADMIN59	ADMIN59 DATACL59	ADMIN59 DATACL59
Interviewer or Reviewer	INTID59	INTID59	INTID59	INTID59
Interview Date	INTDAT59	INTDAT59	INTDAT59	INTDAT59
<u>EVENTS</u> Has a dr ever told you that you had..... a (new) MI (a new incident of) CHF (a new incident of) Angina (a new incident of) Claudication? a (new) stroke a (new) TIA	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59
<u>ARIC CHF Q=s</u> Have you ever... had to sleep on >= 2 pillows awakened at night by trouble breath. had swelling of feet or ankles come during day and go at night?	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59 SWELL59 CMDAY59
<u>During the last 30 days, did you...</u> Start taking any medication? What medication? Stop taking any medication? What medication? Change the dosage of any medication? What medication(s)? Did the dosage increase/decrease?	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Take any aspirin in last two weeks? On how many days?	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR59 DAYASP59	ASPR59 DAYASP59
Did you take aspirin for... Headache? Arthritis? Cardiovascular protection? Other body aches/pains							
<u>Rose Int. Claudication Questionnaire</u> Pain in either leg on walking when standing or sitting in calf or calves walking uphill or hurrying walking, ordinary pace on the level Pain ever disappear while walking Do what if pain while walking If you stand still what happens to pain If relieved, how soon Were you hospitalized for this problem How far can you walk before pain	LEGWLK07 SIT07 CALF07 WLKHRY07 LEGPC07 LGDIS07 LEGDO07 LEGSTD07 LEGSNO07 LEGHSP07	LEGWLK37 SIT37 CALF37 WLKHRY37 LEGPC37 LGDIS37 LEGDO37 LEGSTD37	LEGWLK39 SIT39 CALF39 WLKHRY39 LEGPC39 LGDIS39 LEGDO39 LEGSTD39  FARWLK39	LEGWLK29 SIT29 CALF29 WLKHRY29 LEGPC29 LGDIS29 LEGDO29 LEGSTD29	LEGWLK57 SIT57 CALF57 WLKHRY57 LEGPC57 LGDIS57 LEGDO57 LEGSTD57  LEGHOS57	LEGWLK59 SIT59 CALF59 WLKHRY59 LEGPC59 LGDIS59 LEGDO59 LEGSTD59	LEGWLK59 SIT59 CALF59 WLKHRY59 LEGPC59 LGDIS59 LEGDO59 LEGSTD59
<u>Medical Conditions and Procedures</u> Dr told you that you have... **							
rheumatic heart or valve prob. ever been told told since last year	VALVE07	VALVE37		RHFEV29 RHFEV29	RHEUM57	RHFEV59 RHFEV59	RHFEV59 RHFEV59

\*\*Questions were worded differently in different years: “Has a doctor ever told you that you have...”

(See forms)

“Since we saw you last year has a doctor told you that you have...”

“Were you ever told that you have...if so when were you first told...”

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Take any aspirin in last two weeks? On how many days?	ASPR59 DAYASP59	ASPR59 DAYASP59	ASPR59 DAYASP59	ASPR59 DAYASP59
Did you take aspirin for... Headache? Arthritis? Cardiovascular protection? Other body aches/pains			ASPHD59 ASPART59 ASPCPP59 ASPOTH59	ASPHD59 ASPART59 ASPCPP59 ASPOTH59
<u>Rose Int. Claudication Questionnaire</u> Pain in either leg on walking when standing or sitting in calf or calves walking uphill or hurrying walking, ordinary pace on the level Pain ever disappear while walking Do what if pain while walking If you stand still what happens to pain If relieved, how soon Were you hospitalized for this problem How far can you walk before pain				LEGWLK59 SIT59 CALF59 WLKHRY59 LEGPC59 LGDIS59 LEGDO59  LEGSTD59
<u>Medical Conditions and Procedures</u> Dr told you that you have... **				
rheumatic heart or valve prob. ever been told told since last year	RHFEV59 RHFEV59	RHFEV59 RHFEV59	RHFEV59 RHFEV59	RHFEV59 RHFEV59

\*\*Questions were worded differently in different years: “Has a doctor ever told you that you have...”  
 (See forms) “Since we saw you last year has a doctor told you that you have...”  
 “Were you ever told that you have...if so when were you first told...”

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
High Blood Pressure: ever been told told since last year age first told treated for high BP treated since last year currently treated years treated months treated (if tx'd < 1 year) stop taking BP meds why did you stop specify	BP07	BP37  BPAGE37 BPTRT37 BPTRTL37 BPTRTC37 BPTRTY37 BPTRTM37 BPSTOP37 BPWHYS37 BPSPEC37	BP39	HIBP29 HIBP29   MEDBP29	BP57  BPAGE57 BPTRT57  BPTRTC57 BPTRTY57 BPTRTM57 BPSTOP57 BPWHY57 BPSPEC57	HIBP59 HIBP59   MEDBP59	HIBP59 HIBP59   MEDBP59
Diabetes: ever been told told since last year how long treated? how treated? other treatment specified when first told: month year	DIABET07	DIABET37	DIABET39	DIABET29 DIABET29  MEDDIA29	DIABET57 DIABET57 DIABYR57 MEDDIA57	DIABET59 DIABET59  MEDDIA59	DIABET59 DIABET59  MEDDIA59
Have you ever had... Foot ulcers/ sores on feet High blood sugar Low Blood Sugar Fainting or passing out Eye problems							
AFIB ever been told told since last year treated?	ATRFIB07	ATRFIB37		AFIB29 AFIB29 MEDAFB29	AFIB57  MEDAFB57	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
High Blood Pressure: ever been told told since last year age first told treated for high BP treated since last year currently treated years treated months treated (if tx'd < 1 year) stop taking BP meds why did you stop specify	HIBP59 HIBP59  MEDBP59	HIBP59 HIBP59  MEDBP59	HIBP59 HIBP59  MEDBP59	HIBP59 HIBP59  MEDBP59
diabetes ever been told told since last year how long treated? how treated? other treatment specified when first told: month year	DIABET59 DIABET59  MEDDIA59	DIABET59 DIABET59  MEDDIA59	DIABET59 DIABET59  MEDDIA59	DIABET59 DIABET59  MEDDIA59 DIABTR59 DIABSP59 DIABMO59 DIABYR59
Have you ever had... Foot ulcers/ sores on feet High blood sugar Low Blood Sugar Fainting or passing out Eye problems				FOOTUL59 HIBSUG59 LOBSUG59 FAINT59 EYEPRB59
AFIB ever been told told since last year treated?	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
pulmonary embolus (ever been told)	CLTLUN07				CLTLUN57		
deep vein thrombosis ever been told told since last year treated? symptoms experience in the past year frequently cold feet loss of hair on lower legs difficulty with wounds healing foot pain with walking	CLTLEG07	CLTLEG37		THROMB29 THROMB29 MEDBCL29	THROMB57  MEDTHR57	THROMB59 THROMB59 MEDBCL59	THROMB59 THROMB59 MEDBCL59
Dr said you had other heart/circ. probs. ever been told told since last year specify	CURCUL22  SPECUR22	CURCUL37  SPECUR37		OTHHRT29 OTHHSP29	CURCUL57  SPECUR57	OTHHRT59 OTHHSP59	OTHHRT59 OTHHSP59



Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
pulmonary embolus (ever been told)				
deep vein thrombosis ever been told told since last year treated? symptoms experience in the past year frequently cold feet loss of hair on lower legs difficulty with wounds healing foot pain with walking	THROMB59 THROMB59 MEDBCL59	THROMB59 THROMB59 MEDBCL59	THROMB59 THROMB59 MEDBCL59	THROMB59 THROMB59 MEDBCL59  COLDFT59 HRLOSS59 HEAL59 FTPAIN59
Dr said you had other heart/circ. probs. ever been told told since last year specify	OTHHRT59 OTHHSP59	OTHHRT59 OTHHSP59	OTHHRT59 OTHHSP59	OTHHRT59 OTHHSP59

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Have you ever had... coronary bypass surgery other heart surgery carotid endarterectomy side (right/left) leg bypass surgery repair of aortic aneurysm pacemaker implant coronary artery angioplasty lower extremity angioplasty (ever) Other procedure to open arteries in legs in the last year Date of procedure: Month Day Year angiography (ever) angiography in the last year? Date of procedure: Month Day Year	BPSSUR07 HRTSUR07 CAROTI07 SITE07 ABTLEG07 ANEURY07 IMPLAN07 CORART07 EXTART07			ANGIO29	BPSSUR57 HRTSUR57 CAROTI57 SITE57 ABTLEG57 ANEURY57 IMPLAN57 CORART57 EXTART57 ANGOUT57	ANGIO59	ANGIO59



Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><u>Parkinson's disease</u>                      ever been told                      currently being treated                      age when first told have                      Parkinson's                      Have trouble rising from a chair?                      Handwriting smaller than once was?                      Voice softer than once was?                      Poor balance?                      Feet freeze in doorways?                      Face less expressive?                      Arms or legs shake?                      Ever taken L-dopa or Sinemet?</p>							
<p><u>Essential Tremor</u>                      Often have uncontrollable tremor?                      Other people say you have a                      tremor?                      Dr. diagnosed tremor?                      Tremor in hands or arms?                      Head shake uncontrollably</p>							

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Parkinson's disease</u> Dr ever told you that you have... currently being treated age when first told have Parkinson's Have trouble rising from a chair? Handwriting smaller than once was? Voice softer than once was? Poor balance? Feet freeze in doorways? Face less expressive? Arms or legs shake? Ever taken L-dopa or Sinemet?				PARKMD59 PARKTR59 PARKAG59 RISING59 HANDWR59 VOICE59 BALANC59 FTFRZ59 LESSEX59 SHAKE59 LDOPA59
<u>Essential Tremor</u> Often have uncontrollable tremor? Other people say you have a tremor? Dr. diagnosed tremor? Tremor in hands or arms? Head shake uncontrollably				TRMOFT59 TRMTEL59 TRMDGN59 TRMHND59 TRMHED59

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p>Uncontrollable tremors anywhere else</p> <p>Nowhere else</p> <p>Right leg</p> <p>Left leg</p> <p>Voice</p> <p>Mouth or chin</p> <p>Chest or stomach</p> <p>Other</p> <p>Voice almost always tremble when talk</p> <p>Hand tremble when hold pen or write</p> <p>Hand shakes when drink or pour</p> <p>Hand shakes when hold fork</p> <p>Tremor make you spill when drink</p> <p>Hands tremble when button shirt</p>							
<p><u>Duke Activity Status Index (DASI)</u></p> <p>Able to eat, dress, bathe, use toilet by yourself?</p> <p>Able to walk indoors?</p> <p>Able to walk on level ground?</p> <p>Able to climb stairs/walk uphill?</p> <p>Able to run short distance?</p> <p>Able to do light housework?</p> <p>Able to do moderate housework?</p> <p>Able to do heavy housework?</p> <p>Able to do yard work (i.e. raking)?</p> <p>Able to have sexual relations?</p> <p>Can participate in moderate recreational activities?</p> <p>Can participate in strenuous sports?</p>							

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<p>Uncontrollable tremors anywhere else</p> <p>Nowhere else</p> <p>Right leg</p> <p>Left leg</p> <p>Voice</p> <p>Mouth or chin</p> <p>Chest or stomach</p> <p>Other</p> <p>Voice almost always tremble when talk</p> <p>Hand tremble when hold pen or write</p> <p>Hand shakes when drink or pour</p> <p>Hand shakes when hold fork</p> <p>Tremor make you spill when drink</p> <p>Hands tremble when button shirt</p>				<p>TRMNWH59</p> <p>TRMRLG59</p> <p>TRMLLG59</p> <p>TRMVOC59</p> <p>TRMMTH59</p> <p>TRMCHT59</p> <p>TRMOTH59</p> <p>TRMBTK59</p> <p>TRMBWR59</p> <p>TRMBPR59</p> <p>TRMBFK59</p> <p>TRMBCP59</p> <p>TRMBBT59</p>
<p><u>Duke Activity Status Index (DASI)</u></p> <p>Able to eat, dress, bathe, use toilet by yourself?</p> <p>Able to walk indoors?</p> <p>Able to walk on level ground?</p> <p>Able to climb stairs/walk uphill?</p> <p>Able to run short distance?</p> <p>Able to do light housework?</p> <p>Able to do moderate housework?</p> <p>Able to do heavy housework?</p> <p>Able to do yard work (i.e. raking)?</p> <p>Able to have sexual relations?</p> <p>Can participate in moderate recreational activities?</p> <p>Can participate in strenuous sports?</p>				<p>SLFCAR59</p> <p>INDOOR59</p> <p>LEVEL59</p> <p>CLIMB59</p> <p>RUN59</p> <p>LHWORK59</p> <p>MHWORK59</p> <p>HHWORK59</p> <p>YDWORK59</p> <p>SEXREL59</p> <p>MODREC59</p> <p>STREN59</p>

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Rose Angina Questions</u>							
Have you ever had pain in chest?	CHSTPN07	CHSTPN37	CHSTPN39	CHSTPN29	CHSTPN57	CHSTPN59	CHSTPN59
Get it when you walk uphill/hurry?	HURRY07	HURRY37	HURRY39	HURRY29	HURRY57	HURRY59	HURRY59
Get it when walking ordinary pace?	ORDPAC07	ORDPAC37	ORDPAC39	ORDPAC29	ORDPAC57	ORDPAC59	ORDPAC59
What you do if get it when walking	TOD007	TOD037	TOD039	TOD029	TOD057	TOD059	TOD059
If stand still, what happens to it?	STDSTL07	STDSTL37	STDSTL39	STDSTL29	STDSTL57	STDSTL59	STDSTL59
If relieved, how soon relieved?	SOON07						
Where you get this pain/discomfort	(STERNU07 STERNL07 CHEST07 ARM07 OTHER07 SPECW07)	(STERNU37 STERNL37 CHEST37 ARM37 OTHER37 SPECW37)	(STERNU39 STERNL39 CHEST39 ARM39 OTHER39 SPECW39)	(STERNU29 STERNL29 CHEST29 ARM29 OTHER29 SPECW29)	(STERNU57 STERNL57 CHEST57 ARM57 OTHER57 SPECW57)	(STERNU59 STERNL59 CHEST59 ARM59 OTHER59 SPECW59)	(STERNU59 STERNL59 CHEST59 ARM59 OTHER59 SPECW59)
Pain ever occur b/f last year/past 2 wk		PAIN37	PASTWK39 PAINNO39	PASTWK29 PAINNO29	PASTWK57 PAINNO57	PASTWK59 PAINNO59	PASTWK59 PAINNO59
# of times pain past 2 weeks			SEVER39	SEVER29	SEVER57	SEVER59	SEVER59
Pain increase in severity?		PAIND37	PAIND39	PAINDR29	PAINDR57	PAINDR59	PAINDR59
Seen doctor about this pain?	CHTPN07	CHTPN37	CHTPN39	CHTPN29	CHTPN57	CHTPN59	CHTPN59
Ever had pain across chest > .5 hour?	CHTDR07	CHTDR37	CHTDR39	CHTDR29	CHTDR57	CHTDR59	CHTDR59
See a doctor b/c of this pain?	CHTDRS07	CHTDRS37	CHTDRS39	CHTDRS29	CHTDRS57	CHTDRS59	CHTDRS59
What did doctor say it was?	SPECCP07	SPECCP37	SPECCP39	CHSPEC29	CHSPEC57	SPECCP59	SPECCP59
Specify other							
<u>LUNG AILMENTS</u>							
Have you (ever) had... attacks of bronchitis?	BRN07	BRN37		BRONCH29	BRN57	BRONCH59	BRONCH59
was it confirmed by a doctor?	BRNDR07	BRNDR37		BRNDR29	BRNDR57	BRNDR59	BRNDR59
at what age was your first attack?	BRNT07				BRNAG57		



Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<p><u>Rose Angina Questions</u>            Have you ever had pain in chest?              Get it when you walk uphill/hurry?              Get it when walking ordinary pace?              What you do if get it when walking              If stand still, what happens to it?              If relieved, how soon relieved?              Where you get this pain/discomfort</p> <p>Pain ever occur b/f last year/past 2 wk              # of times pain past 2 weeks              Pain increase in severity?              Seen doctor about this pain?            Ever had pain across chest &gt; .5 hour?              See a doctor b/c of this pain?              What did doctor say it was?              Specify other</p>				<p>CHSTPN59            HURRY59            ORDPAC59            TODO59            STDSTL59</p> <p>(STERNU59            STERNL59            CHEST59            ARM59            OTHER59            SPECW59)            PASTWK59            PAINNO59            SEVER59            PAINDR59            CHTPN59            CHTDR59            CHTDRS59            CHSPEC59</p>
<p><u>LUNG AILMENTS</u>            Have you (ever) had...            attacks of bronchitis?              was it confirmed by a doctor?              at what age was your first attack?</p>	<p>BRONCH59            BRNDR59</p>	<p>BRONCH59            BRNDR59</p>	<p>BRONCH59            BRNDR59</p>	<p>BRONCH59            BRNDR59</p>

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
chronic bronchitis? do you still have it? was it confirmed by a doctor? at what age did it start?	CRNC07 BRNCHV07 BRNCDR07 BRNCT07	CRNC37			CBRN57 CBRNHV57 CBRNDR57 CBRNAG57		
pneumonia? was it confirmed by a doctor? at what age was your first attack?	PNE07 PNEDR07 PNET07	PNE37		PNEU29	PNE57 PNEDR57 PNEAGE57	PNEU59	PNEU59
hay fever? was it confirmed by a doctor? at what age was your first attack?	HAY07 HAYDR07 HAYT07				HAY57 HAYDR57 HAYAG57	HAYFEV56	
emphysema do you still have it? was it confirmed by a doctor? at what age did it start?	EPH07 EPHH07 EPHDR07 EPHT07	EPH37			EMPH57 EMPHH57 EMPHDR57 EMPHAG57		
asthma? do you still have it? was it confirmed by a doctor? at what age did it start? ...at what age did it stop?	ATH07 ATHH07 ATHDR07 ATHHT07 ATHST07	ATH37			ASTH57 ASTHH57 ASTHDR57 ASTHAG57 ASTHST57	ASTHMA56 ASSTIL56 ASDR56 ASLAST56 ASSTOP56	
any other chest illness? if yes, please specify	ILL07 ILLSPC07				CHILL57 CHILSP57		
any chest operations? if yes, please specify	OPT07 OPTSPC07				CHOP57 CHOSP57		
any chest injuries? if yes please specify	INJ07 INJSPC07				CHINJ57 CHINSP57		

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
chronic bronchitis? do you still have it? was it confirmed by a doctor? at what age did it start?				
pneumonia? was it confirmed by a doctor? at what age was your first attack?	PNEU59	PNEU59	PNEU59	PNEU59
hay fever? was it confirmed by a doctor? at what age was your first attack?				
emphysema do you still have it? was it confirmed by a doctor? at what age did it start?		EMPHYS59	EMPHYS59	EMPHYS59
asthma? do you still have it? was it confirmed by a doctor? at what age did it start? ...at what age did it stop?		ASTHMA59	ASTHMA59	ASTHMA59
any other chest illness? if yes, please specify				
any chest operations? if yes, please specify				
any chest injuries? if yes please specify				

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>LUNG AILMENTS (continued)</u> Do you usually have a cough? 4-6 times a day, 4+ days per week? first thing in the morning? during the rest of the day or at night? on most days for 3+ consec months? for how many years?	COUGH07 COUGHN07 CHGGET07 CGHDAY07 CGHMON07 CGHYR07	COUGH37   CGHMON37			COUGH57 CGHMCH57 CGHGET57 CGHDAY57 CGHMON57 CGHYR57	COUGH56 CGH4656 CGHMRN56 CGHDAY56 CGHMST56 CGHYRS56	
Do you usually bring up phlegm? twice a day or 4+ days per week? when you get up or first thing...? at all during rest of day or at night? on most days for 3+ consec months? for how many years...?	PHL07 PHLN07 PHLG07 PHLR07 PHLF07 PHLL07	PHL37   PHLF37			PHL57 PHLMCH57 PHLGET57 PHLDAY57 PHLMON57 PHLYR57	PHLEGM56 PHL4656 PHLMRN56 PHLDAY56 PHLMST56 PHLYRS56	
chest sound wheezy when have a cold? apart from colds? most days and nights? for how many years? ever made you feel short of breath? how old when you had first attack? have you had 2+ episodes? ever required med. or tx for attacks?	WZYD07 WZYA07 WZYDN07 WZYL07 WZYBR07 WZYAT07 WZYAF07 WZYAM07	WZYD37 WZYA37 WZYDN37   WZYAM37			WZCOLD57 WZNOC57 WZDN57 WZYR57 WZBR57 WZAG57 WZMULT57 WZMED57	WHZCLD59 WHZAPT59 WHZDN59 WHZYRS59 WHZSB59 WHZAGE59 WHZTWO59 WHZMED59	
Troubled by shortness of breath...? walk slower than people your age...? have to stop walking at own pace...? have to stop after walking 100 yds...? too breathless to leave house, dress...?	BRTSHT07 BRTWLK07 BRTSTP07 BRTHRD07 BRTDRS07	BRTSHT37 BRTWLK37 BRTSTP37 BRTHRD37 BRTDRS37	BRTSHT39 BRTWLK39 BRTSTP39 BRTHRD39 BRTDRS39		SBHUR57 WLKSLO57 STOPBR57 STP10057 LVHOUS57		

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<p><u>LUNG AILMENTS (continued)</u>            Do you usually have a cough?            4-6 times a day, 4+ days per week?            first thing in the morning?            during the rest of the day or at night?            on most days for 3+ consec. months?            for how many years?</p>				
<p>Do you usually bring up phlegm?            twice a day or 4+ days per week?            when you get up or first thing...?            at all during rest of day or at night?            on most days for 3+ consec months?            for how many years...?</p>				
<p>chest sound wheezy when have a cold?            apart from colds?            most days and nights?            for how many years?            ever made you feel short of breath?            how old when you had first attack?            have you had 2+ episodes?            ever required med. or tx for attacks?</p>				
<p>Troubled by shortness of breath...?            walk slower than people your age...?            have to stop walking at own pace...?            have to stop after walking 100 yds...?            too breathless to leave house, dress...?</p>				

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Get short of breath... Resting in a chair? Walking on level ground? Walking quickly or uphill? W/light physical activity? W/moderate physical activity? W/strenuous physical activity?			BRTCHR39 BRTLVL39 BRTQIK39 BRTL39 BRTMOD39 BRTSTR39	SBREST29 SBWKL29 SBWKUP29 SBLACT29 SBMACT29 SBSACT29	SBREST57 SBWKL57 SBWKUP57 SBLACT57 SBMACT57 SBSACT57	SBCHR56 SBWKL56 SBWKQ56 SBLGHT56 SBMOD56 SBSTRN56	
Have you had a cold, the flu, a dental infection or other infections in the last two weeks?						INFTWO59	INFTWO59
Have you had a cold, the flu, a dental infection or other infections in the last week?						INFWK59	INFWK59
Do you have seasonal allergies? Above symptoms due to allergies? Chronic lung or sinus condition?						SEASAL59 SYMPAL59 CHRLNG59	
<u>During last year, have you:</u> injured your head? injured your neck? Had a flu shot? Had a shot to prevent pneumonia? Been prescribed nitroglycerin? If yes, specify reason.	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Get short of breath... Resting in a chair? Walking on level ground? Walking quickly or uphill? W/light physical activity? W/moderate physical activity? W/strenuous physical activity?				
Have you had a cold, the flu, a dental infection or other infections in the last two weeks?	INFTWO59	INFTWO59	INFTWO59	INFTWO59
Have you had a cold, the flu, a dental infection or oth. infect. in the last wk?				
Do you have seasonal allergies? Above symptoms due to allergies? Chronic lung or sinus condition?				
<u>During last year, have you:</u> injured your head? injured your neck? Had a flu shot? Had a shot to prevent pneumonia? Been prescribed nitroglycerin? If yes, specify reason.	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59 NITSPC59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59 NITSPC59	INJHD59 INJNCK59 FLUSH59 PNEUSH39 NITRO59 NITSPC59
Have you ever fainted? since the beginning of the CHS study during the last year If yes, what month? what year?		FAINT59  FNTMO59 FNTYR59	FAINT59 FNTMO59 FNTYR59	FAINT59 FNTMO59 FNTYR59

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Symptoms during last two weeks:</u>							
Sore throat						SORTHR59	SORTHR59
Cough						COUGH59	COUGH59
Sputum or mucous						MUCOUS59	MUCOUS59
Runny nose or congestion						CONGST59	CONGST59
Pain on urination						PNURIN59	PNURIN59
Cloudy or discolored urine						CLURIN59	CLURIN59
Tests showing a urine infection						URINF59	URINF59
Other infection						OTHINF59	OTHINF59
Other, specify						OTHSPC59	OTHSPC59
Breathless or short of breath?	B RTP07				B RTP57		
increase of frequency/severity?	B RTI07				B RTI57		
Palpitations?	PALPIP07				PALPIP57		
increase of frequency/severity?	PALPII07				PALPII57		
Dizzy?	DIZZYP07				DIZZYP57		
increase of frequency/severity?	DIZZYI07				DIZZYI57		
Fatigued?	FATIGP07				FATIGP57		
increase of frequency/severity?	FATIGI07				FATIGI57		
Weak?	WEAKP07				WEAKP57		
increase of frequency/severity?	WEAKI07				WEAKI57		
Nauseous?	NAUSEP07				NAUSEP57		
increase of frequency/severity?	NAUSEI07				NAUSEI57		
Indigestion?	INDIGP07				INDIGP57		
increase of frequency/severity?	INDIGI07				INDIGI57		
Chest pain?	CHESTP07						
increase of frequency/severity?	CHESTI07						
Upper abdominal pain?	ABDOMP07				ABDOMP57		
increase of frequency/severity?	ABDOMI07				ABDOMI57		
Fever?	FEVERP07				FEVERP57	FEVER59	FEVER59
increase of frequency/severity?	FEVERI07				FEVERI57		



Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Symptoms during last two weeks:</u>				
Sore throat	SORTHR59	SORTHR59	SORTHR59	SORTHR59
Cough	COUGH59	COUGH59	COUGH59	COUGH59
Sputum or mucous	MUCOUS59	MUCOUS59	MUCOUS59	MUCOUS59
Runny nose or congestion	CONGST59	CONGST59	CONGST59	CONGST59
Pain on urination	PNURIN59	PNURIN59	PNURIN59	PNURIN59
Cloudy or discolored urine	CLURIN59	CLURIN59	CLURIN59	CLURIN59
Tests showing a urine infection	URINF59	URINF59	URINF59	URINF59
Other infection	OTHINF59	OTHINF59	OTHINF59	OTHINF59
Other, specify	OTHSPC59	OTHSPC59	OTHSPC59	OTHSPC59
Breathless or short of breath? increase of frequency/severity?				
Palpitations? increase of frequency/severity?				
Dizzy? increase of frequency/severity?				
Fatigued? increase of frequency/severity?				
Weak? increase of frequency/severity?				
Nauseous? increase of frequency/severity?				
Indigestion? increase of frequency/severity?				
Chest pain? increase of frequency/severity?				
Upper abdominal pain? increase of frequency/severity?				
Fever? increase of frequency/severity?	FEVER59	FEVER59	FEVER59	FEVER59

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Symptoms during last two weeks</u> <u>(continued):</u> Muscle aches? increase of frequency/severity? Diarrhea? increase of frequency/severity? Seen a physician?	ACHESP07 ACHESI07 DIARRP07 DIARRI07 SEEDR07				ACHESP57 ACHESI57 DIARRP57 DIARRI57 SEEDR57		

Question	Year 8	Year 9	Year 10	Year 11
<u>Symptoms during last two weeks</u> <u>(continued):</u> Muscle aches? increase of frequency/severity? Diarrhea? increase of frequency/severity? Seen a physician?	DIAREA59	DIAREA59	DIAREA59	DIAREA59

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Told by a dr that you currently have...							
Arthritis of hands or arms?		ARTHHD37		ARTHND29	ARTHND57	ARTHND59	ARTHND59
Arthritis of shoulder?		ARTSHD37		ARTSHD29	ARTSHD57	ARTSHD59	ARTSHD59
Arthritis of hips or knees?		ARTHIP37		ARTHIP29	ARTHIP57	ARTHIP59	ARTHIP59
Hearing loss?		HEAR37			HEAR57		
Cataracts?		CATAR37			CATAR57		
Glaucoma?		GLAUC037			GLAUC57		
Diseases of the retina?		RETINA37			RETINA57		
Osteoporosis?		OSTEOP37		OSTEOP29	OSTEOP57	OSTEOP59	OSTEOP59
Parkinson's Disease?		PARKIN37			PARKIN57		
Dementia or Alzheimer's Disease?		DEMEN37			DEMEN57		
Other neurologic disease?		NEUROL37			NEUROL57		
Specify		SPEC37			SPEC57		
Depression?		DEPRESS37			DEPRESS57		
Liver disease, cirrhosis or hepatitis?		LIVER37		LIVDIS29	LIVDIS57	LIVDIS59	LIVDIS59
Kidney disease or failure?		KIDNEY37		KIDDIS29	KIDDIS57	KIDDIS59	KIDDIS59
Cancer?	**	CANCER37		CANCER29	**	CANCER59	CANCER59
Breast?		BREASE37		CANBRS29		CANBRS59	CANBRS59
Blood, leukemia or lymphoma?		BLOOD37		CANBLD29		CANBLD59	CANBLD59
Colon or rectum?		COLON37		CANCOL29		CANCOL59	CANCOL59
Lung?		LUNG37		CANLNG29		CANLNG59	CANLNG59
Malignant melanoma?		MALIGN37		CANMML29		CANMML59	CANMML59
Other skin cancer?		SKIN37		CANOSK29		CANOSK59	CANOSK59
Prostate?		PROSTT37		CANPRO29		CANPRO59	CANPRO59
Pancreas?				CANPAN29		CANPAN59	CANPAN59
Esophageal?				CANESO29		CANESO59	CANESO59
Other cancer?		OTHCAN37		CANOTH29		CANOTH59	CANOTH59
Specify		SPECCN37		CANOSP29		CANOSP59	CANOSP59

\*\* History of cancer in 5 years prior to Baseline ascertained on Eligibility Form (Record 01)

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Told by a dr that you currently have...				
Arthritis of hands or arms?	ARTHND59	ARTHND59	ARTHND59	ARTHND59
Arthritis of shoulder?	ARTSHD59	ARTSHD59	ARTSHD59	ARTSHD59
Arthritis of hips or knees?	ARTHIP59	ARTHIP59	ARTHIP59	ARTHIP59
Hearing loss?				
Cataracts?				
Glaucoma?				
Diseases of the retina?				
Osteoporosis?	OSTEOP59	OSTEOP59	OSTEOP59	OSTEOP59
Parkinson's Disease?				**
Dementia or Alzheimer's Disease?				
Other neurologic disease?				
Specify				
Depression?				
Liver disease, cirrhosis or hepatitis?	LIVDIS59	LIVDIS59	LIVDIS59	LIVDIS59
Kidney disease or failure?	KIDDIS59	KIDDIS59	KIDDIS59	KIDDIS59
Cancer?	CANCER59	CANCER59	CANCER59	CANCER59
Breast?	CANBRS59	CANBRS59	CANBRS59	CANBRS59
Blood, leukemia or lymphoma?	CANBLD59	CANBLD59	CANBLD59	CANBLD59
Colon or rectum?	CANCOL59	CANCOL59	CANCOL59	CANCOL59
Lung?	CANLNG59	CANLNG59	CANLNG59	CANLNG59
Malignant melanoma?	CANMML59	CANMML59	CANMML59	CANMML59
Other skin cancer?	CANOSK59	CANOSK59	CANOSK59	CANOSK59
Prostate?	CANPRO59	CANPRO59	CANPRO59	CANPRO59
Pancreas?	CANPAN59	CANPAN59	CANPAN59	CANPAN59
Esophageal?	CANESO59	CANESO59	CANESO59	CANESO59
Other cancer?	CANOTH59	CANOTH59	CANOTH59	CANOTH59
Specify	CANOSP59	CANOSP59	CANOSP59	CANOSP59

\*\* See Medical Conditions and Procedures Section

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
TX by dr in past yr for...broken hip? Broken lower leg? Broken arm, wrist, or shoulder? Spine compression fracture? Other injury? Specify		BRKHIP37 BRKLEG37 BRKARM37 SPIN37 OTHINJ37 SPCINJ37		BRKHIP29 BRKLEG29 BRKARM29 BRKSPN29 OTHINJ29 SPCINJ29	BRKHIP57 BRKLEG57 BRKARM57 BRKSPN57 OTHINJ57 SPCINJ57	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59
Arthritis treated w/medication? Arthritis surgery on one/both knee(s)? Arthritis surgery on hip? Arthritis surgery on other body part? Specify		ARTTRT37 ARTSUR37 ARTSUH37 ARTSUA37 ARTSPE37		ARTTRT29	ARTTRT57 ARTSUR57 ARTSUH57 ARTSUA57 ARTSPE57	ARTTRT59	ARTTRT59
Pain in any bones/joints in last year...? Hands Feet Knees Hips Neck Back Shoulders Other Specify		JOINT37 HANDS37 FEET37 KNEES37 HIPS37 NECK37 BACK37 SHOUL37 OTHERS37 SPJION37		PNBONE29 PNHAND29 PNFEET29 PNKNEE29 PNHIPS29 PNNECK29 PNBACK29 PHSHLD29 PNOTHR29 PNOSPC29	PNBONE57 PNHAND57 PNFEET57 PNKNEE57 PNHIPS57 PNNECK57 PNBACK57 PHSHLD57 PNOTHR57 PNOSPC57	PNBONE59 PNHAND59 PNFEET59 PNKNEE59 PNHIPS59 PNNECK59 PNBACK59 PHSHLD59 PNOTHR59 PNOSPC59	PNBONE59 PNHAND59 PNFEET59 PNKNEE59 PNHIPS59 PNNECK59 PNBACK59 PHSHLD59 PNOTHR59 PNOSPC59
Lost control of urine? How often? Wake to urinate 3+ times/wk? How long can you wait, if have urge?		URINE37		URINE29  WKURIN29	URINE58*  WKURIN58*	URINE59 URFREQ59 WKURIN59 URLONG59	
Sudden dizziness? Had a fall? How many times in the last year?		GROUND37  FALLEN37		DIZZY29 FALL29 TIMFAL29	FALL58* TIMFAL58	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59

\*Some baseline responses were combined

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
TX by dr in past year for...Broken hip? Broken lower leg? Broken arm, wrist, or shoulder? Spine compression fracture? Other injury? Specify	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59
Arthritis treated w/medication? Arthritis surgery on one/both knee(s)? Arthritis surgery on hip? Arthritis surgery on other body part? Specify	ARTTRT59	ARTTRT59	ARTTRT59	ARTTRT59
Pain in any bones/joints in last year...? Hands Feet Knees Hips Neck Back Shoulders Other Specify	PNBONE59 PNHAND59 PNFEET59 PNKNEE59 PNHIPS59 PNNECK59 PNBACK59 PHSHLD59 PNOTHR59 PNOSPC59	PNBONE59 PNHAND59 PNFEET59 PNKNEE59 PNHIPS59 PNNECK59 PNBACK59 PHSHLD59 PNOTHR59 PNOSPC59	PNBONE59 PNHAND59 PNFEET59 PNKNEE59 PNHIPS59 PNNECK59 PNBACK59 PHSHLD59 PNOTHR59 PNOSPC59	PNBONE59 PNHAND59 PNFEET59 PNKNEE59 PNHIPS59 PNNECK59 PNBACK59 PHSHLD59 PNOTHR59 PNOSPC59
Lost control of urine? How often? Wake to urinate 3+ times/wk? How long can you wait, if have urge?				
Sudden dizziness? Had a fall? How many times?	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><u>MISCELLANEOUS</u> Overnight in hospital in last 6 mos? Reason (up to five)  (For date variables, see corr. schema)</p>		HPSTAY37	ADMIT39 RSHOP139 through RSHOP539	HOSPTL29 RSHOS129 through RSHOS229		HOSPTL59 RSHOS159 through RSHOS259	HOSPTL59 RSHOS159 through RSHOS259
<p>Overnight - nursing home past 6 mos? Reason (up to five)  (For date variables, see corresponding schema)</p>		NHSTAY37	NURSHM39 RSNUR139 through RSNUR539	NURSHM29 RSNURS29		NURSHM59 RSNURS59	NURSHM59 RSNURS59
<p>Currently staying in a nursing home?</p>				CURNUR29		CURNUR59	CURNUR59
<p>Have you received any home health care in the last six months? If yes, what type Physical therapy Occupational therapy Nursing care Other specify</p>							
<p>Where do you usually go for med care? When you want to see a doctor, do you usually... Do you see the same doctor every visit? If you develop a new illness/symptom and need an appointment, how soon are you able to be seen? Do you have a doctor (or doc assistant) you can talk to by phone?</p>						MEDCAR59  SEEDOC59 SAMDOC59  SOONDR59  HAVDOC59	

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<p><u>MISCELLANEOUS</u></p> <p>Overnight in hospital in last 6 mos? Reason (up to five)</p> <p>(For date variables, see corresponding schema)</p>	HOSPTL59 RSHOS159 through RSHOS259	HOSPTL59 RSHOS159 through RSHOS259	HOSPTL59 RSHOS159 through RSHOS259	HOSPTL59 RSHOS159 through RSHOS259
<p>Overnight - nursing home past 6 mos? Reason (up to five)</p> <p>(For date variables, see corresponding schema)</p>	NURSHM59 RSNURS59	NURSHM59 RSNURS59	NURSHM59 RSNURS59	NURSHM59 RSNURS59
<p>Currently staying in a nursing home?</p>	CURNUR59	CURNUR59	CURNUR59	CURNUR59
<p>Have you received any home health care in the last six months? If yes, what type</p> <p>Physical therapy Occupational therapy Nursing care Other specify</p>	HMHLTH59  PT59 OT59 NURCAR59 OTHCAR59 CARSPC59	HMHLTH59  PT59 OT59 NURCAR59 OTHCAR59 CARSPC59	HMHLTH59  PT59 OT59 NURCAR59 OTHCAR59 CARSPC59	HMHLTH59  PT59 OT59 NURCAR59 OTHCAR59 CARSPC59
<p>Where do you usually go for med care? When you want to see a doctor, do you usually...</p> <p>Do you see the same doctor every visit? If you develop a new illness/symptom, how soon are you able to be seen? Do you have a doctor (or doc assistant) you can talk to by phone?</p>		MEDCAR59 SEEDOC59  SAMDOC59  SOONDR59  HAVDOC59		



Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><u>MISCELLANEOUS (continued)</u>            How much did each of the following affect your ability to see a doctor in the past year?            Not having a regular doctor            Taking care of others            Difficulty finding transportation            Doctor/Clinic/Hospital bills            Work responsibilities            Fearful for safety on streets            Fear that doctor will perform unnecessary tests            Fear that doctor will discover a serious illness            Doctor unresponsive to concerns</p>						NOTHAV59 TAKCAR59 DIFTRN59 DRBILL59 WRKRSP59 SAFETY59  TESTS59  SERILL59 NTRESP59	
<p>Do you have any of the following types of health insurance in addition to Medicare?            Other, specify:</p>						ADDINS59 INSSPC59	ADDINS59 INSSPC59
<p>Requested advice from doctor regarding cholesterol?            Why?            Specify other.</p>		ADVDOC37 ADVWHY37 SPCADV37					
<p>Ever had cholesterol measured?            Had cholesterol meas'd since last year?            Where?            Specify other            Why?            Specify other</p>		CHOLM37 MEASWE37 SPCWHE37 MEASWH37 SPCWHY37			CHOLMS58  CHOLWH58  CHLWHY58		

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<p><u>MISCELLANEOUS (continued)</u>            How much did each of the following affect your ability to see a doctor in the past year?            Not having a regular doctor            Taking care of others            Difficulty finding transportation            Doctor/Clinic/Hospital bills            Work responsibilities            Fearful for safety on streets            Fear that doctor will perform unnecessary tests            Fear that doctor will discover a serious illness            Doctor unresponsive to concerns</p>		<p>NOTHAV59            TAKCAR59D            DIFTRN59            DRBILL59            WRKRSP59            SAFETY59            TESTS59              SERILL59              NTRESP59</p>		
<p>Do you have any of the following types of health insurance in addition to Medicare?            Other, specify:</p>		<p>ADDINS59            INSSPC59</p>	<p>ADDINS59            INSSPC59</p>	<p>ADDINS59            INSSPC59</p>
<p>Requested advice from doctor regarding cholesterol?            Why? Specify other.</p>				
<p>Ever had cholesterol measured?            Had cholesterol meas'd since last year?            Where?            Specify other            Why?            Specify other</p>				

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Health Questions</u> How would you say... your health is Compared to others of same age? Compared to six months ago? Days in bed due to illness/injury? What caused you to stay in bed? Specify other.	HEALT01 RLHLTH01  BED01 ILL01 ILLSPC01	HLTH137 HLTH237 HLTH337 BED137 CAUSE137 SPEC137	BED139 CAUSE139 SPEC139	HLTH129 HLTH229  BED29	HEALT01 RLHLTH01  BED01 ILL01 ILLSPC01	HLTH159 HLTH259  BED59	HLTH159  BED59
<u>Loyola Generativity Scale</u> To what extent does this describe you? Try to pass on my knowledge Feel others don't need me Would like work of a teacher Feel I've made a difference to many Do not volunteer for charity Made things that impacted on others Try to be creative I will be remembered when I die Society not responsible for homeless Others say I've made unique contrib Have important skills to teach others Haven't done anything that will survive when I die My actions don't have positive effect on others Done nothing to contribute to others Made many commitments Others say I am productive Responsibility to improve my nbhd People come to me for advice Contributions will exist after I die							

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Health Questions</u> How would you say... your health is Compared to others of same age? Compared to six months ago? Days in bed due to illness/injury? What caused you to stay in bed? Specify other.	HLTH159	HLTH159	HLTH159	HLTH159
	BED59	BED59	BED59	BED59
<u>Loyola Generativity Scale</u> To what extent does this describe you? Try to pass on my knowledge Feel others don't need me Would like work of a teacher Feel I've made a difference to many Do not volunteer for charity Made things that impacted on others Try to be creative I will be remembered when I die Society not responsible for homeless Others say I've made unique contrib Have important skills to teach others Haven't done anything that will survive when I die My actions don't have positive effect on others Done nothing to contribute to others Made many commitments Others say I am productive Responsibility to improve my nbhd People come to me for advice Contributions will exist after I die				PASSKN59 NTNEED59 TEACHR59 MADDIF59 NTVOLN59 IMPACT59 CREATV59 REMEMB59 SOCNOT59 UNIQUE59 SKILLS59  NTSURV59  NTPOS59 NWORTH59 COMMIT59 PRDCTV59 IMPNBH59 ADVICE59 CNTREX59

### Medical History Calculated Variables

<b>MEDICAL HX VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Angina status at baseline (Self-report) Adjudicated Angina status at baseline	ANGBASE ANBLMOD				ANGBASE ANBLMOD		
Asthma confirmed by doctor, ever	ASTHMA				ASTHMA	ASTHMA	
Bronchitis dx by doctor	BRONCH	BRONCH		BRONCH	BRONCH	BRONCH	BRONCH
Stroke, TIA car endar	CBD				CBD		
Conf mi/ang, cabg, anp (Self-report) Adjudicated CHD status at baseline	CHD CHDBLMOD				CHD CHDBLMOD		
CHF status at baseline (Self-report) Adjudicated CHF status at baseline	CHFBASE CHBLMOD				CHFBASE CHBLMOD		
Claud status at baseline (Self-report) Adjudicated CLD status at baseline	CLDBASE CLBLMOD				CLDBASE CLBLMOD		
Clinical p. vas. dis	CPVD						
Current Asthma dx by doctor	ASTHMCUR				ASTHMCUR	ASTHMCUR	
Reported dx of diabetes	DIABET				DIAB**		
Calculated diabetes status (WHO)	DIABWHO						
ADA Diabetic Status	DIABADA			DIABADA	DIABADA		
Emphysema dx by doctor	EMPHYSEM				EMPHYSEM		
Family hx of MI	FHHA				FHHA		
Family hx of Stroke	FHSTK				FHSTK		

\*\*The variable DIAB is for new cohort only; however, for consistency, it is renamed DIABET in baseboth.sav.

Medical History Calculated Variables (cont.)

<b>MEDICAL HX VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Asthma confirmed by doctor				
Bronchitis dx by doctor	BRONCH	BRONCH	BRONCH	BRONCH
Stroke, TIA car endar				
Clinical p. vas. dis				
Current Asthma dx by doctor				
Reported dx of diabetes				
Calculated diabetes status (WHO)		DIABWHO		
ADA Diabetic Status		DIABADA		
Emphysema dx by doctor				
Family hx of MI				
Family hx of Storke				

Medical History Calculated Variables (cont.)

<b>MEDICAL HX VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Global heart disease	GHD				GHD		
Min age of sib MI	MIAGE				MIAGE		
MI status at baseline (Self-report) Adjudicated MI status at baseline	MIBASE MIBLMOD				MIBASE MIBLMOD		
Pneumonia confirmed by dr	PNEUMON				PNEUM**		
Angina by rose questionnaire	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG
Intermittent claudication by rose ques.	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC
Stroke status at baseline (Self-report) Adjudicated stroke status at baseline	STRKBASE STBLMOD				STRKBASE STBLMOD		
TIA status at baseline (Self-report) Adjudicated TIA status at baseline	TIABASE TIBLMOD				TIABASE TIBLMOD		
Number of CHF Symptoms		CHFSYMPT ***	CHFSYMPT	CHFSYMPT	CHFSYMPT	CHFSYMPT	CHFSYMPT
Any subclinical disease							ANYSUB

\*Updated information on the presence of disease is available each year in the Medical History section, pages 23, 24, and also in the events data.

\*\*The variable PNEUM is for the new cohort only; however, for consistency, it is renamed PNEUMON in baseboth.sav.

\*\*\*CHFSYMPT is between 0 and 3 and records the number of the following CHF symptoms: sleep on 2 pillows to breathe, awakened at night by trouble breathing, swelling of feet and ankles during the day which goes down overnight.

Medical History Calculated Variables (cont.)

<b>MEDICAL HX VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Global heart disease				
Min age of sib MI				
Pneumonia confirmed by dr				
Angina by rose questionnaire				
Intermittent claudication by rose ques.				
Number of CHF Symptoms				



## Medical History Calculated Variables (cont.)

\* For each of the six major disease classifications in CHS, there are two baseline status variables. The original status variable ends in BASE (except for CHD), and the updated status variable ends in BLMOD. The \*BASE variables use only information available at baseline, including self-report, exam, ECG's, and review of medical history. The coding of the \*BASE variables is as follows:

0=no history

1=definite past history; confirmed by exam or medical records

2=possible past history; reported but not confirmed

3=past unreported history; not reported, but found on exam (for MI, Angina, and Claudication only).

The \*BLMOD variables classify a participant according to whether or not they are at risk of an incident event. Anyone with a \*BASE value of 1=definite past history has a \*BLMOD value of 1=prevalent. Initially, possible past history and past unreported history are coded in \*BLMOD as 0=at risk for an incident event. During the review of hospitalization records for our events adjudication process, it may become evident that a participant was prevalent for one of the six major diseases at baseline. If so, the baseline status is modified to incorporate this new information. Thus, the \*BLMOD variables have changed over the years. For example, a participant with no history of MI at baseline will have MIBASE=0. If, during the review of records for a hospitalization after baseline, records were found indicating that an MI had occurred before the person was enrolled in CHS, the MIBLOD variable would be set to 1, while the MIBASE variable would remain 0. Both variables give prevalent disease status at baseline, but the \*BLMOD variable reflects the latest and most accurate information we have about baseline status. The current values reflect the results of our adjudication of events through June 30, 1996. We are only releasing data through June 30, 1994.

†The variable CHDBLMOD is set to 1 if MIBLMOD=1 or ANBLMOD=1 or there is a report of angioplasty or bypass surgery prior to entry into CHS.

¶The variable DIABETES is for baseline original cohort only; DIABETES=1 if Normal; DIABETES=2 if Impaired Glucose Intolerance, defined by Fasting glucose < 140 mg/dl AND Two hour post load glucose 140-199 mg/dl; DIABETES=3 if Diabetic, defined by Fasting glucose > 140 mg/dl, OR Two hour post glucose load > 200 mg/dl, OR Medical History Question 7 = Yes, OR Phlebotomy Insulin Question 5 = Yes, OR Takes Insulin Medication, OR Takes Oral Hypoglycemic Medication.

§Per the ADA guidelines, the DIABADA variable is coded as follows: DIABADA=1 if Normal; DIABADA=2 if Impaired Fasting Glucose, defined by GLU44=110-125; DIABADA=3 if Diabetes, defined by taking insulin or oral hypoglycemics or if GLU44 126. This variable was recorded on both the original and new cohorts at baseline, and it was recorded on the original cohort at year 5.

\*\*Two variables describing estrogen use at baseline have been added to the BASEBOTH file. At baseline for the original cohort, use was assessed by medicine bottle or by self-report of EVER use. Those who brought in meds were coded current users. Self-reported EVER use in the absence of meds was coded former use. If a participant answered "don't know" to the question of ever use and did not bring in a prescription for estrogen, information obtained in later years on former or current use and its duration was used to fill in the missing whenever possible. Otherwise, these "don't know" responders were coded as never users. Both ESTBL and ESTBLNC are coded as 0=never, 1=former, 2=current.

\*\*\*Subclinical disease is defined as having any one of the following conditions: ankle-arm index  $\leq 0.9$ mmHg, internal carotid thickness > 80th percentile, common carotid thickness > 80th percentile, carotid stenosis > 25%, major ECG abnormalities, abnormal ejection fraction on echo, abnormal wall motion on echo, rose questionnaire claudication positive, or rose questionnaire angina positive.

Personal History Form  
(Baseline - Year 7: Records 08, 29, 38, 39, 58, and 59)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE08	DATE38	DATE39	KDATE29	DATE58	YEAR59	YEAR59
What is your occupational status? If other, specify	OCCUP01 OCCSPC01				OCCUP01 OCCSPC01	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59
What is your total combined income	INCOME01				INCOME01		INCOME59
<u>Weight</u> Have you gained/lost >10 pounds? Was the following a major factor in your weight change? diet surgery, illness, or medication exercise	WEIGHT08  DIET08 ILL08 EXER08	WEIGHT38  DIET38 ILL38 EXER38		WEIGHT29  DIET29 ILL29 EXER29	WEIGHT58  DIET58 ILL58 EXER58	WEIGHT59  DIET59 ILL59 EXER59	WEIGHT59  DIET59 ILL59 EXER59
What was your usual weight at age 50?	WGT5008				WGT5058		
In your early teens, were you heavier than average, average, or thinner?	WGTEEN08				WGTEEN58		
<u>Appetite</u> Appetite is usually...							

Personal History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR59	YEAR59	YEAR59	YEAR59
What is your occupational status? If other, specify	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59
What is your total combined income	INCOME59	INCOME59		
How many hrs/month work/volunteer?	HRSWRK59	HRSWRK59	HRSWRK59	HRSWRK59
<u>Weight</u> Have you gained/lost >10 pounds? Was the following a major factor in your weight change? diet surgery, illness, or medication exercise	WEIGHT59	WEIGHT59	WEIGHT59	WEIGHT59
If lost >10 lbs, were you trying to lose weight?	TRYTEN59	TRYTEN59	TRYTEN59	TRYTEN59
What was your usual weight at age 50?			AG50WT59	
In your early teens, were you heavier than average, average, or thinner?				
Is this a gain or loss of at least 20 lbs? Was the following a major factor in your weight change since age 50? diet surgery, illness, or medication exercise			CHG20P59  DIET259 ILL259 EXER259	
<u>Appetite</u> Appetite is usually...				APPET59



Personal History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<p><u>Diet</u>            Compare your daily intake of food to last year's.            Reason why eat more              Doctor recommended              Taking med that increases appetite              Physical activity increased              More able to shop or prepare food              Medical/dental problem resolved              Appetite has increased for other reas.              Other reasons (specify)            Reason why eat less              Doctor recommended              Taking med that decreases appetite              Physical activity has decreased              Less able to shop or prepare food              Medical/dental problem              Appetite decreased for other reasons              Other reasons (specify)            Are you following a special diet?            Purpose of diet:              to lose weight              to gain weight              for diabetes              for kidney failure              for ulcers              for diverticulitis              for allergies              for heart trouble              for high blood pressure              for other reasons              Specify other reason</p>				

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Kind of diet							
low calorie		LCALF38		FDLCAL29	LCALF58		
high calorie		HCALF38		FDHCAL29	HCALF58		
low protein		LPROTF38		FDLPRT29	LPROTF58		
high protein		HPROTF38		FDHPRT29	HPROTF58		
low fat		LFATF38		FDLFAT29	LFATF58		
high fat		HFATF38		FDHFAT29	HFATF58		
low carbohydrate		LCARF38		FDLCAR29	LCARF58		
high carbohydrate		HCARF38		FDHCAR29	HCARF58		
low sugar		LSUGF38		FDLSGR29	LSUGF58		
low salt					LSLTF58		
low cholesterol		LCHOLF38		FDLCHL29	LCHOLF58		
low fiber		LFIBF38		FDLFBR29	LFIBF58		
high fiber		HFIBF38		FDHFBR29	HFIBF58		
bland diet		BLANDF38		FDBLND29	BLANDF58		
other diet		OTHDTF38		FDOTHK29	OTHDTF58		
Specify other diet		SPECF38		FDOKSP29	SPECF58		
How long have you been following this diet?							
years	EATYRS25	YEARF38		FDYRS29	YEARF58		
months	EATMON25	MONTHF38		FDMNTH29	MONTHF58		
Was this diet recommended by your physician?	DIETW25	RECF38		FDPHYS29	RECPH58		

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11
Kind of diet low calorie high calorie low protein high protein low fat high fat low carbohydrate high carbohydrate low sugar low salt low cholesterol low fiber high fiber bland diet other diet Specify other diet How long have you been following this diet? years months Was this diet recommended by your physician?				

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Have you gone off a special diet?		OFFDT38		OFDIET29			
Purpose of diet							
to lose weight		LSWTO38		DDLSWT29			
to gain weight		GNWTO38		ODGNWT29			
for diabetes		DIABO38		ODDIAB29			
for kidney failure		KIDNO38		ODKDFL29			
for ulcers		ULCERO38		ODULCR29			
for diverticulitis		DIVERO38		ODDVRT29			
for allergies		ALLERO38		ODALRG29			
for heart trouble		HEARTO38		ODHRTR29			
for high blood pressure		HBPO38		ODHIBP29			
for other reasons		ORSNO38		ODOTHR29			
Specify other reason		SPECO38		ODTRSP29			
Kind of diet							
low calorie		LCALO38		ODLCAL29			
high calorie		HCALO38		ODHCAL29			
low protein		LPROTO38		ODLPRT29			
high protein		HPROTO38		ODHPRT29			
low fat		LFATO38		ODLFAT29			
high fat		HFATO38		ODHFAT29			
low carbohydrate		LCARO38		ODLCAR29			
high carbohydrate		HCARO38		ODHCAR29			
low sugar		LSUGO38		ODLSGR29			
low cholesterol		LCHOLO38		ODLCHL29			
low fiber		LFIBO38		ODLFBR29			
high fiber		HFIBO38		ODHLFBR29			
bland diet		BLANDO38		ODBLND29			
other diet		OTHDTO38		ODOTHK29			
Specify other diet		SPECO38YE		ODOKSP29			
How long have you been following this diet?							
years		YEARO38		ODYRS29			
months		MONTHO38		ODMNTH29			
This diet recommended by your phys?		RECO38		ODPHYS29			



Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11
<p>Have you gone off a special diet?</p> <p>Purpose of diet</p> <ul style="list-style-type: none"> <li>to lose weight</li> <li>to gain weight</li> <li>for diabetes</li> <li>for kidney failure</li> <li>for ulcers</li> <li>for diverticulitis</li> <li>for allergies</li> <li>for heart trouble</li> <li>for high blood pressure</li> <li>for other reasons</li> </ul> <p>Specify other reason</p> <p>Kind of diet</p> <ul style="list-style-type: none"> <li>low calorie</li> <li>high calorie</li> <li>low protein</li> <li>high protein</li> <li>low fat</li> <li>high fat</li> <li>low carbohydrate</li> <li>high carbohydrate</li> <li>low sugar</li> <li>low cholesterol</li> <li>low fiber</li> <li>high fiber</li> <li>bland diet</li> <li>other diet</li> </ul> <p>Specify other diet</p> <p>How long have you been following this diet?</p> <ul style="list-style-type: none"> <li>years</li> <li>months</li> </ul> <p>This diet recommended by your phys?</p>				

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Smoking</u>							
Have you smoked >100 cig or 5 packs in your lifetime?	SMOKE08	SMK38			SMOKE58		
smoked cig the last 30 days	SMK3008	SMK3038	SMK3039	SMK3029	SMK3058	SMK3059	SMK3059
age when first started smoking cig	SMKAGE08				SMKAGE58		
age when stopped smoking completely	STOP08				STOP58		
ave cig smoked per day	AMOUNT08		NUMCIG39	NUMCIG29	AMOUNT58	NUMCIG59	NUMCIG59
Describe your smoking status				SMOKE29		SMOKE59	SMOKE59
Have you stopped smoking during the last year?			SMKQIT 39				
Does anyone living w/ you smoke cig regularly?	ANYONE08	SMKLIV38	SMKLIV39	SMKLIV29	ANYONE58		
Have you ever lived w/ anyone who smoked cig regularly?		SMK138	SMK139		LIVSMK58	SMKLIV59	
Total years lived w/ someone who smokes regularly		SMKY38	SMKY39		SMKY58		
Years that person was a heavy smoker		SMKHY38					
During what time period(s) were you living w/ a regular smoker?							
as a child/teenager			CHILD39		CHILD58		
between the ages of 20 to 50			ADULT39		ADULT58		
after age 50			OLDER39		OLDER58		
Do you ever use snuff or smokeless tobacco?			SNUFF39	SNUFF29	SNUFF58	SNUFF59	SNUFF59
Have you smoked a pipe or cigar during the last 30 days?							PIPE59

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11
<u>Smoking</u>				
Have you smoked >100 cig or 5 packs in your lifetime?				
smoked cig the last 30 days	SMK3059	SMK3059	SMK3059	SMK3059
age when first started smoking cig				
age when stopped smoking completely	NUMCIG59	NUMCIG59	NUMCIG59	NUMCIG59
ave cig smoked per day	SMOKE59	SMOKE59	SMOKE59	SMOKE59
Describe your smoking status				
Have you stopped smoking during the last year?				
Does anyone living w/ you smoke cig regularly?				
Have you ever lived w/ anyone who smoked cig regularly?				
Total years lived w/ someone who smokes regularly				
Years that person was a heavy smoker				
During what time period(s) in your were you living w/ a regular smoker?				
as a child/teenager				
between the ages of 20 to 50				
after age 50				
Do you ever use snuff or smokeless tobacco?	SNUFF59	SNUFF59	SNUFF59	SNUFF59
Have you smoked a pipe or cigar during the last 30 days?	PIPE59	PIPE59	PIPE59	PIPE59

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Alcohol</u>							
Do you ever drink beer?	BEER25		BEER39	BEER29	BEER25	BEER59	BEER59
How often?	BEERF25		BEERF39	BEERF29	BEERF25	BEERF59	BEERF59
How many cans on one occasion?	BEERN25		BEERN39	BEERN29	BEERN25	BEERN59	BEERN59
Do you ever drink wine?	WINE25		WINE39	WINE29	WINE25	WINE59	WINE59
How often?	WINEF25		WINEF39	WINEF29	WINEF25	WINEF59	WINEF59
How many glasses on one occasion?	WINEN25		WINEN39	WINEN29	WINEN25	WINEN59	WINEN59
Do you ever drink liquor?	LIQUOR25		LIQUOR39	LIQUOR29	LIQUOR25	LIQUOR59	LIQUOR59
How often?	LIQUOF25		LIQUOF39	LIQUOF29	LIQUOF25	LIQUOF59	LIQUOF59
How many drinks on one occasion?	LIQUON25		LIQUON39	LIQUON29	LIQUON25	LIQUON59	LIQUON59
<u>Vitamins</u>							
During the past 2 weeks have you taken ...a multiple vitamin or other vitamin supplements?			VITAM39	MLTVIT29	VITAM58	MLTVIT59	
Did you take a... multiple vitamin?			MULTI39	MULTI29	MULTI58	MULTI59	
Days during the last 2 weeks			MDAYS39	MDAYS29	MDAYS58	MDAYS59	
Vitamin A or beta-carotene?			VITA39	VITA29	VITA58	VITA59	
Days during the last 2 weeks			ADAYS39	ADAYS29	ADAYS58	ADAYS59	
Vitamin C?			VITC39	VITC29	VITC58	VITC59	
Days during the last 2 weeks			CDAYS39	CDAYS29	CDAYS58	CDAYS59	
Vitamin E?			VITE39	VITE29	VITE58	VITE59	
Days during the last 2 week			EDAYS39	EDAYS29	EDAYS58	EDAYS59	

\* Cholesterol questions asked on Personal History form are included in the Medical History Miscellaneous Section.

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11
<u>Alcohol</u> Do you ever drink beer? How often? How many cans on one occasion?  Do you ever drink wine? How often? How many glasses on one occasion?  Do you ever drink liquor? How often? How many drinks on one occasion?		BEER59 BEERF59 BEERN59  WINE59 WINEF59 WINEN59  LIQUOR59 LIQUOF59 LIQUON59	BEER59 BEERF59 BEERN59  WINE59 WINEF59 WINEN59  LIQUOR59 LIQUOF59 LIQUON59	BEER59 BEERF59 BEERN59  WINE59 WINEF59 WINEN59  LIQUOR59 LIQUOF59 LIQUON59
<u>Vitamins</u> During the past 2 weeks have you taken ...a multiple vitamin or other vitamin supplements? Did you take a... multiple vitamin? Days during the last 2 weeks Vitamin A or beta-carotene? Days during the last 2 weeks Vitamin C? Days during the last 2 weeks Vitamin E? Days during the last 2 week			MLTVIT59  MULTI59 MDAYS59 VITA59 ADAYS59 VITC59 CDAYS59 VITE59 EDAYS59	MLTVIT59  MULTI59 MDAYS59 VITA59 ADAYS59 VITC59 CDAYS59 VITE59 EDAYS59

\* Cholesterol questions asked on Personal History form are included in the Medical History Miscellaneous Section.

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Sleep</u> How many hours/day do you spend seated or lying down? How many hours/night spent sleeping? How many hours/daytime spent asleep? Are you usually sleepy in the daytime? Do you feel groggy & unrefreshed after waking up in the morning? Has your spouse/roommate complained about your loud snoring? Has anyone observed you while sleeping to have episodes where you stop breathing for a while & then snore? Do you usually have trouble falling asleep? Do you usually wake up several times at night? Do you usually wake up far too early?	SEAT04  SLEEP08 GROGGY08  SNORE08  BREATH08  TRBLSL08  WAKEUP08  STAYSL08		LIE39  SLEEPY39 GROGGY39  SNORE39  APNEA39  INSOMN39  WAKE39  EARLY39	  SLEEPY29 GROGGY29  SNORE29  STOPBR29  TRFALL29  WKNIGHT29  WKERLY29	SEAT04  SLEEPY58 GROGGY58  SNORE58  STOPBR58  TRFALL58  WKNIGHT58  WKERLY58	SEAT59  SLPDAY56 GROGGY56  SNORE56  STBRTH56  TRBLSL56  WAKE56	SEAT59
<u>Vision</u> Can you see well enough (w/ glasses if needed) to... drive watch TV recognize someone across the room read the newspaper	DRIVE08 TV08 RECOGN08 READ08	DRIVE38 TV38 RECOGN38 READ38	DRIVE39 TV38 RECOGN39 READ39	DRIVE29 TV29 RECOGN29 READ29	DRIVE58 TV58 RECOGN58 READ58	DRIVE59 TV59 RECOGN59 READ59	DRIVE59 TV59 RECOGN59
<u>Hearing</u> Can you hear well enough (w/ hearing aid if necessary) to... use the telephone listen to a radio carry on a conversation	TELE08 RADIO08 CONVER08	TELE38 RADIO38 CONVER38	TELE39 RADIO39 CONVER39	TELE29 RADIO29 CONVER29	TELE58 RADIO58 CONVER58	TELE59 RADIO59 CONVER59	RADIO59

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11
<p><u>Sleep</u>            How many hours/day do you spend seated or lying down?            How many hours/night spent sleeping?            How many hours/daytime spent asleep?            Are you usually sleepy in the daytime?            Do you feel groggy &amp; unrefreshed after waking up in the morning?            Has your spouse/roommate complained about your loud snoring?            Has anyone observed you while sleeping to have episodes where you stop breathing for a while &amp; then snore?            Do you usually have trouble falling asleep?            Do you usually wake up several times at night?            Do you usually wake up far too early?</p>	SEAT59	LYING04  SLPNGT04 SLPDAY04	SEAT59  SLNITE59 SLDAY59	SEAT59  SLNITE59 SLDAY59
<p><u>Vision</u>            Can you see well enough (w/ glasses if needed) to...            drive            watch TV            recognize someone across the room            read the newspaper</p>		DRIVE59 TV59 RECOGN59 READ59	DRIVE59 TV59 RECOGN59 READ59	DRIVE59 TV59 RECOGN59 READ59
<p><u>Hearing</u>            Can you hear well enough (w/ hearing aid if necessary) to...            use the telephone            listen to a radio            carry on a conversation</p>		TELE59 RADIO59 CONVER59	TELE59 RADIO59 CONVER59	TELE59 RADIO59 CONVER59

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Walking</u> During the last week, how many city blocks did you walk? What is your usual pace? How many flights of stairs did you climb up during the last week? Level of activity compared to last year	BLOCK04  PACE04 FLIGHT04  ACTLEV04	BLOCK38  PACE38  LEVEL38	BLOCK39  PACE39 STAIR39  LEVEL39	BLOCK04  PACE04 FLIGHT04  ACTLEV04	BLOCK04  PACE04 FLIGHT04  ACTLEV04	BLOCK59  PACE59 FLIGHT59  ACTLEV59	BLOCK59  PACE59 FLIGHT59  ACTLEV59
<u>Siblings</u> 1st sibling Sex Year of birth Still alive? If dead, age at death Ever had a heart attack? If yes, age of first attack Ever had a stroke? If yes, age of first stroke ... 10th sibling Sex Year of birth Still alive? If dead, age at death Ever had a heart attack? If yes, age of first attack Ever had a stroke? If yes, age of first stroke	SEX108 BTH108  DTH108 HATT108 HAGE108 STRK108 SAGE108  SEX1008 BTH1008  DTH1008 HATT1008 HAGE1008 STRK1008 SAGE1008				SEX158 BTH158 ALIV158 DTH158 HATT158 HAGE158 STRK158 SAGE158  SEX1058 BIH1058 ALIV1058 DTH1058 HATT1058 HAGE1058 STRK1058 SAGE1058		
<u>Parents</u> Is your natural mother still living? If yes, her age If no, age when she died Is your natural father still living? If yes, his age If no, age when he died			MOTHER39 MAGE39 MDIE39 FATHER39 FAGE39 FDIE39		MOTHER58 MAGE58 MDIE58 FATHER58 FAGE58 FDIE58		



Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11
<p><u>Walking</u>            During the last week, how many city blocks did you walk?            What is your usual pace?            How many flights of stairs did you climb up during the last week?            Level of activity compared to last year</p>	<p>BLOCK59             PACE59</p>	<p>BLOCK04 (BLMILE04)            PACE04             FLIGHT04            ACTLEV04</p>	<p>BLOCK59 (BLMILE59)            PACE59             FLIGHT59            ACTLEV59</p>	<p>BLOCK59 (BLMILE59)            PACE59             FLIGHT59            ACTLEV59</p>
<p><u>Siblings</u>            1st sibling            Sex            Year of birth            Still alive?                If dead, age at death            Ever had a heart attack?                If yes, age of first attack            Ever had a stroke?                If yes, age of first stroke            ...            10th sibling            Sex            Year of birth            Still alive?                If dead, age at death            Ever had a heart attack?                If yes, age of first attack            Ever had a stroke?                If yes, age of first stroke</p>				
<p><u>Parents</u>            Is your natural mother still living?                If yes, her age                If no, age when she died            Is your natural father still living?                If yes, his age                If no, age when he died</p>				

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><u>Women only</u></p> <p>Number of times been pregnant</p> <p>Number of live births</p> <p>Age of menopause</p> <p>Have you had a hysterectomy?</p> <p>Age when had hysterectomy</p> <p>Have you had an ovary removed?</p> <p>How many were removed?</p> <p>Age this was done</p> <p>Have you taken Premarin?</p> <p>Age started taking Premarin</p> <p>Age stopped taking Premarin</p> <p>Have you taken estrogens or other female hormones?</p> <p>Specify the medications</p>	<p>PRGNT08</p> <p>LIVBTH08</p> <p>MENOPS08</p> <p>HYSTR08</p> <p>SURGER08</p> <p>OVARY08</p> <p>NOVARY08</p> <p>AGEOVA08</p> <p>PREMAR08</p> <p>STRPRM08</p> <p>STPPRM08</p> <p>ESTROG08</p> <p>SPEC108</p> <p>SPEC208</p> <p>SPEC308</p>	<p>MED138</p> <p>MED238</p> <p>MED338</p>			<p>PRGNT58</p> <p>LIVBTH58</p> <p>MENOPS58</p> <p>HYSTR58</p> <p>SURGER58</p> <p>OVARY58</p> <p>NOVARY58</p> <p>AGEOVA58</p>		
<p>Are you currently taking estrogen?*</p> <p>Are you currently taking Premarin?</p> <p>Are you CURRENTLY taking estrogen such as Premarin or others?</p> <p>How many days/month?</p> <p>How long have you been taking it?</p> <p>Years</p> <p>Months</p> <p>Why are you taking estrogen?</p> <p>prevent hot flashes</p> <p>prevent other postmenopausal symptoms</p> <p>prevent osteoporosis</p> <p>prevent heart disease</p> <p>other reasons</p> <p>Specify other reasons</p>		<p>ESTROG38</p> <p>PREMAR38</p>	<p>ESTROC39</p> <p>ECDAY39</p> <p>ECMO39</p> <p>ECHOTF39</p> <p>ECSX39</p> <p>ECOSTE39</p> <p>ECCHD39</p> <p>ECOTH39</p> <p>ECOSPC39</p>	<p>ESTROC29</p> <p>ECDAY29</p> <p>ECYRS29</p> <p>ECMO29</p> <p>ECHOTF29</p> <p>ECSX29</p> <p>ECOSTE29</p> <p>ECCHD29</p> <p>ECOTH29</p> <p>ECOSPC29</p>	<p>ESTROC58</p> <p>ECDAY58</p> <p>ECYR58</p> <p>ECMO58</p> <p>ECHOTF58</p> <p>ECSX58</p> <p>ECOSTE58</p> <p>ECCHD58</p> <p>ECOTH58</p> <p>ECOSPC58</p>	<p>ESTROC59</p> <p>ECDAY59</p> <p>ECYRS59</p> <p>ECMO59</p> <p>ECHOTF59</p> <p>ECSX59</p> <p>ECOSTE59</p> <p>ECCHD59</p> <p>ECHOTH59</p> <p>ECOSPC59</p>	<p>ESTROC59</p> <p>ECDAY59</p> <p>ECHOTF59</p> <p>ECSX59</p> <p>ECOSTE59</p> <p>ECCHD59</p> <p>ECOTH59</p> <p>ECOSPC59</p>

\* For currently taking estrogen, see also Record 06

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11
<p><u>Women only</u>                      Number of times been pregnant                      Number of live births                      Age of menopause                      Have you had a hysterectomy?                      Age when had hysterectomy                      Have you had an ovary removed?                      How many were removed?                      Age this was done                      Have you taken Premarin?                      Age started taking Premarin                      Age stopped taking Premarin                      Have you taken estrogens or other female hormones?                      Specify the medications</p>				
<p>Are you CURRENTLY taking estrogen such as Premarin or others?*</p> <p>How many days/month?</p> <p>How long have you been taking it?</p> <p>Years</p> <p>Months</p> <p>Why are you taking estrogen?</p> <p>prevent hot flashes</p> <p>prevent other postmenopausal symptoms</p> <p>prevent osteoporosis</p> <p>prevent heart disease</p> <p>other reasons</p> <p>Specify other reasons</p>				<p>ESTROC59</p> <p>ECDAY59</p> <p>ECHOTF59</p> <p>ECSX59</p> <p>ECOSTE59</p> <p>ECCHD59</p> <p>ECOTH59</p> <p>ECOSPC59</p>

\* For currently taking estrogen, see also Record 06

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p>If you are not currently taking estrogen, have you taken any in the past?</p> <p>How many days/month?</p> <p>When did you stop?</p> <p>Year</p> <p>Age</p> <p>How long did you take estrogen?</p> <p>Years</p> <p>Months</p> <p>Why did you take estrogen?</p> <p>prevent hot flashes</p> <p>prevent other postmenopausal symptoms</p> <p>prevent osteoporosis</p> <p>prevent heart disease</p> <p>other reasons</p> <p>Specify other reasons</p>			<p>ESTROP39</p> <p>EPDAY39</p> <p>EYR39</p> <p>EAGE39</p> <p>EPMO39</p> <p>EPHOTF39</p> <p>EPSX39</p> <p>EPOSTE39</p> <p>EPCHD39</p> <p>EPOTH39</p> <p>EPOSPC39</p>	<p>ESTROP29</p> <p>EPDAY29</p> <p>EPYEAR29</p> <p>EPAGE29</p> <p>EPYRS29</p> <p>EPMO29</p> <p>EPHOTF29</p> <p>EPSX29</p> <p>EPOSTE29</p> <p>EPCHD29</p> <p>EPOTH29</p> <p>EPOSPC29</p>	<p>ESTROP58</p> <p>EPDAY58</p> <p>EYR58</p> <p>EAGE58</p> <p>EPYR58</p> <p>EPMO58</p> <p>EPHOTF58</p> <p>EPSX58</p> <p>EPOSTE58</p> <p>EPCHD58</p> <p>EPOTH58</p> <p>EPOSPC58</p>	<p>ESTROP59</p> <p>EPDAY59</p> <p>EPYEAR59</p> <p>EPAGE59</p> <p>EPYRS59</p> <p>EPMO59</p> <p>EPHOTF59</p> <p>EPSX59</p> <p>EPOSTE59</p> <p>EPCHD59</p> <p>EPOTH59</p> <p>EPOSPC59</p>	
<p>Are you currently taking progestins?*</p> <p>How many days/month?</p> <p>How long?</p> <p>Years</p> <p>Months</p> <p>If you are not currently taking progestins, have you taken it in the past?</p> <p>How many days/month?</p> <p>When did you stop?</p> <p>Years</p> <p>Age</p> <p>How long did you take progestin?</p> <p>Years</p> <p>Month</p>			<p>PROGC39</p> <p>PCDAY39</p> <p>PCMO39</p> <p>PROGP39</p> <p>PPDAY39</p> <p>PYR39</p> <p>PAGE39</p> <p>PPMO39</p>	<p>PROGC29</p> <p>PCDAY29</p> <p>PCYRS29</p> <p>PCMO29</p> <p>PROGP29</p> <p>PPDAY29</p> <p>PPYEAR29</p> <p>PPAGE29</p> <p>PPYRS29</p> <p>PPMO29</p>	<p>PROGC58</p> <p>PCDAY58</p> <p>PCYR58</p> <p>PCMO58</p> <p>PROGP58</p> <p>PPDAY58</p> <p>PYR58</p> <p>PAGE58</p> <p>PPYR58</p> <p>PPMO58</p>	<p>PROGC59</p> <p>PCDAY59</p> <p>PCYRS59</p> <p>PCMO59</p> <p>PROGP59</p> <p>PPDAY59</p> <p>PPYEAR59</p> <p>PPAGE59</p> <p>PPYRS59</p> <p>PPMO59</p>	<p>PROGC59</p> <p>PCDAY59</p>

\* For currently taking progestins, see also Record 06

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11
<p>If you are not currently taking estrogen, have you taken any in the past?                      How many days/month?                      When did you stop?                      Year                      Age                      How long did you take estrogen?                      Years                      Months                      Why did you take estrogen?                      prevent hot flashes                      prevent other postmenopausal symptoms                      prevent osteoporosis                      prevent heart disease                      other reasons                      Specify other reasons</p>				
<p>Are you currently taking progestins?*</p> <p>How many days/month?                      How long?                      Years                      Months</p> <p>If you are not currently taking progestins, have you taken it in the past?                      How many days/month?                      When did you stop?                      Years                      Age                      How long did you take progestin?                      Years                      Month</p>				<p>PROGC59 PCDAY59</p>

\* For currently taking progestins, see also Record 06

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you currently involved in any other medical studies? If yes, please name				MEDSTD29 NAMSTD29	OTHSTD58 NAMSTD58	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59
Interviewer ID number Interview date Interviewer-administered		INTID38 INTDAT38	INTID39 INTDAT39	INTID29 ADMIN29	INTID58 INTDAT58 ADMIN58	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59

Question	Year 8	Year 9	Year 10	Year 11
Are you currently involved in any other medical studies? If yes, please name	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59
Interviewer ID number Interview date Interviewer-administered Completed by: participant or proxy	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59 DATAACL59	INTID59 INTDAT59 ADMIN59 DATAACL59

### Personal History Calculated Variables

<b>PERSONAL HX VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Total alcohol/week	ALCOH		ALCOH	ALCOH	ALCOH	ALCOH	ALCOH
Cans beer / wk	BEER		BEER	BEER	BEER	BEER	BEER
Ever smoker	EVERSM	EVERSM			EVERSM		
Hearing problem	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	
Shots liquor/wk	LIQUO		LIQUO	LIQUO	LIQUO	LIQUO	LIQUO
Pack years smoked	PKYRS**				PKYRS**		
Present smoker	PRESSM	PRESSM			PRESSM		
Current smoke status	SMOKE	SMOKE			SMOKE		
Smoke Amount (Passive, light, moderate or heavy smoker)	SMKAMT						
Vision problem	VISPROB***	VISPROB***	VISPROB***	VISPROB***	VISPROB***	VISPROB***	VISPROB***
Glasses wine / week	WINE		WINE	WINE	WINE	WINE	WINE
Years since quit smoking	YRSQUIT				YRSQUIT		

(Updated information on smoking status and alcohol consumption is available in the Personal History section, pages 70-73.)

\*Hearing problem is coded "1" (yes) if unable to hear well enough to use the phone, listen to the radio, or carry on a conversation in a crowded room, with or without a hearing aid.

\*\*PKYRS = (# of packs of cigarettes smoked per day) \* (#of years smoked at this level), summed over all levels of smoking. For example, a person who smoked 3 packs per day for 1 year would have PKYRS = 3; alternatively someone who smoked 1 pack per day for 3 yrs would also have PKYRS = 3. If someone smoked 2 packs per day for 2 years (=4PKYRS) and then smoked 1 pack per day for 1 year (=1 PKYR), this person would have PKYRS=5.

\*\*\*Vision problem is coded "1" (yes) if unable to see to drive, to watch TV, or to recognize someone across a room with or without glasses.

Personal History Calculated Variables (cont.)

<b>PERSONAL HX VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Total alcohol/week	ALCO65	ALCOH	ALCOH	ALCOH
Cans beer / wk		BEER	BEER	BEER
Ever smoker				
Hearing Problem		HEARPROB	HEARPROB	HEARPROB
Shots liquor/wk		LIQUO	LIQUO	LIQUO
Pack years smoked				
Present smoker				
Current smoke status				
Smoke Amount (Passive, light, moderate or heavy smoker)				
Vision Problem		VISPROB	VISPROB	VISPROB
Glasses wine / week		WINE	WINE	WINE
Years since quit smoking				

(Updated information on smoking status and alcohol consumption is available in the Personal History section, pages 70-73.)



Neurologic History Form  
(Record 22)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE22				DATE22		
Has a doctor ever told you that you had a stroke?	STK22				STK22		
Have you ever been hospitalized for a stroke?	HSSTK22				HSSTK22		
<b>What problems or deficits did you have after the stroke?</b> - Weakness of left face? - Still present? - Weakness of left arm/hand? - Still present? - Weakness of left leg/foot? - Still present? - Weakness of left side? - Still present? - Weakness of right face? - Still present? - Weakness of right arm/hand? - Still present? - Weakness of right leg/foot? - Still present? - Weakness of right side? - Still present?	LFACEW22 LFACEP22 LARMW22 LARMP22 LLEGW22 LLEGP22 LSIDEW22 LSIDEW22 LSIDEW22 RFACEW22 RFACEP22 RARMW22 RARMP22 RLEGW22 RLEGP22 RSIDEW22 RSIDEW22 RSIDEW22				LFACEW22 LFACEP22 LARMW22 LARMP22 LLEGW22 LLEGP22 LSIDEW22 LSIDEW22 LSIDEW22 RFACEW22 RFACEP22 RARMW22 RARMP22 RLEGW22 RLEGP22 RSIDEW22 RSIDEW22 RSIDEW22		
Has a doctor ever told you that you had a transient ischemic attack or TIA?	TIA22				TIA22		
Have you ever been hospitalized for a TIA?	HSTIA22				HSTIA22		

The data in this form is baseline information only; thus, no pages for Years 8-12 are included.

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
In the past year have you had any sudden loss or changes in speech?	SCH22				SCH22		
How many episodes of loss or changes in speech have you had?	SCHEPN22				SCHEPN22		
When was the (most recent) episode?	SCHEPT22				SCHEPT22		
How long did it (longest episode) last?	SCHEPL22				SCHEPL22		
Did the (worst) episode come on suddenly?	SCHEPS22				SCHEPS22		
How long did it take for the symptoms to get as bad as they were going to get?	SCHSYM22				SCHSYM22		
<b>Do any of the following describe your (worst episode of) change in speech:</b> - Slurred speech like you were drunk? - Could talk but wrong words came out? - Knew what you wanted to say, but the words would not come out? - Could not think of the right words? - If more than one, which of the above most closely describes your problem?	SCHDRK22  SCHWRG22  SCHWRD22 SCHRWD22  SCHDSC22				SCHDRK22  SCHWRG22  SCHWRD22 SCHRWD22  SCHDSC22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b>While you were having your (worst) episode of change in speech, did any of the following occur:</b></p> <ul style="list-style-type: none"> <li>- Numbness or tingling?</li> <li style="padding-left: 20px;">- Side of difficulty:</li> <li>- Paralysis or weakness?</li> <li style="padding-left: 20px;">-Side of difficulty:</li> <li>- lightheadedness, dizziness, or loss of balance?</li> <li>- blackouts or fainting?</li> <li>- seizures or convulsions?</li> <li>- headaches?</li> <li>- vision loss or blurring of vision?</li> </ul> <p>Did you have: (select one)</p> <ul style="list-style-type: none"> <li>- double vision?</li> <li>- vision loss in right eye only?</li> <li>- vision loss in left eye only?</li> <li>- total loss of vision in both eyes?</li> <li>- trouble in both eyes seeing to right?</li> <li>- trouble in both eyes seeing to left?</li> <li>- trouble in both eyes seeing both sides or straight ahead?</li> <li>- none of the above?</li> </ul>	<p>SCHTGL22            SCHDFT22            SCHWK22            SCHDFW22              SCHDIZ22            SCHFNT22            SCHCON22            SCHHDC22            SCHBLR22              SCHHAD22</p>				<p>SCHTGL22            SCHDFT22            SCHWK22            SCHDFW22              SCHDIZ22            SCHFNT22            SCHCON22            SCHHDC22            SCHBLR22              SCHHAD22</p>		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b>In the past year have you had any sudden loss or blurring of vision, complete or partial?</b></p> <p>How many episodes of loss or blurring of vision have you had?</p> <p>When was the (most recent) episode?</p> <p>How long did it (longest episode) last?</p> <p>Did the (worst) episode come on suddenly?</p> <p>How long did it take for symptoms to get as bad as they were going to get?</p> <p>During the (worst) episode, which of the following parts of your vision were affected</p> <p>Did you have: (select one)</p> <ul style="list-style-type: none"> <li>- trouble seeing to the right, but not to the left?</li> <li>- trouble seeing to the left, but not to the right?</li> <li>- trouble seeing to both sides or straight ahead?</li> <li>- other?</li> </ul>	<p>VIS22</p> <p>WISEPN22</p> <p>WISEPT22</p> <p>WISEPL22</p> <p>WISEPS22</p> <p>VISSYM22</p> <p>VISPRT22</p> <p>VISHAD22</p>				<p>VIS22</p> <p>WISEPN22</p> <p>WISEPT22</p> <p>WISEPL22</p> <p>WISEPS22</p> <p>VISSYM22</p> <p>VISPRT22</p> <p>VISHAD22</p>		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b>While you were having your (worst episode of) loss of vision, did any of the following occur:</b></p> <ul style="list-style-type: none"> <li>- Speech disturbance?</li> <li>- Numbness or tingling?                             <ul style="list-style-type: none"> <li>- Side of difficulty:</li> </ul> </li> <li>- Paralysis or weakness?                             <ul style="list-style-type: none"> <li>- Side of difficulty:</li> </ul> </li> <li>- Lightheadedness, dizziness, or loss of balance?</li> <li>- Blackouts or fainting?</li> <li>- Seizures or convulsions?</li> <li>- Headache?</li> <li>- Flashing lights?</li> </ul>	<p>VISDIS22 VISTGL22 VISDFT22 VISWK22 VISDFW22  VISDIZ22 VISFNT22 VISCON22 VISHDC22 VISFLS22</p>				<p>VISDIS22 VISTGL22 VISDFT22 VISWK22 VISDFW22  VISDIZ22 VISFNT22 VISCON22 VISHDC22 VISFLS22</p>		
<p><b>In the past year, have you had a sudden spell of double vision?</b> If you closed one eye, did the double vision go away? How many episodes of double vision have you had? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for the symptoms to get as bad as they were going to get?</p>	<p>VISDBL22  DBLGO22  DBLEPN22 DBLEPT22 DBLEPL22  DBLEPS22  DBLSYM22</p>				<p>VISDBL22  DBLGO22  DBLEPN22 DBLEPT22 DBLEPL22  DBLEPS22  DBLSYM22</p>		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b>While you were having your (worst episode of) double vision, did any of the following occur:</b></p> <ul style="list-style-type: none"> <li>- Speech disturbance?</li> <li>- Numbness or tingling?                             <ul style="list-style-type: none"> <li>- Side of difficulty:</li> </ul> </li> <li>- Paralysis or weakness?                             <ul style="list-style-type: none"> <li>- Side of difficulty:</li> </ul> </li> <li>- Lightheadedness, dizziness, or loss of balance?</li> <li>- Blackouts or fainting?</li> <li>- Seizures or convulsions?</li> <li>- Headache?</li> </ul>	<p>DBLDIS22 DBLTGL22 DBLDFT22 DBLWK22 DBLDFW22</p> <p>DBLDIZ22 DBLFNT22 DBLCON22 DBLHDC22</p>				<p>DBLDIS22 DBLTGL22 DBLDFT22 DBLWK22 DBLDFW22</p> <p>DBLDIZ22 DBLFNT22 DBLCON22 DBLHDC22</p>		
<p><b>In the past year, have you had sudden numbness, tingling, or loss of feeling on one side of your body, including your face, arm or leg?</b></p> <p>Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position?</p> <p>When was the (most recent) episode?</p> <p>How long did it (longest episode) last?</p> <p>Did the (worst) episode come on suddenly?</p> <p>How long did it take for the symptoms to get as bad as they were going to get?</p>	<p>NUM22</p> <p>NUMPOS22 NUMEPT22 NUMEPL22</p> <p>NUMEPS22</p> <p>NUMSYM22</p>				<p>NUM22</p> <p>NUMPOS22 NUMEPT22 NUMEPL22</p> <p>NUMEPS22</p> <p>NUMSYM22</p>		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b>During the (worst) episode, which part or parts of your body were affected:</b></p> <ul style="list-style-type: none"> <li>- left arm or hand?</li> <li>- left leg or foot?</li> <li>- left side of face?</li> <li>- right arm or hand?</li> <li>- right foot or leg?</li> <li>- right side of face?</li> <li>- other?</li> </ul> <p>During this episode, did the abnormal sensation start in one part of your body and spread to another, or did it stay in the same place?</p>	<p>NUMLHD22</p> <p>NUMLFT22</p> <p>NUMLFC22</p> <p>NUMRFT22</p> <p>NUMRFT22</p> <p>NUMRFT22</p> <p>NUMRFC22</p> <p>NUMOTH22</p> <p>NUMSPD22</p>				<p>NUMLHD22</p> <p>NUMLFT22</p> <p>NUMLFC22</p> <p>NUMRFT22</p> <p>NUMRFT22</p> <p>NUMRFT22</p> <p>NUMRFC22</p> <p>NUMOTH22</p> <p>NUMSPD22</p>		
<p><b>While you were having your (worst) episode of numbness, tingling or loss of sensation, did any of the following occur:</b></p> <ul style="list-style-type: none"> <li>- Speech disturbance?</li> <li>- Paralysis or weakness? <ul style="list-style-type: none"> <li>- Side of difficulty:</li> </ul> </li> <li>- Lightheadedness, dizziness, or loss of balance?</li> <li>- Blackouts or fainting?</li> <li>- Seizures or convulsions?</li> <li>- Headache?</li> <li>- Pain in the numb or tingling arm, leg, or face?</li> <li>- Vision loss or blurring of vision?</li> </ul>	<p>NUMDIS22</p> <p>NUMWK22</p> <p>NUMDFW22</p> <p>NUMDIZ22</p> <p>NUMFNT22</p> <p>NUMCON22</p> <p>NUMHDC22</p> <p>NUMPN22</p> <p>NUMBLR22</p>				<p>NUMDIS22</p> <p>NUMWK22</p> <p>NUMDFW22</p> <p>NUMDIZ22</p> <p>NUMFNT22</p> <p>NUMCON22</p> <p>NUMHDC22</p> <p>NUMPN22</p> <p>NUMBLR22</p>		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p>Did you have: (select one)</p> <ul style="list-style-type: none"> <li>- double vision?</li> <li>- vision loss in right eye only?</li> <li>- vision loss in left eye only?</li> <li>- total loss of vision in both eyes?</li> <li>- trouble in both eyes seeing to right?</li> <li>- trouble in both eyes seeing to left?</li> <li>- trouble in both eyes seeing both sides or straight ahead?</li> <li>- none of the above?</li> </ul>	NUMHAD22				NUMHAD22		
<p><b>In the past year, have you had any sudden episodes of paralysis or weakness on one side of your body, including your face, arm or leg?</b></p> <p>When was the (most recent) episode?                      How long did it (longest episode) last?                      Did the (worst) episode come on suddenly?                      How long did it take for the symptoms to get as bad as they were going to get?</p>	PRL22 PRLEPT22 PRLEPL22  PRLEPS22  PRLSYM22				PRL22 PRLEPT22 PRLEPL22  PRLEPS22  PRLSYM22		
<p><b>During the (worst) episode, which part or parts of your body were affected:</b></p> <ul style="list-style-type: none"> <li>- left arm or hand?</li> <li>- left leg or foot?</li> <li>- left side of face?</li> <li>- right arm or hand?</li> <li>- right foot or leg?</li> <li>- right side of face?</li> <li>- other?</li> </ul> <p>During this episode, did the paralysis or weakness start in one part of your body and spread to another, or did it stay in the same place?</p>	PRLLED22 PRLLEF22 PRLLEFC22 PRLRF22 PRLRF22 PRLRFC22 PRLOTH22  PRLSPD22				PRLLED22 PRLLEF22 PRLLEFC22 PRLRF22 PRLRF22 PRLRFC22 PRLOTH22  PRLSPD22		



Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b>While you were having your (worst) episode of paralysis or weakness, did any of the following occur:</b></p> <ul style="list-style-type: none"> <li>- Speech disturbance?</li> <li>- Numbness or tingling?                             <ul style="list-style-type: none"> <li>- Side of difficulty:</li> </ul> </li> <li>- Lightheadedness, dizziness, or loss of balance?</li> <li>- Blackouts or fainting?</li> <li>- Seizures or convulsions?</li> <li>- Headache?</li> <li>- Pain in the numb or tingling arm, leg, or face?</li> <li>- Vision loss or blurring of vision?</li> </ul> <p>Did you have: (select one)</p> <ul style="list-style-type: none"> <li>- double vision?</li> <li>- vision loss in right eye only?</li> <li>- vision loss in left eye only?</li> <li>- total loss of vision in both eyes?</li> <li>- trouble in both eyes seeing to right?</li> <li>- trouble in both eyes seeing to left?</li> <li>- trouble in both eyes seeing both sides or straight ahead?</li> <li>- none of the above?</li> </ul>	<p>PRLDIS22 PRLTGL22 PRLDFT22</p> <p>PRLDIZ22 PRLFNT22 PRLCON22 PRLHDC22</p> <p>PRLPN22 PRLBLR22</p> <p>PRLHAD22</p>				<p>PRLDIS22 PRLTGL22 PRLDFT22</p> <p>PRLDIZ22 PRLFNT22 PRLCON22 PRLHDC22</p> <p>PRLPN22 PRLBLR22</p> <p>PRLHAD22</p>		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b>In the past year, have you had any sudden spells of dizziness, loss of balance, or sensation of spinning?</b>                      Did the dizziness, loss of balance or spinning sensation occur only when changing the position of your head or body?                      How many episodes of dizziness, loss of balance or spinning sensation have you had?                      When was the (most recent) episode?                      How long did it (longest episode) last?                      Did the (worst) episode come on suddenly?                      How long did it take for the symptoms to get as bad as they were going to get?</p>	<p>BAL22  BALPOS22  BALEPN22 BALEPT22 BALEPL22  BALEPS22  BALSYM22</p>				<p>BAL22  BALPOS22  BALEPN22 BALEPT22 BALEPL22  BALEPS22  BALSYM22</p>		
<p><b>While you were having your (worst) episode of dizziness, loss of balance, or spinning sensation, did any of the following occur:</b>                      - Speech disturbance?                      - Paralysis or weakness?                          - Side of difficulty:                      - Numbness or tingling?                          - Side of difficulty:                      - Blackouts or fainting?                      - Seizures or convulsions?                      - Headache?                      - Vision loss or blurring of vision?</p>	<p>BALDIS22 BALWK22 BALDFW22 BALTGL22 BALDFT22 BALFNT22 BALCON22 BALHDC22 BALBLR22</p>				<p>BALDIS22 BALWK22 BALDFW22 BALTGL22 BALDFT22 BALFNT22 BALCON22 BALHDC22 BALBLR22</p>		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Did you have: (select one) - double vision? - vision loss in right eye only? - vision loss in left eye only? - total loss of vision in both eyes? - trouble in both eyes seeing to right? - trouble in both eyes seeing to left? - trouble in both eyes seeing both sides or straight ahead? - none of the above?	BALHAD22				BALHAD22		
<b>In the past year, have you had any of the following:</b> - Spinning sensation, vertigo? - Loss of balance? - Difficulty walking? - Blackouts or fainting? - Frequent falls? - Do you usually get dizzy or light-headed when you stand up quickly?	SPIN22 LOSBAL22 WALK22 FAINT22 FALL22 DIZZY22				SPIN22 LOSBAL22 WALK22 FAINT22 FALL22 DIZZY22		
Interviewer IDNO	INTID22				INTID22		

### Neurologic History Calculated Variables

NEUROLOGIC HX	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>DIAGNOSIS* OF TIA/STROKE FROM QUESTIONNAIRE</u> <u>VARIABLES: Section used</u> Loss/Change of Speech Loss of Vision Double Vision Numbness or Tingling Paralysis or Weakness Dizziness or Loss of Balance	SPLOSS22 VSLOSS22 DBLVIS22 NUMTNG22 PARWK22 DIZBAL22				SPLOSS22 VSLOSS22 DBLVIS22 NUMTNG22 PARWK22 DIZBAL22		

\* Diagnosis from TIA/STROKE Algorithm. Each of the Record 22 calculated variables is based on six different symptoms, any of which can indicate a possible stroke or TIA. For each symptom there are numerous questions about its location, duration, and other associated problems. Based on the responses to these questions, a value is computed for each symptom indicating the possible origin of a stroke or TIA. A zero value for a given symptom indicates either that 1) the symptom did not occur, or 2) if the symptom did occur, the subsequent responses did not suggest a stroke or TIA. The value labels for each of these variables are:

- 0=no event
- 1=TIA, vertebrobasilar insufficiency
- 2=TIA, right carotid
- 3=TIA, left carotid
- 4=stroke, vertebrobasilar insufficiency
- 5=stroke, right carotid
- 6=stroke, left carotid

The following reference provides further information about the TIA/Stroke Algorithm:

Karanjia PN, Nelson JJ, Lefkowitz DS, Dick AR, Toole JF, Chambless LE, Hayes R, Howard VJ. Validation of the ACAS TIA/stroke algorithm. *Neurology* 1997;48:346-351.

Prevalent Disease Form  
(Record 40)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE40				DATE40		
Participant ID	IDNO				IDNO		
<b><u>MI</u></b>							
Exam Results	MIEXAM40				MIEXAM40		
Method of Confirmation	MIMTD40				MIMTD40		
Result of Confirmation	MIRSLT40				MIRSLT40		
Baseline Classification	MIBASE40				MIBASE40		
Current Classification	MISTAT40				MISTAT40		
<b><u>Angina</u></b>							
Exam Results	ANEXAM40				ANEXAM40		
Method of Confirmation	ANMTD40				ANMTD40		
Result of Confirmation	ANRSLT40				ANRSLT40		
Baseline Classification	ANBASE40				ANBASE40		
Current Classification	ANSTAT40				ANSTAT40		
<b><u>CHF</u></b>							
Exam Results	CHEXAM40				CHEXAM40		
Method of Confirmation	CHMTD40				CHMTD40		
Result of Confirmation	CHRSLT40				CHRSLT40		

Prevalent Disease Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Baseline Classification	CHBASE40				CHBASE40		
Current Classification	CHSTAT40				CHSTAT40		
<b><u>Claudication</u></b>							
Exam Results	CLEXAM40				CLEXAM40		
Baseline Classification	CLBASE40				CLBASE40		
Current Classification	CLSTAT40				CLSTAT40		
<b><u>Stroke</u></b>							
Method of Confirmation	STMTD40				STMTD40		
Result of Confirmation	STRSLT40				STRSLT40		
Baseline Classification	STBASE40				STBASE40		
Current Classification	STSTAT40				STSTAT40		
<b><u>TIA</u></b>							
Baseline Classification	TIBASE40				TIBASE40		
Current Classification	TISTAT40				TISTAT40		
Method of Confirmation	TIMTD40				TIMTD40		
Result of Confirmation	TIRSLT40				TIRSLT40		

Quality of Life; Social Support  
(Record 03)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KDATE03	KDATE03	KDATE03	KDATE03	KDATE03	YEAR03	YEAR03
How do you feel about life as a whole?	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03
How satisfied are you with the meaning and purpose of your life?	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03
How true are the following statements: - When I feel lonely there are several people I can talk to. - I often meet or talk with family or friends. - If I were sick I could easily find someone to help me with daily chores. - When I need suggestions on how to deal with a personal problem, I know someone I can turn to. - There is at least one person I know whose advice I really trust. - If I had to go out of town for a few weeks, it would be difficult to find someone to look after my apartment.	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	
Social support score (calculated as sum of questions 3-8)	SCORE03	SCORE03	SCORE03	SCORE03	SCORE03	SCORE03	
How many relatives do you see or hear from at least once per month?	RELATI03	RELATI03	RELATI03	RELATI03	RELATI03	RELATI03	

Quality of Life; Social Support (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR03	YEAR03	YEAR03	YEAR03
How do you feel about life as a whole?	FEEL03	FEEL03	FEEL03	FEEL03
How satisfied are you with the meaning and purpose of your life?	SATISF03	SATISF03	SATISF03	SATISF03
How true are the following statements: - When I feel lonely there are several people I can talk to. - I often meet or talk with family or friends. - If I were sick I could easily find someone to help me with daily chores. - When I need suggestions on how to deal with a personal problem, I know someone I can turn to. - There is at least one person I know whose advice I really trust. - If I had to go out of town for a few weeks, it would be difficult to find someone to look after my apartment.				LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03
Social support score (calculated as sum of questions 1-8)				SCORE03
How many relatives do you see or hear from at least once per month?				RELATIO3



Quality of Life; Social Support (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How often do you see or hear from the relative with whom you have the most contact?	BETRLT03	BETRLT03	BETRLT03	BETRLT03	BETRLT03	BETRLT03	
How many relatives do you feel close to?	CLOSE03	CLOSE03	CLOSE03	CLOSE03	CLOSE03	CLOSE03	
How many close friends do you have?	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	
How many of these friends do you see or hear from at least once per month?	SEEFR103	SEEFR103	SEEFR103	SEEFR103	SEEFR103	SEEFR103	
How often do you see or hear from the friend with whom you have the most contact?	SEEFR203	SEEFR203	SEEFR203	SEEFR203	SEEFR203	SEEFR203	
When you have an important decision to make, how often do you have someone you can talk to about it?	DCSN303	DCSN303	DCSN303	DCSN303	DCSN303	DCSN303	
When other people you know have an important decision to make, how often do they talk to you about it?	DCSN203	DCSN203	DCSN203	DCSN203	DCSN203	DCSN203	
Does anybody rely on you to do something for them each day? (e.g. shopping, cooking, childcare, etc.)	RELYON03	RELYON03	RELYON03	RELYON03	RELYON03	RELYON03	
How often do you help anybody with things like shopping, filling out forms, childcare, etc.?	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	
Do you live alone or with other people? (who do you live with?)	LIVE03	LIVE03	LIVE03	LIVE03	LIVE03	LIVE03	

Quality of Life; Social Support (cont.)

Question	Year 8	Year 9	Year 10	Year 11
How often do you see or hear from the relative with whom you have the most contact?				BETRLT03
How many relatives do you feel close to?				CLOSE03
How many close friends do you have?				CLSFRD03
How many of these friends do you see or hear from at least once per month?				SEEFR103
How often do you see or hear from the friend with whom you have the most contact?				SEEFR203
When you have an important decision to make, how often do you have someone you can talk to about it?				DCSN303
When other people you know have an important decision to make, how often do they talk to you about it?				DCSN203
Does anybody rely on you to do something for them each day? (e.g. shopping, cooking, childcare, etc.)				RELYON03
How often do you help anybody with things like shopping, filling out forms, childcare, etc.?				HLPSHP03
Do you live alone or with other people? (who do you live with?)				LIVE03

Quality of Life; Social Support (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Social Network Score (calculated as sum of questions 9-19)	NETSCR03	NETSCR03	NETSCR03	NETSCR03	NETSCR03	NETSCR03	
Answered by the interviewer: - How well was the respondent able to answer the questions? - How cooperative was the respondent in answering the questions?				IABLE03 ICOOP03	IABLE03 ICOOP03	IABLE03 ICOOP03	
Interviewer identification number	INTID03	INTID03	INTID03	INTID03	INTID03	INTID03	INTID03
Date of interview	DATE03	DATE03	DATE03	DATE03	DATE03	DATE03	DATE03

Question	Year 8	Year 9	Year 10	Year 11
Social Network Score (calculated as sum of questions 9-19)				NETSCR03
Answered by the interviewer: - How well was the respondent able to answer the questions? - How cooperative was the respondent in answering the questions?				IABLE03 ICOOP03
Interviewer identification number	INTID03	INTID03	INTID03	INTID03
Date of interview	DATE03	DATE03	DATE03	DATE03

Depression / Life Events Form  
(Record 05)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date of Key Entry	KDATE05	KDATE05	KDATE05	KDATE05	KDATE05	YEAR05	YEAR05
LIFE EVENTS IN THE PAST SIX MONTHS							
Have you moved? When? Was it positive or negative?	MOVE05	MOVE05 MOVWHN05 MOVPOS05	MOVE05 MOVWHN05 MOVPOS05	MOVE05 MOVWHN05 MOVPOS05	MOVE05	MOVE05 MOVWHN05 MOVPOS05	
Did a close person die?*	DIE05	DIE05 DIEWHN05	DIE05 DIEWHN05	DIE05 DIEWHN05	DIE05	DIE05 DIEWHN05	
When?*							
Who died?							
Spouse	SPOUSE05		SPOUSE05	SPOUSE05		SPOUSE05	
Brother	BROTHR05		BROTHR05	BROTHR05		BROTHR05	
Sister	SISTER05		SISTER05	SISTER05		SISTER05	
Mother	MOTHER05		MOTHER05	MOTHER05		MOTHER05	
Father	FATHER05		FATHER05	FATHER05		FATHER05	
Child	CHILD05		CHILD05	CHILD05		CHILD05	
Other relative	OTHREL05		OTHREL05	OTHREL05		OTHREL05	
Friend	FRIEND05		FRIEND05	FRIEND05		FRIEND05	
Pet	PET05		PET05	PET05		PET05	
Other	OTHER05		OTHER05	OTHER05		OTHER05	
Did you or a close person have a serious accident or illness?*	ILL05	ILL05 ILLWHN05	ILL05 ILLWHN05	ILL05 ILLWHN05	ILL05	ILL05 ILLWHN05	
When?*							
Important relationship become worse?*	WORSE05	WORSE05 WRSWHN05	WORSE05 WRSWHN05	WORSE05 WRSWHN05	WORSE05	WORSE05 WRSWHN05	
When?*							
Change in personal finances?*	FINANC05	FINANC05 FNCWHN05 FNNCIN05	FINANC05 FNCWHN05 FNNCIN05	FINANC05 FNCWHN05 FNNCIN05	FINANC05	FINANC05 FNCWHN05 FNNCIN05	
When?*							
Was it positive or negative?*							

\* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression/Life Events (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date of Key Entry	YEAR05	YEAR05	YEAR05	KDATE05
LIFE EVENTS IN THE PAST SIX MONTHS				
Have you moved? When? Was it positive or negative?				MOVE05 MOVWHN05 MOVPOS05
Did a close person die?*				DIE05 DIEWHN05
When?*				
Who died?				
Spouse				SPOUSE05
Brother				BROTHER05
Sister				SISTER05
Mother				MOTHER05
Father				FATHER05
Child				CHILD05
Other relative				OTHREL05
Friend				FRIEND05
Pet				PET05
Other				OTHER05
Specify other				SPEC05
Did you or a close person have a serious accident or illness?*				ILL05 ILLWHN05
When?*				
Important relationship become worse?*				WORSE05 WRSWHN05
When?*				
Change in personal finances?*				FINANC05 FNCWHN05 FNNCIN05
When?*				
Was it positive or negative?*				

\* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression/Life Events (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
You or close person been assaulted or robbed?*	ROB05	ROB05	ROB05	ROB05	ROB05	ROB05	
When?*		ROBWHN05	ROBWHN05	ROBWHN05		ROBWHN05	
Problem caring for a sick or disabled relative?*	SICK05	SICK05	SICK05	SICK05	SICK05	SICK05	
Has it become harder in last month?*	SCKWHN05	SCKWHN05	SCKWHN05	SCKWHN05		SCKWHN05	
Have you retired, changed, or lost job?*	JOB05	JOB05	JOB05	JOB05	JOB05	JOB05	
When?*	RETIRE05	JOBWHN05	JOBWHN05	JOBWHN05		JOBWHN05	
Was it due to retirement?	RTRIN05	RTRIN05	RTRIN05	RTRIN05		RTRIN05	
Was it positive or negative?*							
Grandchild born?*	BORN05	BORN05	BORN05	BORN05	BORN05	BORN05	
Any other important things happen?*	HAPPEN05	HAPPEN05	HAPPEN05	HAPPEN05	HAPPEN05	HAPPEN05	
What happened?*	HPNSPC05	HPNSPC05	HPNSPC05	HPNSPC05		HPNSPC05	
Was it positive or negative?*	HPNIN05	HPNIN05	HPNIN05	HPNIN05		HPNIN05	
HOW OFTEN FELT THE FOLLOWING DURING LAST WEEK							
Bothered by things that usually don't bother	BOTHER05	BOTHER05	BOTHER05	BOTHER05	BOTHER05	BOTHER05	BOTHER05
Trouble keeping mind on task	TROUBL05	TROUBL05	TROUBL05	TROUBL05	TROUBL05	TROUBL05	TROUBL05
Everything was an effort	EFFORT05	EFFORT05	EFFORT05	EFFORT05	EFFORT05	EFFORT05	EFFORT05
Felt depressed	DEPRES05	DEPRES05	DEPRES05	DEPRES05	DEPRES05	DEPRES05	DEPRES05
Felt hopeful about future	FUTURE05	FUTURE05	FUTURE05	FUTURE05	FUTURE05	FUTURE05	FUTURE05
Felt fearful	FEAR05	FEAR05	FEAR05	FEAR05	FEAR05	FEAR05	FEAR05
Restless sleep	SLEEP05	SLEEP05	SLEEP05	SLEEP05	SLEEP05	SLEEP05	SLEEP05
Felt happy	HAPPY05	HAPPY05	HAPPY05	HAPPY05	HAPPY05	HAPPY05	HAPPY05
Felt lonely	LONLY05	LONLY05	LONLY05	LONLY05	LONLY05	LONLY05	LONLY05
Could not get going	GETGO05	GETGO05	GETGO05	GETGO05	GETGO05	GETGO05	GETGO05

\* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression/Life Events (cont.)

Question	Year 8	Year 9	Year 10	Year 11
You or close person been assaulted or robbed?*				ROB05
When?*				ROBWHN05
Problem caring for a sick or disabled relative?*				SICK05
Has it become harder in last month?*				SCKWHN05
Have you retired, changed, or lost job?*				JOB05
When?*				JOBWHN05
Was it due to retirement?				RTRIN05
Was it positive or negative?*				
Grandchild born?*				BORN05
Any other important things happen?*				HAPPEN05
What happened?*				HPNSPC05
Was it positive or negative?*				HPNIN05
HOW OFTEN FELT THE FOLLOWING DURING LAST WEEK				
Bothered by things that usually don't bother	BOTHER05	BOTHER05	BOTHER05	BOTHER05
Trouble keeping mind on task	TROUBL05	TROUBL05	TROUBL05	TROUBL05
Everything was an effort	EFFORT05	EFFORT05	EFFORT05	EFFORT05
Felt depressed	DEPRES05	DEPRES05	DEPRES05	DEPRES05
Felt hopeful about future	FUTURE05	FUTURE05	FUTURE05	FUTURE05
Felt fearful	FEAR05	FEAR05	FEAR05	FEAR05
Restless sleep	SLEEP05	SLEEP05	SLEEP05	SLEEP05
Felt happy	HAPPY05	HAPPY05	HAPPY05	HAPPY05
Felt lonely	LONLY05	LONLY05	LONLY05	LONLY05
Could not get going	GETGO05	GETGO05	GETGO05	GETGO05

\* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression/Life Events (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
VITAL EXHAUSTION Often feel tired? How long been feeling tired? Increased in the past year? Wake up feeling exhaustion? How long been feeling that? Feel weak all over? Can't cope with everyday probs?							
PERCEIVED STRESS SCALE Feel can't control things in your life? Felt confident about ability to handle problems? Things going your way? Too many difficulties to overcome?							
COMPOSITE SCORES Depression scale total Life events score Life events score for last month	DEPSCR05 LESCR05	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05
Interviewer identification number Date of visit	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05



Depression/Life Events (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<b>VITAL EXHAUSTION</b> Often feel tired? How long been feeling tired? Increased in the past year? Wake up feeling exhaustion? How long been feeling that? Feel weak all over? Can't cope with everyday probs?				TIRED05 TIRTIM05 TIRINC05 FATIG05 FATTIM05 WEAK05 COPE05
<b>PERCEIVED STRESS SCALE</b> Feel can't control things in your life? Felt confident about ability to handle problems? Things going your way? Too many difficulties to overcome?				CONTRL05  CONFID05 GNGYRW05 OVRCME05
<b>COMPOSITE SCORES</b> Depression scale total Life events score Life events score for last month	DEPSCR05	DEPSCR05	DEPSCR05	DEPSCR05 LESCR05 LESCR205
Interviewer identification number Date of visit	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05

Cognitive Function Form  
(Records 10, 34)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KDATE10	KDATE34	KDATE34	KDATE34	KDATE34	YEAR34	YEAR34
<u>Temporal &amp; Spatial Orientation</u> What... is the year? (answer in error) season of the year is it? (answer in error) is the date? (answer in error) is the day of the week? (answer in error) is the month? (answer in error) state are we in? (answer in error) county are we in? (answer in error) city/town are we in? (answer in error) floor of the building are we on? (answer in error) is this address? (answer in error) Are we in a clinic, store, or home?	YEAR10 ERR110 SEASON10 ERR210 DATE310 ERR310 WEEK10 ERR410 MONTH10 ERR510 STATE10 ERR610 COUNTY10 ERR710 CITY10 ERR810 FLOOR10 ERR910 ADDRES10 ERR1010	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR34	YEAR34	YEAR34	YEAR34
<u>Temporal &amp; Spatial Orientation</u> What... is the year? (answer in error) season of the year is it? (answer in error) is the date? (answer in error) is the day of the week? (answer in error) is the month? (answer in error) state are we in? (answer in error) county are we in? (answer in error) city/town are we in? (answer in error) floor of the building are we on? (answer in error) is this address? (answer in error) Are we in a clinic, store, or home?	SEASON34 ERR234 DATE34  DAY34 ERR134  STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534  CLINIC34	SEASON34 ERR234 DATE34  DAY34 ERR134  STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534  CLINIC34	SEASON34 ERR234 DATE34  DAY34 ERR134  STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534  CLINIC34	SEASON34 ERR234 DATE34  DAY34 ERR134  STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534  CLINIC34

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Birth</u> When were you born? year month day Where? City/town (Answer) answered the question? answer when asked later answered the question? State/county (Answer) answered the question answer when asked later answered the question?		YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434
<u>Naming</u> What is this called? watch pencil forehead chin shoulder elbow knuckle	WATCH10 PENCIL10	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34
<u>Animals</u> What animals have 4 legs? animal 1 ... animal 10 Number of names for 4-legged animal		ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Birth</u> When were you born? year month day Where? City/town (Answer) answered the question? answer when asked later answered the question? State/county (Answer) answered the question answer when asked later answered the question?	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34  CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434
<u>Naming</u> What is this called? watch pencil forehead chin shoulder elbow knuckle	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34
<u>Animals</u> What animals have 4 legs? animal 1 ... animal 10 Number of names for 4-legged animal	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34



Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Similarities</u> In what ways are... alike? an arm & a leg laughing & crying eating & sleeping	ARMLEG34 LAUGH34 EAT34	ARMLEG34 LAUGH34 EAT34	ARMLEG34 LAUGH34 EAT34	ARMLEG34 LAUGH34 EAT34
<u>Registration &amp; Recall</u> Repeat... word1 word2 word3 Number of presentations necess for patient to repeat. What were they? (repeat 2nd time) word1 word2 word3 Repeat 3rd time word1 word2 word3 Repeat 'No ifs, ands or buts' no ifs ands or buts Repeat 'I would like to go home/out'	SHOES134 BROWN134 HONES134 NUM134  SHOES234 BROWN234 HONES234  SHOES334 BROWN334 HONES334  NOIFS34 ANDS34 BUTS34 REPEAT34	SHOES134 BROWN134 HONES134 NUM134  SHOES234 BROWN234 HONES234  SHOES334 BROWN334 HONES334  NOIFS34 ANDS34 BUTS34 REPEAT34	SHOES134 BROWN134 HONES134 NUM134  SHOES234 BROWN234 HONES234  SHOES334 BROWN334 HONES334  NOIFS34 ANDS34 BUTS34 REPEAT34	SHOES134 BROWN134 HONES134 NUM134  SHOES234 BROWN234 HONES234  SHOES334 BROWN334 HONES334  NOIFS34 ANDS34 BUTS34 REPEAT34
Read a card & do what it says	CLSEYE34	CLSEYE34	CLSEYE34	CLSEYE34
<u>Three Stage Command</u> Takes paper in right hand Folds paper in half puts paper down on lap or hands back	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Math</u> a. $100 - 7 = 93$ Answer Correct? b. ... - 7 Answer Correct? ... e. ... - 7 Answer Correct?	SUB110 SUBER110 SUB210 SUBER210 ... SUB510 SUBER510						
<u>Mental Reversal</u> Count 1-5 (Correct?) Count backwards (5-1) 1st number ... 5th number Spell 'world' Spell 'world' backwards D - Answer Correct? L - Answer Correct? ... W - Answer Correct?	SPELD10 SPELL110 SPELL10 SPELL210 ... SPELW10 SPELL510	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534
<u>Writing</u> Write any complete sentence Write 'I would like to go home/out' would like to go home	WRITE10	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34



Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Math</u> a. $100 - 7 = 93$ Answer b. ... - 7 Answer ... e. ... - 7 Answer				
<u>Mental Reversal</u> Count 1-5 (Correct?) Count backwards (5-1) 1st number ... 5th number Spell 'world' Spell 'world' backwards D - Answer Correct? L - Answer Correct? ... W - Answer Correct?	COUNTF34  COUNT134  ... COUNT534 SPELLF34  SPELL134  SPELL234  ... SPELL534	COUNTF34  COUNT134  ... COUNT534 SPELLF34  SPELL134  SPELL234  ... SPELL534	COUNTF34  COUNT134  ... COUNT534 SPELLF34  SPELL134  SPELL234  ... SPELL534	COUNTF34  COUNT134  ... COUNT534 SPELLF34  SPELL134  SPELL234  ... SPELL534
<u>Writing</u> Write any complete sentence Write 'I would like to go home/out' would like to go home	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Copy a drawing</u> pentagon 1 pentagon 2 intersection	DRAW10	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34
<u>Dominant Hand</u> Hand used to write Hand use to throw a ball Hand use to hold a toothbrush		WHHAND34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34
Special problems? Primary problem Describe Secondary problem	PROBS10  SPEC10	PROBS34  SPEC34	PROBS34  SPEC34	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234
<u>Score</u> Sum of above scores Sum of maximum scores Corrected score (30 point)  35 point score, MMSE  MMSE score (computed for 100pt)*	RAWSCR10 MAXSCR10 CORSCR10  SCORE3510  MODMM10						
<u>Digit-Symbol Substitution Task</u> Digit substitution indicator Test items Number of symbols correctly coded Number of symbols incorrectly coded	DIGIT10  DIGCOR10 DIGERR10	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34
<u>Frustration Before Visual Test</u> How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure							

\* Score134 is the 100 point score and MODMM10 is computed from CORSCR10

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Copy a drawing</u> pentagon 1 pentagon 2 intersection	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34
<u>Dominant Hand</u> Hand used to write Hand use to throw a ball Hand use to hold a toothbrush	WHHAND34	WHHAND34	WHHAND34	WHHAND34
Special problems? Primary problem Describe Secondary problem	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234
<u>Score</u> Sum of above scores Sum of maximum scores Corrected score (30 point)  35 point score, MMSE  MMSE score (computed for 100pt)	SCORE134	SCORE134	SCORE134	SCORE134
<u>Digit-Symbol Substitution Task</u> Digit substitution indicator Test items Number of symbols correctly coded Number of symbols incorrectly coded	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34
<u>Frustration Before Visual Test</u> How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure				FRUST134 SYS134 DIA134

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Frustration After Visual Test</u> How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure							
<u>Visual Retention Test</u> Design Number 1 ... Design Number 10						DSGN0134 ... DSGN1034	DSGN0134 ... DSGN1034
<u>Technician Observations</u> Have you observed signs of cognitive impairment? Judgment based on: hygiene or personal care inconsistencies in speech memory problems / lapses problems following directions emotional responses							
Interviewer Identification Number Date of Visit	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Frustration After Visual Test</u> How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure				FRUST234 SYS234 DIA234
<u>Visual Retention Test</u> Design Number 1 ... Design Number 10	DSGN0134 ... DSGN1034	DSGN0134 ... DSGN1034		DSGN0134 ... DSGN1034
<u>Technician Observations</u> Have you observed signs of cognitive impairment? Judgment based on: hygiene or personal care inconsistencies in speech memory problems / lapses problems following directions emotional responses			IMPAIR34  HYGIEN34 SPEECH34 MEMORY34 DIRECT34 EMOTIO34	IMPAIR34  HYGIEN34 SPEECH34 MEMORY34 DIRECT34 EMOTIO34
Interviewer Identification Number Date of Visit	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34

Telephone Interview for Cognitive Status (TICS)\*  
(Record 67)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR67	YEAR67	YEAR67	YEAR67
Tell me your full name: First name Last name	FNAME67 LNAME67	FNAME67 LNAME67	FNAME67 LNAME67	FNAME67 LNAME67
What is today=s date?: Month Day Year	TMONTH67 TDAY67	TMONTH67 TDAY67 TYEAR67	TMONTH67 TDAY67 TYEAR67	TMONTH67 TDAY67 TYEAR67
What is the day of the week? Day (erroneous response)	WKDAY67 WKDERR67	WKDAY67 WKDERR67	WKDAY67 WKDERR67	WKDAY67 WKDERR67
What season of the year is it? Season (erroneous response)	SEASON67 SEAERR67	SEASON67 SEAERR67	SEASON67 SEAERR67	SEASON67 SEAERR67
What is your home address? House number Street City Zip code	HOUSNO67 STREET67 CITY67 ZIP67	HOUSNO67 STREET67 CITY67 ZIP67	HOUSNO67 STREET67 CITY67 ZIP67	HOUSNO67 STREET67 CITY67 ZIP67
Count backwards from 20 to 1	COUNTB67	COUNTB67	COUNTB67	COUNTB67
Remember 10 words Cabin Pipe Elephant Chest Silk Theater Watch Whip Pillow Giant	CABIN67 PIPE67 ELEPH67 CHEST67 SILK67 THEATR67 WATCH67 WHIP67 PILLOW67 GIANT67	CABIN67 PIPE67 ELEPH67 CHEST67 SILK67 THEATR67 WATCH67 WHIP67 PILLOW67 GIANT67	CABIN67 PIPE67 ELEPH67 CHEST67 SILK67 THEATR67 WATCH67 WHIP67 PILLOW67 GIANT67	CABIN67 PIPE67 ELEPH67 CHEST67 SILK67 THEATR67 WATCH67 WHIP67 PILLOW67 GIANT67

\* Administered for the first time in Year 8, thus no table for Baseline-Year 7 is included.

Telephone Interview for Cognitive Status (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Subtraction: 100-7 Response 93-7 Response 86-7 Response 79-7 Response 72-7 Response	SUB167 SUB1RE67 SUB267 SUB2RE67 SUB367 SUB3RE67 SUB467 SUB4RE67 SUB567 SUB5RE67	SUB167 SUB1RE67 SUB267 SUB2RE67 SUB367 SUB3RE67 SUB467 SUB4RE67 SUB567 SUB5RE67	SUB167 SUB1RE67 SUB267 SUB2RE67 SUB367 SUB3RE67 SUB467 SUB4RE67 SUB567 SUB5RE67	SUB167 SUB1RE67 SUB267 SUB2RE67 SUB367 SUB3RE67 SUB467 SUB4RE67 SUB567 SUB5RE67
What do people use to cut paper?	PAPCUT67	PAPCUT67	PAPCUT67	PAPCUT67
How many in a dozen?	DOZEN67	DOZEN67	DOZEN67	DOZEN67
Prickly green plant from in the desert?	CACTUS67	CACTUS67	CACTUS67	CACTUS67
What animal does wool come from?	WOOLAN67	WOOLAN67	WOOLAN67	WOOLAN67
Say: No if=s And=s Or but=s	NOIFS67 ANDS67 ORBUTS67	NOIFS67 ANDS67 ORBUTS67	NOIFS67 ANDS67 ORBUTS67	NOIFS67 ANDS67 ORBUTS67
Say "Methodist Episcopal"	METHEP67	METHEP67	METHEP67	METHEP67
Who is President of the U.S.? Who is Vice President of the U.S.?	PRESID67 VPRES67	PRESID67 VPRES67	PRESID67 VPRES67	PRESID67 VPRES67
Tap five times on phone receiver	FTAPS67	FTAPS67	FTAPS67	FTAPS67
What is opposite of >west=? What is opposite of >generous=?	OPPOS167 OPPOS267	OPPOS167 OPPOS267	OPPOS167 OPPOS267	OPPOS167 OPPOS267
Any special problems noted?			PROBS67	PROBS67
Interviewer ID Date	INTID67 INTDAT67	INTID67 INTDAT67	INTID67 INTDAT67	INTID67 INTDAT67

Informant Questionnaire on Cognitive Decline (IQCODE)\*

Informant Questionnaire on Cognitive Decline (IQCODE)\*  
(Record 68)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR68	YEAR68	YEAR68	YEAR68
<u>Compared with 10 years ago, how is the person at:</u>				
Recognizing faces of friends	FACES68	FACES68	FACES68	FACES68
Remember names of family and friends	NAMES68	NAMES68	NAMES68	NAMES68
Remember things about family (e.g. occupation, birthday, address)	FAMTHG68	FAMTHG68	FAMTHG68	FAMTHG68
Remember recent things	RECENT68	RECENT68	RECENT68	RECENT68
Recalling conversations few days later	CONVER68	CONVER68	CONVER68	CONVER68
Forget things in middle of conversation	MIDCON68	MIDCON68	MIDCON68	MIDCON68
Remember own address and phone #	ADPHN68	ADPHN68	ADPHN68	ADPHN68
Remember current day and month	DAYMON68	DAYMON68	DAYMON68	DAYMON68
Remember where things are kept	WHERE68	WHERE68	WHERE68	WHERE68
Remember where to find things put in different place	FIND68	FIND68	FIND68	FIND68
Adjusting to changes in daily routing	CHANGE68	CHANGE68	CHANGE68	CHANGE68
Know how to work familiar machines	FAMMAC68	FAMMAC68	FAMMAC68	FAMMAC68
Learn to work new machine	NEWMAC68	NEWMAC68	NEWMAC68	NEWMAC68
Learn new things in general	NEWTHG68	NEWTHG68	NEWTHG68	NEWTHG68
Remember things that happened in youth	HAPPEN68	HAPPEN68	HAPPEN68	HAPPEN68

- Administered for the first time in Year 8, thus no table for Baseline-Year 7 is included.



Informant Interview on Cognitive Decline (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Remember things learned in youth	LEARND68	LEARND68	LEARND68	LEARND68
Understand meaning of unusual words	WORDS68	WORDS68	WORDS68	WORDS68
Understanding magazine/newspaper articles	ARTICL68	ARTICL68	ARTICL68	ARTICL68
Following story in book or on TV	STORY68	STORY68	STORY68	STORY68
Compose letter for friends or business	LETTER68	LETTER68	LETTER68	LETTER68
Know important historical events	HISTRY68	HISTRY68	HISTRY68	HISTRY68
Make decisions about everyday matters	DECISN68	DECISN68	DECISN68	DECISN68
Handle money for shopping	MONEY68	MONEY68	MONEY68	MONEY68
Handling financial matters	FINANC68	FINANC68	FINANC68	FINANC68
Handle everyday arithmetic problems	ARITH68	ARITH68	ARITH68	ARITH68
Use intelligence to understand/ reason	INTELL68	INTELL68	INTELL68	INTELL68
Administered because of death			DEATH68	DEATH68
Any special problems encountered			PROBS68	PROBS68
Interviewer ID	INTID68	INTID68	INTID68	INTID68
Interview Date	INTDAT68	INTDAT68	INTDAT68	INTDAT68

### Cognitive Calculated Variables

<b>COGNITIVE VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Cognitive function category	COG*						
TICS Summary Score							
IQCode Summary Score							

Question	Year 8	Year 9	Year 10	Year 11
Cognitive function category				
TICS Summary Score	TICS	TICS	TICS	TICS
IQCode Summary Score	IQCODE	IQCODE	IQCODE	IQCODE

\*The cognitive function categories are based on the 30-point Mini-Mental Score at baseline: COG=1 if Normal, defined by score ≥ 27; COG=2 if Mild Impairment, defined by score 24-26; COG=3 if Moderate Impairment, defined by score 18-23; COG=4 if Severe Impairment, defined by score 0-17.

Note: All components of the 3MSE score (SCORE134) are labeled as such in the data files. In lieu of individual variables used to calculate a composite component (e.g. 4-legged animals named), the composite component (e.g. animal) is included in the data.

Trails A & B Form\*\*  
(Record 80)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable				YEAR80
Test Completed?				TSTDNE80
Reason test incomplete or not done Specify other reason				WHYNOT80 OTHSPC80
Trailmaking Part A Time (sec) Number of Errors Number of points connected				TIMEA80 ERRA80 PTSCA80
Trailmaking Part B Time (sec) Number of Errors Number of points connected				TIMEB80 ERRB80 PTSCB80
Interviewer identification number Date of Visit				INTID80 DATE80

\*\* Trailmaking was not assessed before Year 11, so no table is shown for Baseline - Year 7.

Physical Activity Form  
(Record 04)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date of Key Entry	KDATE04			KDATE04	KDATE04		
PHYSICAL ACTIVITIES DONE IN THE PAST TWO WEEKS							
Walking for exercise How often? Average time spent per session? How many months per year?	WALK04 WALKFR04 WALKTM04 WALKMO04			WALK04 WALKFR04 WALKTM04 WALKMO04	WALK04 WALKFR04 WALKTM04 WALKMO04		
Moderately strenuous household chores How often? Average time spent per session? How many months per year?	CHOR04 CHORFR04 CHORTM04 CHORMO04			CHOR04 CHORFR04 CHORTM04 CHORMO04	CHOR04 CHORFR04 CHORTM04 CHORMO04		
Mowing the lawn How often? Average time spent per session? How many months per year?	MOW04 MOWFR04 MOWTM04 MOWMO04			MOW04 MOWFR04 MOWTM04 MOWMO04	MOW04 MOWFR04 MOWTM04 MOWMO04		
Raking the lawn How often? Average time spent per session? How many months per year?	RAKE04 RAKEFR04 RAKETM04 RAKEMO04			RAKE04 RAKEFR04 RAKETM04 RAKEMO04	RAKE04 RAKEFR04 RAKETM04 RAKEMO04		
Gardening How often? Average time spent per session? How many months per year?	GRDN04 GRDNFR04 GRDNTM04 GRDNMO04			GRDN04 GRDNFR04 GRDNTM04 GRDNMO04	GRDN04 GRDNFR04 GRDNTM04 GRDNMO04		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date of Key Entry		KDATE04		
PHYSICAL ACTIVITIES DONE IN THE PAST TWO WEEKS				
Walking for exercise How often? Average time spent per session? How many months per year?		WALK04 WALKFR04 WALKTM04 WALKMO04		
Moderately strenuous household chores How often? Average time spent per session? How many months per year?		CHOR04 CHORFR04 CHORTM04 CHORMO04		
Mowing the lawn How often? Average time spent per session? How many months per year?		MOW04 MOWFR04 MOWTM04 MOWMO04		
Raking the lawn How often? Average time spent per session? How many months per year?		RAKE04 RAKEFR04 RAKETM04 RAKEMO04		
Gardening How often? Average time spent per session? How many months per year?		GRDN04 GRDNFR04 GRDNTM04 GRDNMO04		

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Hiking How often? Average time spent per session? How many months per year?	HIKE04 HIKEFR04 HIKETM04 HIKEMO04			HIKE04 HIKEFR04 HIKETM04 HIKEMO04	HIKE04 HIKEFR04 HIKETM04 HIKEMO04		
Jogging How often? Average time spent per session? How many months per year?	JOG04 JOGFR04 JOGTM04 JOGMO04			JOG04 JOGFR04 JOGTM04 JOGMO04	JOG04 JOGFR04 JOGTM04 JOGMO04		
Biking How often? Average time spent per session? How many months per year?	BIKE04 BIKEFR04 BIKETM04 BIKEMO04			BIKE04 BIKEFR04 BIKETM04 BIKEMO04	BIKE04 BIKEFR04 BIKETM04 BIKEMO04		
Exercise cycle How often? Average time spent per session? How many months per year?	EXCY04 EXCYFR04 EXCYTM04 EXCYMO04			EXCY04 EXCYFR04 EXCYTM04 EXCYMO04	EXCY04 EXCYFR04 EXCYTM04 EXCYMO04		
Dancing How often? Average time spent per session? How many months per year?	DANC04 DANCFR04 DANCTM04 DANCMO04			DANC04 DANCFR04 DANCTM04 DANCMO04	DANC04 DANCFR04 DANCTM04 DANCMO04		
Aerobics/aerobic dance How often? Average time spent per session? How many months per year?	AERO04 AEROFR04 AEROTM04 AEROMO04			AERO04 AEROFR04 AEROTM04 AEROMO04	AERO04 AEROFR04 AEROTM04 AEROMO04		
Bowling How often? Average time spent per session? How many months per year?	BOWL04 BOWLFR04 BOWLTM04 BOWLMO04			BOWL04 BOWLFR04 BOWLTM04 BOWLMO04	BOWL04 BOWLFR04 BOWLTM04 BOWLMO04		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Hiking How often? Average time spent per session? How many months per year?		HIKE04 HIKEFR04 HIKETM04 HIKEMO04		
Jogging How often? Average time spent per session? How many months per year?		JOG04 JOGFR04 JOGTM04 JOGMO04		
Biking How often? Average time spent per session? How many months per year?		BIKE04 BIKEFR04 BIKETM04 BIKEMO04		
Exercise cycle How often? Average time spent per session? How many months per year?		EXCY04 EXCYFR04 EXCYTM04 EXCYMO04		
Dancing How often? Average time spent per session? How many months per year?		DANC04 DANCFR04 DANCTM04 DANCMO04		
Aerobics/aerobic dance How often? Average time spent per session? How many months per year?		AERO04 AEROFR04 AEROTM04 AEROMO04		
Bowling How often? Average time spent per session? How many months per year?		BOWL04 BOWLFR04 BOWLTM04 BOWLMO04		

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Golf How often? Average time spent per session? How many months per year?	GOLF04 GOLFFR04 GOLFTM04 GOLFMO04			GOLF04 GOLFFR04 GOLFTM04 GOLFMO04	GOLF04 GOLFFR04 GOLFTM04 GOLFMO04		
Singles tennis How often? Average time spent per session? How many months per year?	TENN04 TENNFR04 TENNTM04 TENNMO04						
Doubles tennis How often? Average time spent per session? How many months per year?	TNNS04 TNNSFR04 TNNSTM04 TNNSMO04						
Racquetball How often? Average time spent per session? How many months per year?	RBAL04 RBALFR04 RBALTM04 RBALMO04						
Calisthenics/general exercise How often? Average time spent per session? How many months per year?	EXER04 EXERFR04 EXERTM04 EXERMO04			EXER04 EXERFR04 EXERTM04 EXERMO04	EXER04 EXERFR04 EXERTM04 EXERMO04		
Swimming How often? Average time spent per session? How many months per year?	SWIM04 SWIMFR04 SWIMTM04 SWIMMO04			SWIM04 SWIMFR04 SWIMTM04 SWIMMO04	SWIM04 SWIMFR04 SWIMTM04 SWIMMO04		
Other activity Activity Name How often? Average time spent per session? How many months per year?	OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04			OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04	OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04		



Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Golf How often? Average time spent per session? How many months per year?		GOLF04 GOLFFR04 GOLFTM04 GOLFMO04		
Singles tennis How often? Average time spent per session? How many months per year?				
Doubles tennis How often? Average time spent per session? How many months per year?				
Racquetball How often? Average time spent per session? How many months per year?				
Calisthenics/general exercise How often? Average time spent per session? How many months per year?		EXER04 EXERFR04 EXERTM04 EXERMO04		
Swimming How often? Average time spent per session? How many months per year?		SWIM04 SWIMFR04 SWIMTM04 SWIMMO04		
Other activity Activity Name How often? Average time spent per session? How many months per year?		OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04		

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Other activity Activity Name How often? Average time spent per session? How many months per year?	OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04			OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04	OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04		
How many city blocks or equivalent walked in last week? How many city blocks or miles walked in last week? Blocks or miles?	BLOCK04	BLOCK38	BLOCK39	BLOCK04 BLMILE04	BLOCK04 BLMILE04	BLOCK59 BLMILE59	BLOCK59 BLMILE59
What is your usual walking pace?	PACE04	PACE38	PACE39	PACE04	PACE04	PACE59	PACE59
How many flights of stairs climbed in last week?	FLIGHT04		STAIR39	FLIGHT04	FLIGHT04	FLIGHT59	FLIGHT59
Level of activity since last year?	ACTLEV04	LEVEL38	LEVEL39	ACTLEV04	ACTLEV04	ACTLEV59	ACTLEV59
How many hours spent sleeping during the day in 24 hours?							
How many hours spent sleeping during the night in 24 hours?							
How many hours spent seated or lying down in 24 hours?	SEAT04		LIE39	SEAT04	SEAT04	SEAT59	SEAT59
How many hours spent seated or lying down in 24 hours, excluding sleep?							
Prior to age 65, describe the level of physical activity compared to others your same age and sex?	ACTIV104				ACTIV104		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Other activity Activity Name How often? Average time spent per session? How many months per year?  How many city blocks or equivalent walked in last week? How many city blocks or miles walked in last week? Blocks or miles?		OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04		
	BLOCK59 BLMILE59	BLOCK04 BLMILE04	BLOCK59 BLMILE59	BLOCK59 BLMILE59
What is your usual walking pace?	PACE59	PACE04	PACE59	PACE59
How many flights of stairs climbed in last week?		FLIGHT04	FLIGHT59	FLIGHT59
Level of activity since last year?		ACTLEV04	ACTLEV59	ACTLEV59
How many hours spent sleeping during the day in 24 hours?		SLPDAY04	SLDAY59	SLDAY59
How many hours spent sleeping during the night in 24 hours?		SLPNGT04	SLNITE59	SLNITE59
How many hours spent seated or lying down in 24 hours?	SEAT59		SEAT59	SEAT59
How many hours spent seated or lying down in 24 hours, excluding sleep?		LYING04		
Prior to age 65, describe the level of physical activity compared to others your same age and sex?				

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Since age 65, describe the level of physical activity compared to your prior adult life?	ACTIV204				ACTIV204		
Since age 65, have these activities decreased, increased, not changed, or are not applicable. Walking briskly Gardening Household chores	WLKCHN04 GDNCHN04 CHRCHN04				WLKCHN04 GDNCHN04 CHRCHN04		
Another activity changed since age 65? Decreased, increased or not changed?	OTHER304 CHN304				OTHER304 CHN304		
Another activity changed since age 65? Decreased, increased or not changed?	OTHER404 CHN404				OTHER404 CHN404		
Interviewer identification number	INTID04	INTID38	INTID39	INTID04	INTID04	INTID59	INTID59
Date of visit	DATE04	INTDAT38	INTDAT39	DATE04	DATE04	INTDAT59	INTDAT59

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Since age 65, describe the level of physical activity compared to your prior adult life?				
Since age 65, have these activities decreased, increased, not changed, or are not applicable. Walking briskly Gardening Household chores				
Another activity changed since age 65? Decreased, increased or not changed?				
Another activity changed since age 65? Decreased, increased or not changed?				
Interviewer identification number	INTID59	INTID04	INTID59	INTID59
Date of visit	INTDAT59	DATE04	INTDAT59	INTDAT59

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Physical Activity Calculated Variables

<b>PHYSICAL ACT. VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Blocks walked per week	(BLOCK04)	(BLOCK38)	(BLOCK39)	BLOCKS	BLOCKS	BLOCKS	BLOCKS
Exercise intensity	EXINTENS*			EXINTEN*	EXINTEN*		
Total Kcals phys activity	KCAL**			KCAL**	KCAL**		
Total Kcals-no chores	KCAL2***			KCAL2***	KCAL2***		

<b>PHYSICAL ACT. VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Blocks walked per week	BLOCKS	BLOCKS	BLOCKS	BLOCKS
Exercise intensity		EXINTEN		
Total Kcals phys activity		KCAL		
Total Kcals-no chores		KCAL2		

\*EXINTEN is a categorical exercise intensity variable, calculated from the physical activities listed in Question #1 of Record 04. Participants who engaged in one or more of six high-intensity activities, including swimming, hiking, aerobics, tennis, jogging, or racquetball, or who walked for exercise at a brisk (>4mph (6.4 kmph)) pace were categorized as having engaged in high-intensity activity (EXINTEN=3). Participants who engaged in one or more of nine light- or moderate-intensity activities including gardening, mowing, raking, golf, bowling, biking, dancing, calisthenics, or exercise cycle, or who walked for exercise at an average pace (>2-3 mph (>3.2-4.8 kmph)) were categorized as having engaged in moderate-intensity activity (EXINTEN=2). Participants who walked for exercise at a casual or strolling pace (<2 mph (<3.2 kmph)) were categorized as having engaged in low-intensity activity (EXINTEN=1). Participants who did not report participating in any of the 15 leisure-time activities were categorized with EXINTEN=0 (no exercise). The following reference describes exercise intensity in detail: Siscovick DS, Fried L, Mittelmark M, Rutan G, Bild D, O’Leary DH. Exercise Intensity and Subclinical Cardiovascular Disease in the Elderly. The Cardiovascular Health Study. American Journal of Epidemiology 1997; Vol. 145, No.11:977-986.

\*\*Kilocalories expended in all physical activities listed in Question #1 of Record 04. The Year 5 KCAL variable is not directly comparable to the baseline KCAL variable, which included questions on tennis and racketball that were not included at Year 5.

\*\*\*Kilocalories expended in physical activities as above, but excluding household chores.

Physical Functioning Form  
(Record 09)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE09	DATE09	DATE09	DATE09	DATE09	YEAR09	YEAR09
Do you have difficulty... walking one-half a mile* how much difficulty how long have you had difficulty what is the main symptom what is the main condition	WHMILE09 WHMDIF09 WHMTIM09 WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09 WHMTIM09 WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09 WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09 WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09 WHMTIM09 WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09 WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09 WHMSYM09 WHMDIS09
walking around your home how much difficulty how long have you had difficulty what is the main symptom what is the main condition	WHOME09 WHODIF09 WHOTIM09 WHOSYM09 WHODIS09	WHOME09 WHODIF09 WHOTIM09 WHOSYM09 WHODIS09	WHOME09 WHODIF09 WHOSYM09 WHODIS09	WHOME09 WHODIF09 WHOSYM09 WHODIS09	WHOME09 WHODIF09 WHOTIM09 WHOSYM09 WHODIS09	WHOME09 WHODIF09 WHOSYM09 WHODIS09	WHOME09 WHODIF09 WHOSYM09 WHODIS09
getting out of bed or a chair how much difficulty how long have you had difficulty what is the main symptom what is the main condition	BED09 BEDDIF09 BEDTIM09 BEDSYM09 BEDDIS09	BED09 BEDDIF09 BEDTIM09 BEDSYM09 BEDDIS09	BED09 BEDDIF09 BEDSYM09 BEDDIS09	BED09 BEDDIF09 BEDSYM09 BEDDIS09	BED09 BEDDIF09 BEDTIM09 BEDSYM09 BEDDIS09	BED09 BEDDIF09 BEDSYM09 BEDDIS09	BED09 BEDDIF09 BEDSYM09 BEDDIS09
walking up 10 steps* how much difficulty how long have you had difficulty what is the main symptom what is the main condition	STEPS09 STPDIF09 STPTIM09 STPSYM09 STPDIS09	STEPS09 STPDIF09 STPTIM09 STPSYM09 STPDIS09	STEPS09 STPDIF09 STPSYM09 STPDIS09	STEPS09 STPDIF09 STPSYM09 STPDIS09	STEPS09 STPDIF09 STPTIM09 STPSYM09 STPDIS09	STEPS09 STPDIF09 STPSYM09 STPDIS09	STEPS09 STPDIF09 STPSYM09 STPDIS09

\* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR09	YEAR09	YEAR09	YEAR09
Do you have difficulty... walking one-half a mile* how much difficulty how long have you had difficulty what is the main symptom what is the main condition	WHMILE09 WHMDIF09  WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09  WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09  WHMSYM09 WHMDIS09	WHMILE09 WHMDIF09  WHMSYM09 WHMDIS09
walking around your home how much difficulty how long have you had difficulty what is the main symptom what is the main condition	WHOME09 WHODIF09  WHOSYM09 WHODIS09	WHOME09 WHODIF09  WHOSYM09 WHODIS09	WHOME09 WHODIF09  WHOSYM09 WHODIS09	WHOME09 WHODIF09  WHOSYM09 WHODIS09
getting out of bed or a chair how much difficulty how long have you had difficulty what is the main symptom what is the main condition	BED09 BEDDIF09  BEDSYM09 BEDDIS09	BED09 BEDDIF09  BEDSYM09 BEDDIS09	BED09 BEDDIF09  BEDSYM09 BEDDIS09	BED09 BEDDIF09  BEDSYM09 BEDDIS09
walking up 10 steps* how much difficulty how long have you had difficulty what is the main symptom what is the main condition	STEPS09 STPDIF09  STPSYM09 STPDIS09	STEPS09 STPDIF09  STPSYM09 STPDIS09	STEPS09 STPDIF09  STPSYM09 STPDIS09	STEPS09 STPDIF09  STPSYM09 STPDIS09

\* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)



Physical Functioning Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have difficulty or are unable... to do heavy housework* how much difficulty how long have you had difficulty what is the main symptom what is the main condition	HHWORK09 HHWDIF09 HHWTIM09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWTIM09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWTIM09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWSYM09 HHWDIS09
to do light housework how much difficulty how long have you had difficulty what is the main symptom what is the main condition	LHWORK09 LHWDIF09 LHWTIM09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWTIM09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWTIM09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWSYM09 LHWDIS09
to do shopping for personal items how much difficulty how long have you had difficulty what is the main symptom what is the main condition	SHOP09 SHPDIF09 SHPTIM09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPTIM09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPTIM09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPSYM09 SHPDIS09
to prepare your own meals how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PREPAR09 PRPDIF09 PRPTIM09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPTIM09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPTIM09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPSYM09 PRPDIS09
to manage your money how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PAY09 PAYDIF09 PAYTIM09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYTIM09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYTIM09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYSYM09 PAYDIS09

\* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Do you have difficulty or are unable... to do heavy housework* how much difficulty how long have you had difficulty what is the main symptom what is the main condition	HHWORK09 HHWDIF09  HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09  HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09  HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09  HHWSYM09 HHWDIS09
to do light housework how much difficulty how long have you had difficulty what is the main symptom what is the main condition	LHWORK09 LHWDIF09  LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09  LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09  LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09  LHWSYM09 LHWDIS09
to do shopping for personal items how much difficulty how long have you had difficulty what is the main symptom what is the main condition	SHOP09 SHPDIF09  SHPSYM09 SHPDIS09	SHOP09 SHPDIF09  SHPSYM09 SHPDIS09	SHOP09 SHPDIF09  SHPSYM09 SHPDIS09	SHOP09 SHPDIF09  SHPSYM09 SHPDIS09
to prepare your own meals how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PREPAR09 PRPDIF09  PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09  PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09  PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09  PRPSYM09 PRPDIS09
to manage your money how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PAY09 PAYDIF09  PAYSYM09 PAYDIS09	PAY09 PAYDIF09  PAYSYM09 PAYDIS09	PAY09 PAYDIF09  PAYSYM09 PAYDIS09	PAY09 PAYDIF09  PAYSYM09 PAYDIS09

\* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have difficulty or are unable... to use the telephone how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PHONE09 PHNDIF09 PHNTIM09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNTIM09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09  PHNSYM09 PHNDIS09	PHONE09 PHNDIF09  PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNTIM09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09  PHNSYM09 PHNDIS09	PHONE09 PHNDIF09  PHNSYM09 PHNDIS09
to eat including feeding yourself how much difficulty how long have you had difficulty what is the main symptom what is the main condition	EAT09 EATDIF09 EATTIM09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATTIM09 EATSYM09 EATDIS09	EAT09 EATDIF09  EATSYM09 EATDIS09	EAT09 EATDIF09  EATSYM09 EATDIS09	EAT09 EATDIF09 EATTIM09 EATSYM09 EATDIS09	EAT09 EATDIF09  EATSYM09 EATDIS09	EAT09 EATDIF09  EATSYM09 EATDIS09
to dress yourself how much difficulty how long have you had difficulty what is the main symptom what is the main condition	DRESS09 DRSDIF09 DRSTIM09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSTIM09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09  DRSSYM09 DRSDIS09	DRESS09 DRSDIF09  DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSTIM09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09  DRSSYM09 DRSDIS09	DRESS09 DRSDIF09  DRSSYM09 DRSDIS09
to bathe or shower how much difficulty how long have you had difficulty what is the main symptom what is the main condition	BATHE09 BTHDIF09 BHTIM09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BHTIM09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09  BTHSYM09 BTHDIS09	BATHE09 BTHDIF09  BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BHTIM09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09  BTHSYM09 BTHDIS09	BATHE09 BTHDIF09  BTHSYM09 BTHDIS09
to use the toilet how much difficulty how long have you had difficulty what is the main symptom what is the main condition	TOILET09 TLTDIF09 TLTTIM09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTTIM09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09  TLTSYM09 TLTDIS09	TOILET09 TLTDIF09  TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTTIM09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09  TLTSYM09 TLTDIS09	TOILET09 TLTDIF09  TLTSYM09 TLTDIS09

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Do you have difficulty or are unable... to use the telephone	PHONE09	PHONE09	PHONE09	PHONE09
how much difficulty	PHNDIF09	PHNDIF09	PHNDIF09	PHNDIF09
how long have you had difficulty	PHNSYM09	PHNSYM09	PHNSYM09	PHNSYM09
what is the main symptom	PHNDIS09	PHNDIS09	PHNDIS09	PHNDIS09
what is the main condition				
to eat including feeding yourself	EAT09	EAT09	EAT09	EAT09
how much difficulty	EATDIF09	EATDIF09	EATDIF09	EATDIF09
how long have you had difficulty	EATSYM09	EATSYM09	EATSYM09	EATSYM09
what is the main symptom	EATDIS09	EATDIS09	EATDIS09	EATDIS09
what is the main condition				
to dress yourself	DRESS09	DRESS09	DRESS09	DRESS09
how much difficulty	DRSDIF09	DRSDIF09	DRSDIF09	DRSDIF09
how long have you had difficulty	DRSSYM09	DRSSYM09	DRSSYM09	DRSSYM09
what is the main symptom	DRSDIS09	DRSDIS09	DRSDIS09	DRSDIS09
what is the main condition				
to bathe or shower	BATHE09	BATHE09	BATHE09	BATHE09
how much difficulty	BTHDIF09	BTHDIF09	BTHDIF09	BTHDIF09
how long have you had difficulty	BTHSYM09	BTHSYM09	BTHSYM09	BTHSYM09
what is the main symptom	BTHDIS09	BTHDIS09	BTHDIS09	BTHDIS09
what is the main condition				
to use the toilet	TOILET09	TOILET09	TOILET09	TOILET09
how much difficulty	TLTDIF09	TLTDIF09	TLTDIF09	TLTDIF09
how long have you had difficulty	TLTSYM09	TLTSYM09	TLTSYM09	TLTSYM09
what is the main symptom	TLTDIS09	TLTDIS09	TLTDIS09	TLTDIS09
what is the main condition				

Physical Functioning Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have any difficulty... lifting or carrying something heavy how much difficulty how long have you had difficulty which extremity causes the problem what causes the difficulty what is the main condition	LIFTNG09 LFTDIF09 LFTTIM09 LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09 LFTTIM09 LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09 LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09 LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09 LFTTIM09 LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09 LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09 LFTEXT09 LFTSYM09 LFTDIS09
reaching out how much difficulty how long have you had difficulty which extremity causes the problem what causes the difficulty what is the main condition	REACH09 RCHDIF09 RCHTIM09 RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09 RCHTIM09 RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09 RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09 RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09 RCHTIM09 RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09 RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09 RCHEXT09 RCHSYM09 RCHDIS09
gripping with your hands how much difficulty how long have you had difficulty which extremity causes the problem what causes the difficulty what is the main condition	GRIPNG09 GRPDIF09 GRPTIM09 GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09 GRPTIM09 GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09 GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09 GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09 GRPTIM09 GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09 GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09 GRPEXT09 GRPSYM09 GRPDIS09
Were there any other symptoms or conditions? record other symptoms record other conditions/diseases				OHSYM09 SYMPT109 SYMPT209	OHSYM09 SYMPT109 SYMPT209	OHSYM09 SYMPT109 SYMPT209	OHSYM09 SYMPT109 SYMPT209
Interviewer Identification Number Interview Date	INTID09 INTDAT09	INTID09 INTDAT09	INTID09 INTDAT09	INTID09 INTDAT09	INTID09 INTDAT09	INTID09 INTDAT09	INTID09 INTDAT09

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Do you have any difficulty... lifting or carrying something heavy how much difficulty how long have you had difficulty which extremity causes the problem what causes the difficulty what is the main condition	LIFTNG09 LFTDIF09  LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09  LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09  LFTEXT09 LFTSYM09 LFTDIS09	LIFTNG09 LFTDIF09  LFTEXT09 LFTSYM09 LFTDIS09
reaching out how much difficulty how long have you had difficulty which extremity causes the problem what causes the difficulty what is the main condition	REACH09 RCHDIF09  RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09  RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09  RCHEXT09 RCHSYM09 RCHDIS09	REACH09 RCHDIF09  RCHEXT09 RCHSYM09 RCHDIS09
gripping with your hands how much difficulty how long have you had difficulty which extremity causes the problem what causes the difficulty what is the main condition	GRIPNG09 GRPDIF09  GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09  GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09  GRPEXT09 GRPSYM09 GRPDIS09	GRIPNG09 GRPDIF09  GRPEXT09 GRPSYM09 GRPDIS09
Were there any other symptoms or conditions? record other symptoms record other conditions/diseases	OTHSYM09  SYMPT109 SYMPT209	OTHSYM09  SYMPT109 SYMPT209	OTHSYM09  SYMPT109 SYMPT209	OTHSYM09  SYMPT109 SYMPT209
Completed by: Participant or Proxy			DATACL09	DATACL09
Interviewer Identification Number Interview Date	INTID09 INTDAT09	INTID09 INTDAT09	INTID09 INTDAT09	INTID09 INTDAT09

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

### Physical Functioning Calculated Variables

<b>IADLs / ADLs VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Activities of Daily Living	ADL*	ADL*	ADL*	ADL*	ADL*	ADL*	ADL*
Instrumental iadl score	IADL**	IADL**	IADL**	IADL**	IADL**	IADL**	IADL**
Upper extremity score	UES***	UES***	UES***	UES***	UES***	UES***	UES***

<b>IADLs / ADLs VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Activities of Daily Living	ADL*	ADL*	ADL*	ADL*
Instrumental iadl score	IADL**	IADL**	IADL**	IADL**
Upper extremity score	UES***	UES***	UES***	UES***

\*ADL records the number of tasks (0-6) that the participant has difficulty with from the following list: walking around the home, getting out of bed, eating, dressing, bathing, using the toilet.

\*\*IADL records the number of tasks (0-6) that the participant has difficulty with from the following list: heavy housework, light housework, shopping, preparing meals, paying bills, using the phone.

\*\*\*UES records the number of tasks (0-3) that the participant has difficulty with from the following list: lifting, reaching, gripping.

Physical Exam Form  
(Record 17)

(See Performance Based Measures--Record 27--for all of the procedures during follow-up years)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable Participant ID Version of this Form Interviewer ID	DATE17 IDNO VERS17 INTID17						
<b><u>Measured Walk</u></b> Gait test done Time, in seconds, to walk 15 feet	DONE17 TIME17						
<b><u>Grip Strength</u></b> Pain in wrist or hands Surgery on Hands	PAINHD17 SURGHD17						
<b><u>First Hand</u></b> Hand Tested Position of Dynamometer First Grip Strength (1) in KG First Grip Strength (2) in KG First Grip Strength (3) in KG	HAND117 DYNAM117 TRY117 TRY217 TRY317						
<b><u>Second Hand</u></b> Hand Tested Position of Dynamometer Second Grip Strength (1) in KG Second Grip Strength (2) in KG Second Grip Strength (3) in KG	HAND217 DYNAM217 TRY21I17 TRY22I17 TRY23I17						



Physical Exam Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<b><u>General Physical Exam</u></b>							
<u><b>Chest, Lungs</b></u> Bilateral Rales-do not clear with cough <u><b>Heart</b></u> Systolic Murmur Diastolic Murmur <u><b>Carotid Bruits</b></u> Right - Supraclavicular Fossa Right - Angle of Jaw Right - Intensity Left - Supraclavicular Fossa Left - Angle of Jaw Left - Intensity <u><b>Extremities</b></u> Pitting Ankle Edema	LUNG17  SYSTOL17 DIASTO17  FOSSAR17 JAWR17 INTENR17 FOSSAL17 JAWL17 INTENL17  EDEMA17						
<b><u>Chair Stands</u></b>							
<u><b>Single Chair Stand</b></u> Safe to stand up without using arms Could you try to stand up without using arms? Code the reason task not performed Specify the reason for not attempted Number of attempts to rise Code for rises	STD117 STD117  RSN117 SPERE117 NRISE117 RISE117						

Physical Exam Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b><u>Repeated Chair Stands</u></b>                      Safe to stand up without using arms 5 times                      Code the reason task not performed                      Specify the reason for not attempted                      Heart Rate (30 sec) before chair stands                      Number of completed chair rises</p>	STD517  RSN217 SPERS217 HRATEB17 NRISE517						
Heart Rate (30 sec) after chair stands	HRATEA17						
Number of seconds to complete chair stands	NSEC17						
Chair height	CHAIR17						
<b><u>Other Physical Findings/Comments</u></b>							
Other physical findings/comments	OTHER17						
Specify other findings	SPEOTH17						

Performance-Based Measurements Form  
(Record 27)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE17		KDATE27	KDATE27	KDATE27	YEAR27	YEAR27
<u>Measured Walk</u> Does (Is) the participant... able to do a tandem stand? use an assistive device for walking? If yes, what type of device Other, specify use a lower extremity orthosis? missing any limb? If yes, which limb? Left arm? Right arm? Left leg? Right leg? use a prosthesis? If yes, which limb? Left arm? Right arm? Left leg? Right leg? able to walk 15 feet? Uses assistive device on walk? Time (sec) to walk Number of steps taken			TANDEM27 DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27  MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27  PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27	TANDEM27 DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27  MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27  PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27	TANDEM27 DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27  MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27  PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27	TANDEM27 DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27  MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27  PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27	DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27  MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27  PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27
	DONE17		WALK33	USEDEV27	USEDEV27	USEDEV27	USEDEV27
	TIME17		TIME27	TIME27	TIME27	TIME27	TIME27
			STEPS27	STEPS27	STEPS27	STEPS27	STEPS27

Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR27	YEAR27	YEAR27	YEAR27
<u>Measured Walk</u>				
Does (Is) the participant... able to do a tandem stand?				
use an assistive device for walking?	DEVICE27	DEVICE27	DEVICE27	DEVICE27
If yes, what type of device	DEVTYP27	DEVTYP27	DEVTYP27	DEVTYP27
Other, specify	TYPSPC27	TYPSPC27	TYPSPC27	TYPSPC27
use a lower extremity orthosis?	ORTHOS27	ORTHOS27	ORTHOS27	ORTHOS27
missing any limb?	LIMB27	LIMB27	LIMB27	LIMB27
If yes, which limb?				
Left arm?	MLARM27	MLARM27	MLARM27	MLARM27
Right arm?	MRARM27	MRARM27	MRARM27	MRARM27
Left leg?	MLLEG27	MLLEG27	MLLEG27	MLLEG27
Right leg?	MRLEG27	MRLEG27	MRLEG27	MRLEG27
use a prosthesis?	PROTHE27	PROTHE27	PROTHE27	PROTHE27
If yes, which limb?				
Left arm?	PLARM27	PLARM27	PLARM27	PLARM27
Right arm?	PRARM27	PRARM27	PRARM27	PRARM27
Left leg?	PLLEG27	PLLEG27	PLLEG27	PLLEG27
Right leg?	PRLEG27	PRLEG27	PRLEG27	PRLEG27
paralysis of extremity or side of body?				
If yes, which side?				
able to walk 15 feet?	WLKDON27	WLKDON27	WLKDON27	WLKDON27
Uses assistive device on walk?	USEDEV27	USEDEV27	USEDEV27	USEDEV27
Time (sec) to walk	TIME27	TIME27	TIME27	TIME27
Number of steps taken	STEPS27	STEPS27	STEPS27	STEPS27

Performance-Based Measurements Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Grip Strength</u> Can participant lift arm to the table? Left arm Right arm Ask "Have you had... a recent worsening of pain/arthritis in your wrist or tendonitis? any surgery on your hands/arms? Was grip strength test done? Code for dominant hand being tested 1st try 2nd try 3rd try Code for other hand being tested 1st try 2nd try 3rd try			LLARM27 LRARM27  PAINHD27  SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27  PAINHD27  SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27  PAINHD27  SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27  PAINHD27  SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27  PAINHD27  SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27
<u>Chair Stands</u> Ask "Do you think... ... <b>safe</b> for you to stand up from a chair w/out using your arms? you <b>could</b> stand up from a chair w/out using your arms? Code the reason task was not performed Other, specify Number of attempts to rise Rises (description)	STD117  STDT17  RSN117 SPERE117 NRISE117 RISE117		SAFE27  TRYSTD27  NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27  TRYSTD27  NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27  TRYSTD27  NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27  TRYSTD27  NOTAT127 SPEC127 ATTMP127 RISETY27	

Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Grip Strength</u> Can participant lift arm to the table? Left arm Right arm Ask "Have you had... a recent worsening of pain/arthritis in your wrist or tendonitis? safely squeeze as hard as you can? any surgery on your hands/arms? Was grip strength test done? Code for dominant hand being tested 1st try 2nd try 3rd try Code for other hand being tested 1st try 2nd try 3rd try	LLARM27 LRARM27  PAINHD27  SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27  PAINHD27  SAFSQZ27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27  PAINHD27  SAFSQZ27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327	LLARM27 LRARM27  PAINHD27  SAFSQZ27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327
<u>Chair Stands</u> Ask "Do you think... ... <b>safe</b> for you to stand up from a chair w/out using your arms? you <b>could</b> stand up from a chair w/out using your arms? Code the reason task was not performed Other, specify Number of attempts to rise Rises (description)	SAFE27  TRYSTD27  NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27  TRYSTD27  NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27  TRYSTD27  NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27  TRYSTD27  NOTAT127 SPEC127 ATTMP127 RISETY27

Performance-Based Measurements Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Repeated Chair Stands</u> Ask "... safe for you to stand up from a chair w/out using arms 5 times? Reason task not attempted Other, specify Heart rate (30 sec) prior to chair stands Systolic BP prior to chair stands Diastolic BP prior to chair stand Number of completed chair rises Heart rate (30 sec) after chair stands Systolic BP after chair stands Diastolic BP after chair stands Number of seconds Chair height	STD517  RSN217 SPERS217 HRATEB17  NRISE517 HRATEA17  NSEC17 CHAIR17		SAFE527  NOTAT227 SPEC227 PRE27  RISES27 POST27  CTIME27 HEIGHT27	SAFE527  NOTAT227 SPEC227 PRE27  RISES27 POST27  CTIME27 HEIGHT27	SAFE527  NOTAT227 SPEC227 PRE27  RISES27 POST27  CTIME27 HEIGHT27	SAFE527  NOTAT227 SPEC227 PRE27  RISES27 POST27  CTIME27 HEIGHT27	
<u>Finger-Tapping Test</u> Which hand done first (dominant hand) Number of taps in 15 sec Left hand Right hand			TAPHND27  TAPLFT27 TAPRT27	TAPHND27  TAPLFT27 TAPRT27	TAPHND27  TAPLFT27 TAPRT27	TAPHND27  TAPLFT27 TAPRT27	TAPHND27  TAPLFT27 TAPRT27
<u>Key in Lock</u> Participant able to pick up key? Able to put key in lock? Able to open lock? Time (sec) to complete task			PICKUP27 LOCK27 OPEN27 LTIME27	PICKUP27 LOCK27 OPEN27 LTIME27	PICKUP27 LOCK27 OPEN27 LTIME27	PICKUP27 LOCK27 OPEN27 LTIME27	
<u>Medication Container &amp; Telephone</u> Participant able to open med container? Able to dial numbers on telephone?			MEDIC27 PHONE27	MEDIC27	MEDIC27	MEDIC27	
<u>Standard Shirt</u> Participant able to put on shirt? Able to button shirt? Time needed to put on & button shirt			SHIRT27 BUTTON27 STIME27	SHIRT27 BUTTON27 STIME27	SHIRT27 BUTTON27 STIME27	SHIRT27 BUTTON27 STIME27	

Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Repeated Chair Stands</u> Ask "... safe for you to stand up from a chair w/out using arms 5 times? Reason task not attempted Other, specify Heart rate (30 sec) prior to chair stands Systolic BP prior to chair stands Diastolic BP prior to chair stand Number of completed chair rises Heart rate (30 sec) after chair stands Systolic BP after chair stands Diastolic BP after chair stands Number of seconds Chair height	SAFE527  NOTAT227 SPEC227 PRE27  RISES27 POST27  CTIME27 HEIGHT27	SAFE527  NOTAT227 SPEC227 PRE27  RISES27 POST27  CTIME27 HEIGHT27	SAFE527  NOTAT227 SPEC227 PRE27  RISES27 POST27  CTIME27 HEIGHT27	SAFE527  NOTAT227 SPEC227 PRE27 SYSPRE27 DIAPRE27 RISES27 POST27 SYSPST27 DIAPST27 CTIME27 HEIGHT27
<u>Finger-Tapping Test</u> Which hand done first (dominant hand) Number of taps in 15 sec Left hand Right hand	TAPHND27  TAPLFT27 TAPRT27	TAPHND27  TAPLFT27 TAPRT27	TAPHND27  TAPLFT27 TAPRT27	TAPHND27  TAPLFT27 TAPRT27
<u>Key in Lock</u> Participant able to pick up key? Able to put key in lock? Able to open lock? Time (sec) to complete task				
<u>Medication Container &amp; Telephone</u> Participant able to open med container? Able to dial numbers on telephone?				
<u>Standard Shirt</u> Participant able to put on shirt? Able to button shirt? Time needed to put on & button shirt				



Performance-Based Measurements Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Balance Stands</u> ** Participant able to do side-by-side stand for 10 seconds? Number of seconds if less than 10. Participant able to do semi-tandem stand for 10 seconds? Number of seconds if less than 10. Participant able to do tandem stand for 10 seconds? Number of seconds if less than 10.							
<u>Leg Lift</u> Participant able to lift leg while standing to 90 deg at hip & knee? Left leg Right leg			LLEG27 LRLEG27	LLEG27 LRLEG27	LLEG27 LRLEG27	LLEG27 LRLEG27	LLEG27 LRLEG27
Interviewer Date	INTID17		INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27

\*\* See Measured Walk at the beginning of this record.

Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Balance Stands</u> Participant able to do side-by-side stand for 10 seconds? Number of seconds if less than 10. Participant able to do semi-tandem stand for 10 seconds? Number of seconds if less than 10. Participant able to do tandem stand for 10 seconds? Number of seconds if less than 10.		SIDE27 SIDETM27  SEMI27 SEMITM27  TAND27 TANDTM27	SIDE27 SIDETM27  SEMI27 SEMITM27  TAND27 TANDTM27	SIDE27 SIDETM27  SEMI27 SEMITM27  TAND27 TANDTM27
<u>Leg Lift</u> Participant able to lift leg while standing to 90 deg at hip & knee? Left leg Right leg		LLGLFT27 RLGLFT27	LLGLFT27 RLGLFT27	LLGLFT27 RLGLFT27
Interviewer Date	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27

Performance Based Measures Calculated Variables

<b>PERFORM. BASED VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ave grip, dominant hand	DOMGRIP		DOMGRIP	DOMGRIP	DOMGRIP	DOMGRIP	DOMGRIP

<b>PERFORM. BASED VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Ave grip, dominant hand	DOMGRIP	DOMGRIP	DOMGRIP	DOMGRIP

Audiometry Form \*\*  
(Record 79)

Question	Year 8	Year 9	Year 10	Year 11
Data selection variable				YEAR79
Do you use a hearing aid? Which ear(s)?				HEARAD79 EAR79
Evidence of infection in either ear?				INFECT79
Wax present in the ears?				WAX79
Audiometry test done? Reason test incomplete or not done Specify other reason				TSTDNE79 WHYNOT79 OTHSPC79
<u>Air conduction TRIAL 1</u> Left Ear - Frequency PT 1000 2000 4000 500 Right Ear - Frequency PT 1000 2000 4000 500				FPTL179 F1L179 F2L179 F4L179 F5L179  FPTR179 F1R179 F2R179 F4R179 F5R179

\*\* Administered for the first time in Year 11.

Audiometry Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u>Air conduction TRIAL 2</u> Left Ear - Frequency PT 1000 2000 4000 500 Right Ear - Frequency PT 1000 2000 4000 500				FPTL279 F1L279 F2L279 F4L279 F5L279 FPTR279 F1R279 F2R279 F4R279 F5R279
Technician Identification Number Date of procedure				TECHID79 DATE79

Vibration/Tuning Fork Form\*\*  
(Record 83)

Question	Year 8	Year 9	Year 10	Year 11
Data selection variable				YEAR83
<u>Right Side</u> Feel vibration on right great toe Feel vibration on R medial malleolus Fee vibration on R tibial tuberosity				RTOE83 RMALL83 RTIB83
<u>Left Side</u> Feel vibration on left great toe Feel vibration on L medial malleolus Fee vibration on L tibial tuberosity				LTOE83 LMALL83 LTIB83
Technician identification number Date of procedure				TECHID83 DATE83

\*\* Administered for the first time in Year 11.

Medications Form  
(Record 06)  
(See also Records 26, 61, 62)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KEYDAT06	KEYDAT06	KEYDAT06	KEYDAT06	KEYDAT06	YEAR06	YEAR06
Participant ID number	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
<b><u>Section A - Medication Reception</u></b>							
Take any Medications	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06
<b><u>Section B - Prescription Medications</u></b>							
Number of Medications	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06
Number unable to transcribe	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06
<b><u>Section C - Questions Regarding Over-the-Counter Medications and Supplements</u></b>							
During last two weeks, did you take any: Aspirin/Aspirin-containing Medicines	ASPR06	ASPR06	ASPR06	ASPR06	ASPR06	ASPR59	ASPR59
On how many days took Aspirin/Aspirin-containing Medicines in last two weeks	DAYASP06	DAYASP06	DAYASP06	DAYASP06	DAYASP06	DAYASP59	DAYASP59
During last two weeks, did you take any: Codliver oil/other fish oil supplements	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL59	
On how many days took this medicine in last two weeks	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH59	

\* Variables concerning medication changes in the last 30 days (start med, stop med, change dose) can be found in the Medical History Section.

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Date Selection Variable	YEAR06	YEAR06	YEAR06	YEAR06	
Participant ID number	IDNO	IDNO	IDNO	IDNO	
<b><u>Section A - Medication Reception</u></b>					
Take any Medications	TAKMED06	TAKMED06	TAKMED06	TAKMED06	
<b><u>Section B - Prescription Medications</u></b>					
Number of Medications	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	
Number unable to transcribe	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	
<b><u>Section C - Questions Regarding Over-the-Counter Medications and Supplements</u></b>					
During last two weeks, did you take any: Aspirin/Aspirin-containing Medicines	ASPR59	ASPR59	ASPR59	ASPR59	
On how many days took Aspirin/Aspirin-containing Medicines in last two weeks	DAYASP59	DAYASP59	DAYASP59	DAYASP59	
During last two weeks, did you take any: Codliver oil/other fish oil supplements					
On how many days took this medicine in last two weeks					

\* Variables concerning medication changes in the last 30 days (start med, stop med, change dose) can be found in the Medical History Section.



Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you taking any of the following medications one or more times a week:							
Antihistamines(cold or allergy pills)	ANTHST06	ANTHST06	ANTHST06	ANTHST06	ANTHST06	ANTHST59	
Sleeping pills	SLPILL06	SLPILL06	SLPILL06	SLPILL06	SLPILL06	SLPILL59	
Laxatives	LAXATV06	LAXATV06	LAXATV06	LAXATV06	LAXATV06	LAXATV59	
Calcium supplements	CALC06	CALC06	CALC06	CALC06	CALC06	CALC59	
Have you had a flu shot in the last year	FLUSH06	FLUSH06	FLUSH06	FLUSH06	FLUSH06	FLUSH59	FLUSH59
Have you ever had a shot to prevent pneumonia (pneumovax)	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH59	PNEUSH59
Did a doctor prescribe nitroglycerin for you in the last year	NITRO06	NITRO06	NITRO06	NITRO06	NITRO06	NITRO59	NITRO59
Date of interview	INTDAT06	INTDAT06	INTDAT06	INTDAT06	INTDAT06		
Interviewer ID number	INTID06	INTID06	INTID06	INTID06	INTID06	INTID06	INTID06
Key Entry ID number	KEYID06	KEYID06	KEYID06	KEYID06	KEYID06		
<b><u>Computed Prescription Medications:</u></b>							
Beta blockers	BETA06	BETA06	BETA06	BETA06	BETA06	BETA06	BETA06
Beta blockers and diuretics	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06
Calcium channel blockers	CCB06	CCB06	CCB06	CCB06	CCB06	CCB06	CCB06
Ace inhibitors	ACE06	ACE06	ACE06	ACE06	ACE06	ACE06	ACE06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Are you taking any of the following medications one or more times a week:					
Antihistamines(cold or allergy pills)					
Sleeping pills					
Laxatives					
Calcium supplements					
Have you had a flu shot in the last year	FLUSH59	FLUSH59	FLUSH59	FLUSH59	
Have you ever had a shot to prevent pneumonia (pneumovax)	PNEUSH59	PNEUSH59	PNEUSH59	PNEUSH59	
Did a doctor prescribe nitroglycerin for you in the last year If yes, specify reason	NITRO59	NITRO59 NITSPC59	NITRO59 NITSPC59	NITRO59 NITSPC59	
Date of interview					
Interviewer ID number	INTID06	INIT06	INIT06	INIT06	
Key Entry ID number					
<b><u>Computed Prescription Medications:</u></b>					
Beta blockers	BETA06	BETA06	BETA06	BETA06	BETA06
Beta blockers and diuretics	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06
Calcium channel blockers	CCB06	CCB06	CCB06	CCB06	CCB06
Ace inhibitors	ACE06	ACE06	ACE06	ACE06	ACE06

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ace inhibitors and diuretics	ACED06	ACED06	ACED06	ACED06	ACED06	ACED06	ACED06
Vasodilators	VASO06	VASO06	VASO06	VASO06	VASO06	VASO06	VASO06
Vasodilators and diuretics	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06
Diuretics	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06
Digitalis	DIG06	DIG06	DIG06	DIG06	DIG06	DIG06	DIG06
Nitrates	NTG06	NTG06	NTG06	NTG06	NTG06	NTG06	NTG06
Class 1A anti-arrhythmics	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06
Lipid lowering medications	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06
Oral Hypoglycemics	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06
Insulin	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06
Estrogens	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06
Progestins	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06
Phosphodiesterase Inhibitors	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06
Sympathomimetic (Adrenergic) agents	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06
Tri- (& Tetra-)cyclic anti-depressants	TCA06	TCA06	TCA06	TCA06	TCA06	TCA06	TCA06
Monoamine Oxidase Inhibitors	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06
Non-tricyclic anti-depressants	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06
Comb. drugs--tricyclics & anti-psychot.	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Ace inhibitors and diuretics	ACED06	ACED06	ACED06	ACED06	ACED06
Vasodilators	VASO06	VASO06	VASO06	VASO06	VASO06
Vasodilators and diuretics	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06
Diuretics	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06
Digitalis	DIG06	DIG06	DIG06	DIG06	DIG06
Nitrates	NTG06	NTG06	NTG06	NTG06	NTG06
Class 1A anti-arrhythmics	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06
Lipid lowering medications	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06
Oral Hypoglycemics	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06
Insulin	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06
Estrogens	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06
Progestins	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06
Phosphodiesterase Inhibitors	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06
Sympathomimetic (Adrenergic) agents	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06
Tri- (& Tetra-)cyclic anti-depressants	TCA06	TCA06	TCA06	TCA06	TCA06
Monoamine Oxidase Inhibitors	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06
Non-tricyclic anti-depressants	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06
Comb. drugs--tricyclics & anti-psychot.	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Anti-psychotics	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06
Aspirin (excluding most aspirin-containing compounds)	ASA06	ASA06	ASA06	ASA06	ASA06	ASA06	ASA06
Non-steroidal Anti-inflamm. agents	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06
Benzodiazepines	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06
Premarin	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06
Oral anticoagulants	WARF06	WARF06	WARF06	WARF06	WARF06	WARF06	WARF06
Loop diuretics	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06
Thiazide diuretics w/o K-sparing	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06
Thiazide diuretics w/ K-sparing	HCTZK06	HCTZK06	HCTZK06	HCTZK06	HCTZK06	HCTZK06	HCTZK06
Potassium-sparing agents alone	KSPR06	KSPR06	KSPR06	KSPR06	KSPR06	KSPR06	KSPR06
Potassium supplements	KCL06	KCL06	KCL06	KCL06	KCL06	KCL06	KCL06
All immediate-release CCB	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06
All slow-release CCB	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06
Immediate-release nifedipine	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06
Slow-release nifedipine	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06
Immediate-release dihydropyridines	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06
Amlodipine (long acting, includes lotrel)	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06
Slow-release dihydropyridines	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06
Immediate-release verapamil	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Anti-psychotics	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06
Aspirin (excluding most aspirin-containing compounds)	ASA06	ASA06	ASA06	ASA06	ASA06
Non-steroidal Anti-inflamm. agents	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06
Benzodiazepines	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06
Premarin	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06
Oral anticoagulants	WARF06	WARF06	WARF06	WARF06	WARF06
Loop diuretics	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06
Thiazide diuretics w/o K-sparing	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06
Thiazide diuretics w/ K-sparing	HCTZK06	HCTZK06	HCTZK06	HCTZK06	HCTZK06
Potassium-sparing agents alone	KSPR06	KSPR06	KSPR06	KSPR06	KSPR06
Potassium supplements	KCL06	KCL06	KCL06	KCL06	KCL06
All immediate-release CCB	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06
All slow-release CCB	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06
Immediate-release nifedipine	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06
Slow-release nifedipine	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06
Immediate-release dihydropyridines	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06
Amlodipine(long acting, includes lotrel)	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06
Slow-release dihydropyridines	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06
Immediate-release verapamil	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Slow-release verapamil	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06
Immediate-release diltiazem	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06
Slow-release diltiazem	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06
Alpha-blockers w/o diuretics	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06
Alpha-blockers w/ diuretics	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06
Anti-arrhythmics, Class 1B	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06
Anti-arrhythmics, Class 1C	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06
Anti-arrhythmics, Class 3	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306
Peripheral vasodilators	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06
Bile-acid sequestrants	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06
HMG COA reductase inhibitors (statins)	STTN06	STTN06	STTN06	STTN06	STTN06	STTN06	STTN06
Miscellaneous lipid lowering drugs	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06
Niacin and nicotinic acid	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06
Thyroid agents	THRY06	THRY06	THRY06	THRY06	THRY06	THRY06	THRY06
Inhaled steroids for asthma	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06
Oral steroids	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06
Angiotensin Type 2 Antagonists	A2A06	A2A06	A2A06	A2A06	A2A06	A2A06	A2A06
Angiotensin Type 2 Antagonists + Diuretics	A2AD06	A2AD06	A2AD06	A2AD06	A2AD06	A2AD06	A2AD06
T-Type Calcium-Channel Blockers	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Slow-release verapamil	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06
Immediate-release diltiazem	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06
Slow-release diltiazem	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06
Alpha-blockers w/o diuretics	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06
Alpha-blockers w/ diuretics	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06
Anti-arrhythmics, Class 1B	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06
Anti-arrhythmics, Class 1C	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06
Anti-arrhythmics, Class 3	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306
Peripheral vasodilators	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06
Bile-acid sequestrants	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06
HMG COA reductase inhibitors (statins)	STTN06	STTN06	STTN06	STTN06	STTN06
Miscellaneous lipid lowering drugs	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06
Niacin and nicotinic acid	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06
Thyroid agents	THRY06	THRY06	THRY06	THRY06	THRY06
Inhaled steroids for asthma	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06
Oral steroids	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06
Angiotensin Type 2 Antagonists	A2A06	A2A06	A2A06	A2A06	A2A06
Angiotensin Type 2 Antagonists + Diuretics	A2AD06	A2AD06	A2AD06	A2AD06	A2AD06
T-Type Calcium-Channel Blockers	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06



Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
First Generation Sulfonylureas	SLF106	SLF106	SLF106	SLF106	SLF106	SLF106	SLF106
Second Generation Sulfonylureas	SLF206	SLF206	SLF206	SLF206	SLF206	SLF206	SLF206
Biguanides	BGND06	BGND06	BGND06	BGND06	BGND06	BGND06	BGND06
Alpha-Glucosidase Inhibitors	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06
Thiazolidinediones	THZD06	THZD06	THZD06	THZD06	THZD06	THZD06	THZD06
Acetylcholine Esterase Inhibitors	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06
Probucol	PROB06	PROB06	PROB06	PROB06	PROB06	PROB06	PROB06
Fibrins	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06
Cox-2 Inhibitors (NSAID agents)	COX206	COX206	COX206	COX206	COX206	COX206	COX206
K-Channel Blockers-enhance insulin secr.	KBLKR06	KBLKR06	KBLKR06	KBLKR06	KBLKR06	KBLKR06	KBLKR06
Inhibitors of ADP-Induced Platelet Aggr.	ADPI06	ADPI06	ADPI06	ADPI06	ADPI06	ADPI06	ADPI06
Heparins	HPRNS06	HPRNS06	HPRNS06	HPRNS06	HPRNS06	HPRNS06	HPRNS06
Erectile Dysfunction Drugs	EDD06	EDD06	EDD06	EDD06	EDD06	EDD06	EDD06
Weight Loss Drugs	WTLS06	WTLS06	WTLS06	WTLS06	WTLS06	WTLS06	WTLS06
Oral Anti-Inflammatory asthma drugs	OAIA06	OAIA06	OAIA06	OAIA06	OAIA06	OAIA06	OAIA06
H-2 Blockers	H2B06	H2B06	H2B06	H2B06	H2B06	H2B06	H2B06
Anticholinergics	IPRTR06	IPRTR06	IPRTR06	IPRTR06	IPRTR06	IPRTR06	IPRTR06
OTC H-2 Blockers	OTCH2B06	OTCH2B06	OTCH2B06	OTCH2B06	OTCH2B06	OTCH2B06	OTCH2B06
Proton Pump Inhibitors	PPI06	PPI06	PPI06	PPI06	PPI06	PPI06	PPI06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
First Generation Sulfonylureas	SLF106	SLF106	SLF106	SLF106	SLF106
Second Generation Sulfonylureas	SLF206	SLF206	SLF206	SLF206	SLF206
Biguanides	BGND06	BGND06	BGND06	BGND06	BGND06
Alpha-Glucosidase Inhibitors	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06
Thiazolidinediones	THZD06	THZD06	THZD06	THZD06	THZD06
Acetylcholine Esterase Inhibitors	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06
Probucol	PROB06	PROB06	PROB06	PROB06	PROB06
Fibrins	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06
Cox-2 Inhibitors (NSAID agents)	COX206	COX206	COX206	COX206	COX206
K-Channel Blockers-enhance insulin secr.	KBLKR06	KBLKR06	KBLKR06	KBLKR06	KBLKR06
Inhibitors of ADP-Induced Platelet Aggr.	ADPI06	ADPI06	ADPI06	ADPI06	ADPI06
Heparins	HPRNS06	HPRNS06	HPRNS06	HPRNS06	HPRNS06
Erectile Dysfunction Drugs	EDD06	EDD06	EDD06	EDD06	EDD06
Weight Loss Drugs	WTLS06	WTLS06	WTLS06	WTLS06	WTLS06
Oral Anti-Inflammatory asthma drugs	OAIA06	OAIA06	OAIA06	OAIA06	OAIA06
H-2 Blockers	H2B06	H2B06	H2B06	H2B06	H2B06
Anticholinergics	IPRTR06	IPRTR06	IPRTR06	IPRTR06	IPRTR06
OTC H-2 Blockers	OTCH2B06	OTCH2B06	OTCH2B06	OTCH2B06	OTCH2B06
Proton Pump Inhibitors	PPI06	PPI06	PPI06	PPI06	PPI06

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Drugs used to treat Parkinson`s	PRKNSN06	PRKNSN06	PRKNSN06	PRKNSN06	PRKNSN06	PRKNSN06	PRKNSN06
Uricosurics	URCOS06	URCOS06	URCOS06	URCOS06	URCOS06	URCOS06	URCOS06
Xanthine oxidase inhibitors	XOI06	XOI06	XOI06	XOI06	XOI06	XOI06	XOI06

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Drugs used to treat Parkinson`s	PRKNSN06	PRKNSN06	PRKNSN06	PRKNSN06	PRKNSN06
Uricosurics	URCOS06	URCOS06	URCOS06	URCOS06	URCOS06
Xanthine oxidase inhibitors	XOI06	XOI06	XOI06	XOI06	XOI06

Individual Medications Form  
(Record 26)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable (Date Medications entered)	DATE26	DATE26	DATE26	DATE26	DATE26	YEAR26	YEAR26
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Line number of Medication	LINE26	LINE26	LINE26	LINE26	LINE26	LINE26	LINE26
Name of Medication	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26
Prescription Dose	DOSE26	DOSE26	DOSE26	DOSE26	DOSE26	DOSE26	DOSE26
Prescribed Frequency	FREQ126	FREQ126	FREQ126	FREQ126	FREQ126	FREQ126	FREQ126
Frequency Taken	FREQ226	FREQ226	FREQ226	FREQ226	FREQ226	FREQ226	FREQ226
PRN Medication	PRN26	PRN26	PRN26	PRN26	PRN26	PRN26	PRN26
<b><u>NDC Code</u></b>							
First 3 digits	NDC126	NDC126	NDC126	NDC126	NDC126	NDC126	NDC126
Last 7 digits	NDC226	NDC226	NDC226	NDC226	NDC226	NDC226	NDC226
Changed Dose	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26
Changed Medication Name	CHMED26	CHMED26	CHMED26	CHMED26	CHMED26	CHMED26	CHMED26
Medication Class Code	CLCODE26	CLCODE26	CLCODE26	CLCODE26	CLCODE26	CLCODE26	CLCODE26

Individual Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Date Selection Variable (Date Medications entered)	YEAR26	YEAR26	YEAR26	YEAR26	
Participant ID	IDNO	IDNO	IDNO	IDNO	
Line number of Medication	LINE26	LINE26	LINE26	LINE26	
OTC or Prescription					OTC31
Name of Medication	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26	MNAME31
Prescription Dose	DOSE26	DOSE26	DOSE26	DOSE26	MDOSE31
Prescribed Frequency	FREQ126	FREQ126	FREQ126	FREQ126	RXDAY31
Frequency Taken	FREQ226	FREQ226	FREQ226	FREQ226	TKNDAY31
PRN Medication	PRN26	PRN26	PRN26	PRN26	PRN31
<b><u>NDC Code</u></b>					
First 3 digits	NDC126	NDC126	NDC126	NDC126	
Last 7 digits	NDC226	NDC226	NDC226	NDC226	
Full NCD Code					MCODE31
Changed Dose	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26	
Changed Medication Name	CHMED26	CHMED26	CHMED26	CHMED26	
Medication Class Code	CLCODE26	CLCODE26	CLCODE26	CLCODE26	MCLASS31

Note: From Year 12 on the Medications form was restructured into two forms, numbered 30 and 31 that covered both prescription and OTC medications

OTC Medications Form  
(Record 61)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable						YEAR61	YEAR61
Participant ID Number						IDNO	IDNO
Take Any Medications						TAKEMED61	TAKEMED61
Number of Medications						NOMEDS61	NOMEDS61
Unable to Transcribe Number						UNTRAN61	UNTRAN61
Date of Interview						INTDAT61	INTDAT61
Interviewer ID Number						INTID61	INTID61
Key Entry Id Number						KEYID61	KEYID61

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Date Selection Variable	YEAR61	YEAR61	YEAR61	YEAR61	
Participant ID Number	IDNO	IDNO	IDNO	IDNO	
Take Any Medications	TAKMED61	TAKMED61	TAKMED61	TAKMED61	
Number of Medications	NOMEDS61	NOMEDS61	NOMEDS61	NOMEDS61	TOTMED30
Unable to Transcribe Number	UNTRAN61	UNTRAN61	UNTRAN61	UNTRAN61	
Date of Interview	INTDAT61	INTDAT61	INTDAT61	INTDAT61	
Interviewer ID Number	INTID61	INTID61	INTID61	INTID61	
Key Entry Id Number	KEYID61	KEYID61	KEYID61	KEYID61	

OTC Medications Data  
(Record 62)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable						YEAR62	YEAR62
Participant ID Number						IDNO	IDNO
Line Number of Medication						LINE62	LINE62
Name of Medication						MEDNAM62	MEDNAM62
Prescription Dose						DOSE62	DOSE62
Frequency Taken						FREQ62	FREQ62
NDC Code - First 3 Digits						NDC162	NDC162
NDC Code - Last 7 Digits						NDC262	NDC262
Changed Dose						CHDOSE62	CHDOSE62
Changed Medication Name						CHMED62	CHMED62
Medication Class Code						CLCODE62	CLCODE62

OTC Medications Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+
Date Selection Variable	YEAR62	YEAR62	YEAR62	YEAR62	
Participant ID Number	IDNO	IDNO	IDNO	IDNO	
Line Number of Medication	LINE62	LINE62	LINE62	LINE62	
OTC or Prescription					OTC31
Name of Medication	MEDNAM62	MEDNAM62	MEDNAM62	MEDNAM62	MNAME31
Prescription Dose	DOSE62	DOSE62	DOSE62	DOSE62	MDOSE31
Frequency Taken	FREQ62	FREQ62	FREQ62	FREQ62	TKNDAY31
NDC Code - First 3 Digits	NDC162	NDC162	NDC162	NDC162	
NDC Code - Last 7 Digits	NDC262	NDC262	NDC262	NDC262	
Full NDC Code					MCODE31
Changed Dose	CHDOSE62	CHDOSE62	CHDOSE62	CHDOSE62	
Changed Medication Name	CHMED62	CHMED62	CHMED62	CHMED62	
Medication Class Code	CLCODE62	CLCODE62	CLCODE62	CLCODE62	MCLASS31

Note: From Year 12 on the Medications form was restructured into two forms, numbered 30 and 31 that covered both prescription and OTC medications



### Medications Calculated Variables

<b>MEDICATIONS VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Any ace inhibitor	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE
Any beta blocker	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA
Any calcium channel blocker	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)
Any diuretic	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR
Any hypertensive medication	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06
Any vaso dilator	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO
Aspirin use > 2 days in 2 weeks	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN

<b>MEDICATIONS VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11	Years 12+
Any ace inhibitor	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE
Any beta blocker	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA
Any calcium channel blocker	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)
Any diuretic	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR
Any hypertensive medication	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06
Any vaso dilator	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO
Aspirin use > 2 days in 2 weeks	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	

Spirometry\*  
(Record 11)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE11						
ID Number	IDNO						
Interviewer	TECHID11						
Did you take any pills or inhalers for breathing problems during the last 24 hours?	BMEDIN11						
Which pills or inhaler? (check 1-3 choices)	BMED111 BMED211 BMED311						
Did you take a beta blocker pill for high blood pressure or heart trouble during the last 24 hours?	BETA11						
Which beta blocker? (check one)	BETA11						
Did you smoke a cigarette, pipe, or cigar during the last hour?	SMKHR11						
Did you have any coffee, tea, cola or other caffeine containing drinks in the past 4 hours?	CAFFHR11						
Have you had a respiratory infection in the past 3 weeks? (e.g. a cold, flu, bronchitis, or pneumonia)	RSPINF11						

\*Baseline only

Pulmonary Function Form  
(Record 18)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	VISDAT18					VISDAT18	
Participant ID	IDNO					IDNO	
FVC	FVC18					FVC18	
FEV1	FEV118					FEV118	
(FEV1/FVC)	RATIO18					RATIO18	
FVC Percent Predicted	FVCPCT18					FVCPCT18	
FEV1 Percent Predicted	FEVPCT18					FEVPCT18	
(FEV1/FVC) Percent Predicted	RATPCT18					RATPCT18	
FVC Predicted Value	FVCPRD18					FVCPRD18	
FEV1 Predicted Value	FEVPRD18					FEVPRD18	
(FEV1/FVC) Predicted Value	RATPRD18					RATPRD18	
Tech ID	TECH18					TECH18	
Total number of FVC Maneuvers	TOTAL18					TOTAL18	
FVC Maneuvers w/ >slow= type error	SLOW18					SLOW18	
FVC Maneuvers w/ >blast= type error	BLAST18					BLAST18	
FVC Maneuvers w/ >short= type error	SHORT18					SHORT18	
FVC Maneuvers w/ >peak= type error	PEAK18					PEAK18	
FVC Maneuvers w/ >FVC= type error	FVCERR18					FVCERR18	

Pulmonary Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable		VISDAT18		
Participant ID		IDNO		
FVC		FVC18		
FEV1		FEV118		
(FEV1/FVC)		RATIO18		
FVC Percent Predicted		FVCPCT18		
FEV1 Percent Predicted		FEVPCT18		
(FEV1/FVC) Percent Predicted		RATPCT18		
FVC Predicted Value		FVCPRD18		
FEV1 Predicted Value		FEVPRD18		
(FEV1/FVC) Predicted Value		RATPRD18		
Tech ID		TECH18		
Total number of FVC Maneuvers		TOTAL18		
FVC Maneuvers w/ >slow= type error		SLOW18		
FVC Maneuvers w/ >blast= type error		BLAST18		
FVC Maneuvers w/ >short= type error		SHORT18		
FVC Maneuvers w/ >peak= type error		PEAK18		
FVC Maneuvers w/ >FVC= type error		FVCERR18		

Pulmonary Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Number of good FVC maneuvers	GOOD18					GOOD18	
Computer-selected best maneuver	CBEST18					CBEST18	
QC Supervisor-selected best maneuver	QCBEST18					QCBEST18	
Computer=s flow grade	CFLOW18					CFLOW18	
Computer=s volume grade	CVOL18					CVOL18	
QC Supervisor=s flow grade	QCFLOW18					QCFLOW18	
QC Supervisor=s volume grade	QCVOL18					QCVOL18	
Year of study	YEAR18					YEAR18	
Slow VC	SVC18					SVC18	
Neck circumference	NECKCM18					NECKCM18	
Height in inches							
Weight in pounds							
Predicted PEF							
Predicted FEF 25-75							
Standing (y/n)							
Number matching							
Best PEF							
Best time (FET)							

Pulmonary Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Number of good FVC maneuvers		GOOD18		
Computer-selected best maneuver		CBEST18		
QC Supervisor-selected best maneuver		QCBEST18		
Computer=s flow grade		CFLOW18		
Computer=s volume grade		CVOL18		
QC Supervisor=s flow grade		QCFLOW18		
QC Supervisor=s volume grade		QCVOL18		
Year of study		YEAR18		
Slow VC		SVC18		
Neck circumference		NECKCM18		
Height in inches		HEIGHT18		
Weight in pounds		WEIGHT18		
Predicted PEF		PEFPRD18		
Predicted FEF 25-75		FEFPRD18		
Standing (y/n)		STAND18		
Number matching		MATCH18		
Best PEF		PEFBES18		
Best time (FET)		FETBES18		

Pulmonary Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Back Extrapolation (BEV)							
Ending Volume in Last 2 Sec. (EOTV)							

Question	Year 8	Year 9	Year 10	Year 11
Back Extrapolation (BEV)		BEV18		
Ending Volume in Last 2 Sec. (EOTV)		EOTV18		

Pulmonary Calculated Variables

<b>PULMONARY VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lung Capacity Category	NORMFEV1*				NORMFEV1*		

\* NORMFEV1 = 0 if FEV118 ≥ 80% and NORMFEV1 = 1 if FEV118 < 80%.

Sleep and Asthma Questionnaire  
(Record 56)\*

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable						YEAR56	
Participant ID number						IDNO	
Key entry date						KDATE56	
Version of form						VERS56	
Year in study						YEAR56	
Key entry ID number						KEYID56	
Usually have trouble falling asleep?						TRBLSL56	
During the past month, used sleeping pills to help you fall asleep?						SLPILL56	
Often drink wine /beer before sleeping?						DRINK56	
During the past year, ever snored while asleep/ falling asleep? (Or others told you that you snored?) (if yes) About how often did you snore? How loud have others said your snoring is?						SNORE56 SNOFTN56  SNLOUD56	
During the past year, ever snorted or gasped while asleep/ falling asleep? (Or others said you snorted or gasped?)						SNORT56	
During the past year, ever stopped breathing for a moment while asleep/falling asleep? (Or others said you stopped breathing?) (if yes)About how often did this occur?						STBRTH56 STOFTN56	

\* Administered only at Year 6.

\*\* Many of these variables are present for other years under Medical History.



Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Often wake up several times a night? (if yes) Most frequent reasons? to go to the bathroom (to urinate) trouble breathing chest tightness or pain arthritis pain coughing snoring noise leg cramps other specify						WAKE56  WKBATH56 WKTRBR56 WKCHST56 WKARTH56 WKCGH56 WКСNOR56 WKNOIS56 WKLEG56 WKOTH56 WКСPEC56	
How often, if ever, awakened suddenly with feeling of gasping/ choking or shortness of breath?						GSPCHK56	
How likely are you to doze off/ fall asleep in following situations (rather than just feeling tired)? Sitting and reading Watching TV Sitting inactive in a public place Passenger in a car at least an hour Lying down to rest in the afternoon Sitting and talking to someone Sitting quietly after a lunch w/o alcohol In a car, stopped for a few minutes in traffic						DZREAD56 DZTV56 DZPUBL56 DZCAR56 DZREST56 DZTALK56 DZLNCH56  DZTRAF56	
Often feel groggy & unrefreshed for more than half an hour after waking up in the morning?						GROGGY56	
Are you usually sleepy in the daytime?						SLPDAY56	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Had to sleep on >2 pillows to help you breathe any time in the past 12 months?						PILLOW56	
Do you usually have a cough? (if yes) Usually cough as much as 4-6 times a day, 4 or more days of the week? Usually cough when you get up or first thing in the morning? Usually cough at all during the rest of the day or at night? Usually cough on most days for 3 consecutive months or more during the year? How many years had this cough?						COUGH56 CGH4656 CGHMRN56 CGHDAY56 CGHMST56 CHGYRS56	
Usually bring up phlegm from your chest? (if yes) Do you usually bring up phlegm as much as 4-6 times a day, four or more days of the week? Do you usually bring up phlegm at all when you get up or first thing in the morning? Do you usually bring up phlegm at all during the rest of the day or at night? Do you usually bring up phlegm on most days for three consecutive months or more during the year? For how many years have you brought up phlegm?						PHLEGM56 PHL4656 PHLMRN56 PHLDAY56 PHLMST56 PHLYRS56	
Do you ever have trouble with your breathing? (if yes) How often have this trouble?						TRBLBR56 TRBWHN56	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p>Had wheezing or whistling in chest at any time during the last 12 months? (if yes)</p> <p>Have you felt chest tightness or been breathless when the wheezing noise was present?</p> <p>How frequently have you had these symptoms?</p> <p>Were these breathing symptoms brought on or made worse by exposure to any of the following:</p> <p>Colds, sore throats, or flu</p> <p>Exercise or exertion</p> <p>Dust, smoke, or fumes</p> <p>Contact with animals, plants or pollens</p> <p>Lying down flat or sleeping</p> <p>Are these symptoms worse during a particular season of the year? (if yes, which season?)</p> <p>Did a doctor ever tell you that these symptoms were due to heart trouble?</p> <p>Did a doctor ever tell you that these symptoms were due to asthma?</p>						<p>WHEEZ56</p> <p>WHZCH56</p> <p>WHZFRQ56</p> <p>WHCOLD56</p> <p>WHEXER56</p> <p>WHDUST56</p> <p>WHCONT56</p> <p>WHFLAT56</p> <p>WHSEAS56</p> <p>SEASON56</p> <p>WHHRT56</p> <p>WHASTH56</p>	
<p>Have you ever had asthma? (if yes) Do you still have it?</p> <p>Was it confirmed by a doctor?</p> <p>How old were you when you had the first episode?</p> <p>If you no longer have it, at what age did it stop?</p>						<p>ASTHMA56</p> <p>ASSTIL56</p> <p>ASDR56</p> <p>ASLAST56</p> <p>ASSTOP56</p>	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
When near animals or feather pillows, quilts, or comforters, do you ever: Start to cough Start to wheeze Feel chest tightness Start to feel short of breath Get a runny or stuffy nose Start to sneeze Get itchy or watery eyes						ANCGH56 ANWHZ56 ANCHST56 ANSHBR56 ANNOSE56 ANSNZ56 ANEYES56	
Ever worked in a job that exposed you to vapors, gas, dust, or fumes?						VAPOR56	
Have you ever had to change or leave a job because it affected your breathing?						CHJOB56	
Other than colds, have you ever had hay fever or any other allergy that made your nose runny or stuffy? (if yes) During the past 12 months, how much were you bothered by it? Did you take medication for it?						HAYFEV56 HFBOOTH56 HFMED56	
Have you had allergy shots at any time in your life?						ALSHOT56	
Any relatives known to have asthma? (if yes) Natural father ever have asthma? Natural mother ever have asthma?						RELAS56 FATHAS56 MOTHAS56	
Have any respiratory trouble before age 16?						RESP1656	
Do you get short of breath with strenuous physical activity? (if yes) How short of breath do you feel during this activity?						SBSTRN56 HWSTRN56	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you get short of breath with moderate physical activity? (if yes) How short of breath do you feel during this activity?						SBMOD56 HWMOD56	
Do you get short of breath with light physical activity? (if yes) How short of breath do you feel during this activity?						SBLGHT56 HWLGHT56	
Do you get short of breath walking quickly or up a slight hill? (if yes) How short of breath do you feel during this activity?						SBWKQ56 HWWKQ56	
Do you get short of breath walking on level ground at your own pace? (if yes) How short of breath do you feel during this activity?						SBWKL56 HWLKL56	
Get short of breath resting in a chair?						SBCHR56	
Do you own a dog or cat that stayed inside your house during the last year?						DOGCAT56	
Bedroom have wall-to-wall carpeting?						WWCARP56	
Ever use oxygen therapy at home?						OXYGN56	
Interviewer ID number						INTID56	
Interview date						INTDAT56	

Six-Minute Walk/Oximetry  
(Record 69)\*

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable		DATE69		
CHS Exam Year		YEAR69		
Marquette ECG Alert? Ventricular Fibrillation Acute Injury Acute Ischemia Acute Myocardial Infarction Other ACUTE Condition		ECGAL69 VFIB69 ACINJ69 ACISCH69 ACMI69 ACOTH69		
Does participant use ambulatory aid?		AMBUL69		
Identified as having severe aortic stenosis by echo at Year 7?		AORSTN69		
60-second heart rate less than or greater than 110?		HRATE69		
Either reading of seated systolic BP greater than 200 or seated diastolic BP greater than 110?		BP69		
Heart attack, angioplasty or heart surgery in past 3 months?		HEART69		
New or worsening symptoms of chest pain, shortness of breath or fainting in past eight weeks?		CHPAIN69		
SpO <sub>2</sub> less than 90%		SPLT9069		
Baseline SpO <sub>2</sub> (from Oximeter)		BLSP0269		
Baseline Pulse (from Oximeter)		BLPULS69		

\* Administered for first time in Year 9

Six-Minute Walk/Oximetry (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Baseline Dyspnea Scale		BLDYS69		
Excluded from procedure due to criteria		EXCL69		
Start Time Hour Minute AM/PM		STHR69 STMIN69 STAP69		
Six-minute walk completed		COMPL69		
Reason walk incomplete or not done Specify why stopped or other reason		RSNNOT69 RSNSPC69		
End Time Hour Minute AM/PM		ENDHR69 ENDMIN69 ENDAP69		
Number of laps completed Laps Feet		LAPS69 FEET69		
Total distance walked		TOTDST69		
Exercise SpO <sub>2</sub> (from Oximeter)		EXSPO269		
Exercise Pulse (from Oximeter)		EXPULS69		
Exercise Dyspnea Scale		EXDYSP69		
Currently experiencing any: Chest Pain Light-headedness Leg Pain Other symptoms Specify		CHSTPN69 LTHEAD69 LEGPN69 OTHSYM69 SYMSPC69		

Oximetry Data  
(Record 75)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable		YEAR75		
Distance Walked		DIST75		
Low Value for Oxygen High Value for Oxygen		O2LOW75 O2HIGH75		
Low Value for Heart Rate High Value for Heart Rate		HRTLOW75 HRTHI75		
Minutes Walked Seconds Walked		MINS75 SECS75		
Percent Good		GOOD75		
Grade		GRADE75		
Date of Walk Technician ID		DATE75 TECHID75		



Phlebotomy Form  
(Record 12)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE12			DATE12	DATE12	YEAR12	YEAR12
Participant ID	IDNO			IDNO	IDNO	IDNO	IDNO
Phlebotomist ID	PHLBID12			PHLBID12	PHLBID12	PHLBID12	PHLBID12
Blood ID Number	BLDID12						
Has this participant been selected as a quality control subject?	QULCTL12			QULCTL12	QULCTL12	QULCTL12	QULCTL12
Quality Control ID Number:	QCBLID12			QCBLID12	QCBLID12	QCBLID12	QCBLID12
Do you bleed or bruise easily	BLEED12			BLEED12	BLEED12	BLEED12	BLEED12
Ever been told you have a disorder related to blood clotting or coagulation?	CLOT12			CLOT12	CLOT12	CLOT12	CLOT12
Have you ever experienced fainting spells while having blood drawn?	FAINT12			FAINT12	FAINT12	FAINT12	FAINT12
Was any blood drawn? Specify other reason not done	DRDONE12 SPCNOT12			DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12
Hours since eaten (see also record 14)	FAST30	TIMEAT14	TIMEAT14	TIMATE12 TIMEAT14	TIMATE12 TIMEAT14	TIMATE12 TIMEAT14	TIMATE12 TIMEAT14
Location of blood drawn	VISLOC12						
Do you have diabetes?	DIABET12*						
Do you take insulin?	INSUL12						
Are you fasting?	FAST12*						
Is this participant taking the Glucose Tolerance Test?	GLUC12						

\* Diabetes and fasting status are also in Baseline Reception (Record 30).

Phlebotomy Form (cont.)

Question	Year 8**	Year 9	Year 10	Year 11
Date Selection Variable	DATE12	DATE12	DATE12	DATE12
Participant ID	IDNO	IDNO	IDNO	IDNO
Phlebotomist ID	PHLBID12	PHLBID12	PHLBID12	PHLBID12
Blood ID Number				
Has this participant been selected as a quality control subject?	QULCTL12	QULCTL12	QULCTL12	QULCTL12
Quality Control ID Number:	QCBLID12	QCBLID12	QCBLID12	QCBLID12
Do you bleed or bruise easily	BLEED12	BLEED12	BLEED12	BLEED12
Ever been told you have a disorder related to blood clotting or coagulation?	CLOT12	CLOT12	CLOT12	CLOT12
Have you ever experienced fainting spells while having blood drawn?	FAINT12	FAINT12	FAINT12	FAINT12
Was any blood drawn? Specify other reason not done	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12
Hrs since eaten	TIMATE12	TIMATE12 TIMEAT14	TIMEAT14	TIMATE12 TIMEAT14
Location of blood drawn				
Do you have diabetes?		DIABET12	DIABET12	DIABET12
Do you take insulin?				
Are you fasting?				
Is this participant taking the Glucose Tolerance Test?				

\*\* Year 8 blood data was only collected at Hopkins.

Phlebotomy Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Was the glucose tolerance test done? If NO why not? If other, specify							
Time Glucose Administered Hour Minute AM/PM							
Time Glucose tolerance blood draw Hour Minute AM/PM							
Were cells collected for DNA?							

Question	Year 8	Year 9	Year 10	Year 11
Was the glucose tolerance test done? If NO why not? If other, specify		GLUC12 NOGLUC12 NOGSPC12		
Time Glucose Administered Hour Minute AM/PM		ASMHR12 ADMMIN12 ADMAP12		
Time Glucose tolerance blood draw Hour Minute AM/PM		DRHR12 DRMIN12 DRAP12		
Were cells collected for DNA?				CELL12

Hematology Form  
(Record 23)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KDATE23			KDATE23	KDATE23		
Participant IDNO	IDNO			IDNO	IDNO		
Blood ID Number	BLDID23			BLDID23	BLDID23		
Key Entry ID Number	KEYID23			KEYID23	KEYID23		
White Blood Count	WBLD23			WBLD23	WBLD23		
Hemoglobin	HEMOGL23			HEMOGL23	HEMOGL23		
Hematocrit	HEMATO23			HEMATO23	HEMATO23		
Platelet Count (in thousands)	PLATE23			PLATE23	PLATE23		

Blood Data  
(Record 44)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	YEAR44			YEAR44	YEAR44	YEAR44	YEAR44
Blood ID Number	BLDID44			BLDID44	BLDID44	BLDID44	BLDID44
Fibrinogen Fibrinogen Test Date	FIB44 FDATE44			FIB44 FDATE44	FIB44 FDATE44		
Factor Factor VII Factor VII Test Date	F744 DATE744			F744 DATE744	F744 DATE744		
Factor VIII Factor VIII Test Date	F844 DATE844						
Test date for all chem & lipids	CDATE44			CDATE44	CDATE44	CDATE44	CDATE44
Cholesterol	CHOL44			CHOL44	CHOL44	CHOL44	CHOL44
Triglyceride	TRIG44			TRIG44	TRIG44		
HDL	HDL44			HDL44	HDL44		
Calculated LDL	LDL44			LDL44	LDL44		
Insulin 2 Hr Insulin	INS44 INS244			INS44	INS44		
Glucose 2 Hr Glucose	GLU44 GLU244			GLU44	GLU44		
Albumin	ALB44			ALB44	ALB44		
Potassium	K44			K44	K44		
Uric Acid	URIC44			URIC44	URIC44		

Blood Data (cont.)

Question	Year 8*	Year 9	Year 10	Year 11
Date Selection Variable	YEAR44	YEAR44	YEAR44	YEAR44
Blood ID Number				
Fibrinogen Fibrinogen Test Date				
<u>Factor</u> Factor VII Factor VII Test Date  Factor VIII Factor VIII Test Date				
Test date for all chem & lipids	CDATE44	CDATE44	CDATE44	CDATE44
Cholesterol	CHOL44	CHOL44	CHOL44	CHOL44
Triglyceride				
HDL				
Calculated LDL				
Insulin 2 Hr Insulin				
Glucose 2 Hr Glucose		GLU44 GLU244		
Albumin		ALB44		
Potassium				
Uric Acid				

\* Variables collected at Hopkins only.

Blood Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Creatinine	CRE44			CRE44	CRE44		
CK determinations	CK44						
CBAL Lab ID Number	LABID44						
Lpa Test date for Lpa	LPA44 LDATE44						
C-reactive Protein#	CRPBLOG			CRPYR5			
IL-6	IL6BL						

Question	Year 8*	Year 9	Year 10	Year 11
Creatinine		CRE44		
CK determinations				
CBAL Lab ID Number				
Lpa Test date for Lpa				
C-reactive Protein				
IL-6				

# C-reactive protein (CRP) was initially measured only on baseline bloods. Later, it was measured on year 5 bloods using a different assay. The values obtained from the two assays were not directly comparable without adjustment. The original baseline values were adjusted. For the New Cohort, while all three CRP values (adjusted, original and year 5) contain valid data, they all originate from the same blood sample. It is only appropriate to consider change in CRP from baseline (year 2) to year 5 for the Original Cohort.

\* Variables collected at Hopkins only.

### Blood Lab Calculated Variables

<b>BLOOD LAB VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Adjusted cholesterol (Adjusted for drift)	CHOLADJ			CHOLADJ	CHOLADJ		
Adjusted LDL cholesterol (Adjusted for drift)	LDLADJ			LDLADJ	LDLADJ		
Adjusted creatinine (Adjusted for drift)	CREADJ			CREADJ	CREADJ		
Adjusted albumin (Adjusted for drift)	ALBADJ			ALBADJ	ALBADJ		
Adjusted C-Reactive Protein (Adjusted for comparability to new assay)	CRPBLADJ						

<b>BLOOD LAB VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Adjusted cholesterol (Adjusted for drift)		CHOLADJ		
Adjusted LDL cholesterol (Adjusted for drift)				
Adjusted creatinine (Adjusted for drift)		CREADJ		
Adjusted albumin (Adjusted for drift)		ALBADJ		
Adjusted C-Reactive Protein (Adjusted for comparability to new assay)				

\* Laboratory methods changed in the 3 years between BL and YR 5. Cholesterol was measured using a “gold-standard” technique; adjustments were made accordingly.



Spot Urine Collection  
(Record 71)\*

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable		DATE71		
Was urine sample collected?		SAMPLE71		
What time was collection taken? Hour Minute AM/PM		TAKEHR71 TAKEMN71 TAKEAP71		
Time of last urination (prior to collection) Hour Minute AM/PM		LASTHR71 LASTMN71 LASTAP71		
Urine collected relative to glucola		COLGLU71		
Why urine sample not taken? Other reason, specify		WHYNOT71 WHYSPC71		
Participant selected for quality control?		QC71		
Quality Control ID number		QCID71		

\* First administered in Year 9

Spot Urine Data  
(Record 72)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable		YEAR72		
Microalbumen (mg/g creatinine)		UAB72		
Microalbumen (mg/dL)		UALB72		
Creatinine (mg/dL)		UCRR72		
Leukocytes		LEUK72		
pH Level		PH72		
Protein		PROT72		
Glucose		GLUC72		
Ketones		KET72		
Blood		BLOOD72		
Date of Urine Assay Transmission Date CBAL Lab ID		URDATE72 TRDATE72 CBALID72		

Anthropometry Form  
(Records 13, 21, 33)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE13	DATE33	DATE33	DATE13	DATE13	YEAR33	YEAR33
Participant ID	IDNO			IDNO	IDNO		
Standing height (cm)	STHT13			STHT13	STHT13		
Adjusted sitting height (cm)	SITHT13				SITHT13		
Weight (lbs)	WEIGHT13	WEIGHT33	WEIGHT33	WEIGHT13	WEIGHT13	WEIGHT33	WEIGHT33
Hip circumference (cm)	HIP13			HIP13	HIP13		
Waist circumference	WAIST13			WAIST13	WAIST13		
Heel-to-Knee Length	HKLEN21				HKLEN21		
Bioelectric Impedance:							
Resistance	BIORES21				BIORES21		
Reactance	BIOREA21				BIOREA21		
Technician ID	TECHID13	TCHID133	TCHID133	TECHID13	TECHID13	TCHID133	TCHID133

Anthropometry Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR33	DATE13	DATE33	DATE13
Participant ID		IDNO		INDO
Standing height (cm)		STHT13		
Adjusted sitting height (cm)				
Weight (lbs)	WEIGHT33	WEIGHT13	WEIGHT33	WEIGHT13
Hip circumference (cm)				
Waist circumference		WAIST13		WAIST13
Arm Span		ARMSP13		
How tall as a young adult, Feet Inches		YNGFT13 YNGIN13		
Heel-to-Knee Length				
Bioelectric Impedance:				
Resistance				
Reactance				
Comments Specify		CMMENT13 CSPEC13		CMMENT13 CSPEC13
Technician ID	TCHID133	TECHID13		TECHID13

### Anthropometry Calculated Variables

<b>ANTHROPOMETRY VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Body mass index	BMI			BMI	BMI		
Obesity > 120% ideal	OVRWT120			OVRWT120	OVRWT120		
Obesity > 130% ideal	OVRWT130			OVRWT130	OVRWT130		
Body Surface Area	BSA*						

<b>ANTHROPOMETRY VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Body mass index		BMI		
Obesity > 120% ideal		OVRWT120		
Obesity > 130% ideal		OVRWT130		
Body Surface Area				

\*BSA has been computed using the following formula:  $BSA = 0.0071 * \text{EXP}(0.725 * \text{LN}(\text{STHT13})) * \text{EXP}(0.425 * \text{LN}(\text{WEIGHT13} * 0.4536))$ .

Seated Blood Pressure Form  
(Record 14)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE14	DATE14	DATE14	DATE14	DATE14	YEAR14	YEAR14
<u>Time of day</u> Hour Minute Hours since last meal: Cuff Size <u>Pulse Obliteration Pressure</u> Palpated systolic Maximum zero level Maximal inflation level <u>30 Second Heart rate</u> <u>Seated Readings - Zero Muddler B.P.</u> 1st systolic reading 1st diastolic reading 1st zero systolic corrected systolic corrected diastolic  2nd systolic reading 2nd diastolic reading 2nd zero systolic corrected systolic corrected diastolic	FAST30 CUFF14  PSYSTO14 ZERO14 INFLAT14 BEAT14  SYS114 DIA114 SYS0114 SYSC114 DIAC114  SYS214 DIA214 SYS0214 SYSC214 DIAC214	HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14 ZERO14 INFLAT14 BEAT14  SYS114 DIA114 SYS0114 SYSC114 DIAC114  SYS214 DIA214 SYS0214 SYSC214 DIAC214	HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14  INFLAT14 BEAT14          	HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14  INFLAT14 BEAT14          	HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14  INFLAT14 BEAT14          	HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14  INFLAT14 BEAT14          	HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14  INFLAT14 BEAT14          
<u>Standard Blood Pressure</u> 1st standard systolic reading 1st standard diastolic reading 2nd standard systolic reading 2nd standard diastolic reading Technician ID	TECHID14	STSYS114 STDIA114  TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14

Seated Blood Pressure Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable		DATE14	DATE14	DATE14
<u>Time of day</u> Hour Minute Hours since last meal: Cuff Size <u>Pulse Obliteration Pressure</u> Palpated systolic Maximum zero level Maximal inflation level <u>30 Second Heart rate</u> <u>Seated Readings</u> - Zero Muddler B.P. 1st systolic reading 1st diastolic reading 1st zero systolic corrected systolic corrected diastolic  2nd systolic reading 2nd diastolic reading 2nd zero systolic corrected systolic corrected diastolic		HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14  INFLAT14 BEAT14	HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14  INFLAT14 BEAT14	HOURS14 MINUTE14 TIMEAT14 CUFF14  PSYSTO14  INFLAT14 BEAT14
<u>Standard Blood Pressure</u> 1st standard systolic reading 1st standard diastolic reading 2nd standard systolic reading 2nd standard diastolic reading Technician ID		STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14

Supine Ankle-Arm Blood Pressure Form  
(Record 15)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE15			DATE15	DATE15		
Participant ID	IDNO			IDNO	IDNO		
<b><u>Pulse Obliteration Pressure</u></b> Palpated systolic Maximal inflation level (palpated systolic + 30)	PALP15 MAXINF15			PALP15 MAXINF15	PALP15 MAXINF15		
<b><u>First Systolic Readings</u></b> Right brachial Right posterior tibial Left posterior tibial	BRACH115 RTIB115 LTIB115			BRACH115 RTIB115 LTIB115	BRACH115 RTIB115 LTIB115		
<b><u>Second Systolic Readings</u></b> Right brachial Right posterior tibial Left posterior tibial	BRACH215 RTIB215 LTIB215			BRACH215 RTIB215 LTIB215	BRACH215 RTIB215 LTIB215		
Procedure completed?				PROCMP15	PROCMP15		
<b><u>Why not completed</u></b> (right OR left leg) Right leg: unable to occlude ulceration amputation can't locate artery other specify other Left leg: unable to occlude ulceration amputation can't locate artery other specify other				ROCCLU15 RULCER14 RAMPU15 RULTA15 ROTH15 OTHSPC15 LOCCLU15 LULCER15 LAMPU15 LULTA15 LOTH15 OTHSPC15	ROCCLU15 RULCER14 RAMPU15 RULTA15 ROTH15 OTHSPC15 LOCCLU15 LULCER15 LAMPU15 LULTA15 LOTH15 OTHSPC15		
Technician ID	TECHID15			TECHID15	TECHID15		



Supine Ankle-Arm Blood Pressure Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable				DATE15
Participant ID				IDNO
<b><u>Pulse Obliteration Pressure</u></b> Palpated systolic Maximal inflation level (palpated systolic + 30)				PALP15 MAXINF15
<b><u>First Systolic Readings</u></b> Right brachial Right posterior tibial Left posterior tibial				BRACH115 RTIB115 LTIB115
<b><u>Second Systolic Readings</u></b> Right brachial Right posterior tibial Left posterior tibial				BRACH215 RTIB215 LTIB215
Procedure completed?				PROCMP15
<b><u>Reason not completed</u></b> (answered for either right OR left leg) Right leg: unable to occlude ulceration amputation can't locate tibial artery other specify other Left leg: unable to occlude ulceration amputation can't locate tibial artery other specify other				ROCCLU15 RULCER14 RAMPU15 RARTER15 ROTH15 OTHSPC15 LOCCLU15 LULCER15 LAMPU15 LARTER15 LOTH15 OTHSPC15
Technician ID				TECHID15

Orthostatic Blood Pressure and Heart Rate Measurements Form  
(Record 16)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE16			DATE16	DATE16		
Participant ID	IDNO			IDNO	IDNO		
<b><u>Pulse Obliteration Pressure</u></b> Palpated systolic Maximal inflation level (palpated systolic + 30)	PALP16 MAXINF16			PALP16 MAXINF16	PALP16 MAXINF16		
<b><u>Supine Reading</u></b> Heart rate (30 second) Hour measurement taken Minute measurement taken AM or PM indicator Blood Pressure: Systolic Blood Pressure: Diastolic	SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16			SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16	SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16		
<b><u>Standing Reading</u></b> <b><u>(after 3 minutes of standing)</u></b> Feel dizzy, lightheaded, or faint? Heart rate (30 second) Hour measurement taken Minute measurement taken AM or PM indicator Blood Pressure: Systolic Blood Pressure: Diastolic	DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16			DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16	DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16		
Technician ID	TECHID16			TECHID16	TECHID16		

### Blood Pressure Calculated Variables

<b>BLOOD PRESSURE VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Min ankle arm ratio	AAI			AAI	AAI		
Diastolic bp	AVZMDIA	AVZMDIA	AVEDIA	AVEDIA	AVEDIA	AVEDIA	AVEDIA
Systolic bp	AVZMSYS	AVZMSYS	AVESYS	AVESYS	AVESYS	AVESYS	AVESYS
Ave brach for AAI	BRACH			BRACH	BRACH		
Calc. HTN status	HYPERS*	HYPERS*	HYPERS*	HYPERS*	HYPERS*	HYPERS*	HYPERS*
Calc. iso sys HTN	IHYPER**				IHYPER**		
Left Ankle-arm index	LTAAI			LTAAI	LTAAI		
Ave left tibial BP	LTIB			LTIB	LTIB		
Orthostatic hypotension	ORTH***				ORTH***		
Right ankle-arm index	RTAAI			RTAAI	RTAAI		
Ave. right tibial BP	RTIB			RTIB	RTIB		

\*The calculated hypertension status variable is coded as follows: HYPERS=0 if Normotensive; HYPERS=1 if Borderline Hypertensive, defined by seated blood pressure average systolic = 140-159 mmHg OR seated blood pressure average diastolic = 90-94 mmHg; HYPERS=2 if Hypertensive, defined by seated blood pressure average systolic ≥ 160 mmHg OR seated blood pressure average diastolic ≥ 95 mmHg OR hx of hypertension = Yes AND participant takes antihypertensive medication. Antihypertensive medications include Beta-blockers, Calcium-channel blockers, Diuretics, Vasodilators, Beta-blockers with Diuretics, Angiotensin converting enzyme inhibitors, Angiotensin converting enzyme with Diuretics, Vasodilators with Diuretics.

\*\*The calculated isolated systolic hypertension variable is coded as follows: IHYPER=1 if Normotensive; IHYPER=2 if Borderline Isolated Systolic Hypertension, defined by systolic = 140-159 AND diastolic < 90; IHYPER=3 if Isolated Systolic Hypertension, defined by systolic ≥ 160 AND diastolic < 90; IHYPER=4 if Diastolic Hypertension, defined by diastolic ≥ 90.

\*\*\*Orthostatic hypotension is the change in systolic blood pressure between the supine and standing positions. ORTH=0 if Normal; ORTH=1 if Abnormal, defined by a drop in systolic bp > 20 mmHg OR a drop in diastolic bp > 10 mmHg OR if standing procedures were not performed due to patient dizziness.

Blood Pressure Calculated Variables (cont.)

<b>BLOOD PRESSURE VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Min ankle arm ratio				AAI
Diastolic bp		AVEDIA	AVEDIA	AVEDIA
Systolic bp		AVESYS	AVESYS	AVESYS
Ave brach for AAI				BRACH
Calc. HTN status		HYPER	HYPER	HYPER
Calc. iso sys HTN			IHYPER	
Left Ankle-arm index				LTAAI
Ave left tibial BP				LTIB
Orthostatic hypotension				
Right ankle-arm index				RTAAI
Ave. right tibial BP				RTIB

Ultrasound Examination Report  
(Record 20)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE20			DATE20	DATE20		
Results of (carotid) examination : done/incomplete/not done Reason test incomplete or not done other, specify Were any alert conditions noted? If yes, specify Was Doppler flow velocity 2.5m/s or greater?	COMPIN20  REASON20 RSSPEC20 ALRT20 ALSPEC20			COMPIN20  REASON20 RSSPEC20  ALRT20	COMPIN20  REASON20 RSSPEC20  ALRT20		
Results of aortic examination (done/incomplete/not done) Reason test incomplete or not done Results/alerts				ACMPIN20  AREASN20 AALRT20	ACMPIN20  AREASN20 AALRT20		
Date of visit Year of study Carotid sonographer Aortic sonographer	DATE20 YEAR20			DATE20 YEAR20 CTECH20 ATECH20	DATE20 YEAR20 CTECH20 ATECH20		

Ultrasound Exam Report (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable				DATE20
Results of (carotid) examination : done/incomplete/not done Reason test incomplete or not done other, specify Were any alert conditions noted? If yes, specify Was Doppler flow velocity 2.5m/s or greater?				COMPIN20  REASON20 RSSPEC20  ALRT20
Results of aortic examination (done/incomplete/not done) Reason test incomplete or not done Results/alerts				
Date of visit Year of study Carotid sonographer Aortic sonographer				DATE20 YEAR20 CTECH20

Ultrasound Reading Center Data  
(Record 41)

These are ORIGINAL readings for each year. Baseline re-reads are in Rec 55. Data for **Year 11** are in Record 92.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable (Scan Date)	SCDATE41			SCDATE41	SCDATE41		
Participant ID	IDNO			IDNO	IDNO		
<b><u>Side #1 -- Right</u></b> Percent Stenosis Lesion Surface Lesion Morphology Color Doppler Lesion Density P Wave (Pulsed Wave) C Wave (Continuous Wave)	PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141 CW141			PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141	PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141		
<b><u>Side #2 -- Left</u></b> Percent Stenosis Lesion Surface Lesion Morphology Color Doppler Lesion Density P Wave (Pulsed Wave) C Wave (Continuous Wave)	PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241 CW241			PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241	PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241		
<b><u>Scan #1 -- Right Common Carotid</u></b> Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141			IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141	IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u><b>Near Wall</b></u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u><b>Far Wall</b></u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	NMIN141 NMEAN141 NMAX141 NSTDV141 FMIN141 FMEAN141 FMAX141 FSTDV141			NMIN141 NMEAN141 NMAX141 NSTDV141 FMIN141 FMEAN141 FMAX141 FSTDV141	NMIN141 NMEAN141 NMAX141 NSTDV141 FMIN141 FMEAN141 FMAX141 FSTDV141		
Lumen Minimum Lumen Maximum	LUMIN141 LUMAX141			LUMIN141 LUMAX141	LUMIN141 LUMAX141		
<u><b>Scan #2 -- Right Internal Carotid (Anterior View)</b></u> Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL241 LD2141 LD2241 LD2341 LD2441 LD2541 LD2641 VMAX241			IQUAL241 LD2141 LD2241 LD2341 LD2441 LD2541 LD2641 VMAX241	IQUAL241 LD2141 LD2241 LD2341 LD2441 LD2541 LD2641 VMAX241		
<u><b>Near Wall</b></u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u><b>Far Wall</b></u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	NMIN241 NMEAN241 NMAX241 NSTDV241 FMIN241 FMEAN241 FMAX241 FSTDV241			NMIN241 NMEAN241 NMAX241 NSTDV241 FMIN241 FMEAN241 FMAX241 FSTDV241	NMIN241 NMEAN241 NMAX241 NSTDV241 FMIN241 FMEAN241 FMAX241 FSTDV241		



Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lumen Minimum Lumen Maximum	LUMIN241 LUMAX241			LUMIN241 LUMAX241	LUMIN241 LUMAX241		
<b><u>Scan #3 -- Right Internal Carotid (Lateral View)</u></b> Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL341 LD3141 LD3241 LD3341 LD3441 LD3541 LD3641 VMAX341			IQUAL341 LD3141 LD3241 LD3341 LD3441 LD3541 LD3641 VMAX341	IQUAL341 LD3141 LD3241 LD3341 LD3441 LD3541 LD3641 VMAX341		
<b><u>Near Wall</u></b> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <b><u>Far Wall</u></b> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	NMIN341 NMEAN341 NMAX341 NSTDV341 FMIN341 FMEAN341 FMAX341 FSTDV341			NMIN341 NMEAN341 NMAX341 NSTDV341 FMIN341 FMEAN341 FMAX341 FSTDV341	NMIN341 NMEAN341 NMAX341 NSTDV341 FMIN341 FMEAN341 FMAX341 FSTDV341		
Lumen Minimum Lumen Maximum	LUMIN341 LUMAX341			LUMIN341 LUMAX341	LUMIN341 LUMAX341		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<b><u>Scan #4 -- Right Internal Carotid (Posterior View)</u></b>							
Image Quality	IQUAL441			IQUAL441	IQUAL441		
Line Drawn -- #1	LD4141			LD4141	LD4141		
Line Drawn -- #2	LD4241			LD4241	LD4241		
Line Drawn -- #3	LD4341			LD4341	LD4341		
Line Drawn -- #4	LD4441			LD4441	LD4441		
Line Drawn -- #5	LD4541			LD4541	LD4541		
Line Drawn -- #6	LD4641			LD4641	LD4641		
Vessel Maximum	VMAX441			VMAX441	VMAX441		
<b><u>Near Wall</u></b>							
Near Wall Minimum	NMIN441			NMIN441	NMIN441		
Near Wall Mean	NMEAN441			NMEAN441	NMEAN441		
Near Wall Maximum	NMAX441			NMAX441	NMAX441		
Near Wall Standard Deviation	NSTDV441			NSTDV441	NSTDV441		
<b><u>Far Wall</u></b>							
Far Wall Minimum	FMIN441			FMIN441	FMIN441		
Far Wall Mean	FMEAN441			FMEAN441	FMEAN441		
Far Wall Maximum	FMAX441			FMAX441	FMAX441		
Far Wall Standard Deviation	FSTDV441			FSTDV441	FSTDV441		
Lumen Minimum	LUMIN441			LUMIN441	LUMIN441		
Lumen Maximum	LUMAX441			LUMAX441	LUMAX441		
<b><u>Scan #5 -- Left Common Carotid</u></b>							
Image Quality	IQUAL541			IQUAL541	IQUAL541		
Line Drawn -- #1	LD5141			LD5141	LD5141		
Line Drawn -- #2	LD5241			LD5241	LD5241		
Line Drawn -- #3	LD5341			LD5341	LD5341		
Line Drawn -- #4	LD5441			LD5441	LD5441		
Line Drawn -- #5	LD5541			LD5541	LD5541		
Line Drawn -- #6	LD5641			LD5641	LD5641		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<b><u>Near Wall</u></b> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation	NMIN541 NMEAN541 NMAX541 NSTDV541			NMIN541 NMEAN541 NMAX541 NSTDV541	NMIN541 NMEAN541 NMAX541 NSTDV541		
<b><u>Far Wall</u></b> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	FMIN541 FMEAN541 FMAX541 FSTDV541			FMIN541 FMEAN541 FMAX541 FSTDV541	FMIN541 FMEAN541 FMAX541 FSTDV541		
Lumen Minimum Lumen Maximum	LUMIN541 LUMAX541			LUMIN541 LUMAX541	LUMIN541 LUMAX541		
<b><u>Scan #6 -- Left Internal Carotid (Anterior View)</u></b> Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL641 LD6141 LD6241 LD6341 LD6441 LD6541 LD6641 VMAX641			IQUAL641 LD6141 LD6241 LD6341 LD6441 LD6541 LD6641 VMAX641	IQUAL641 LD6141 LD6241 LD6341 LD6441 LD6541 LD6641 VMAX641		
<b><u>Near Wall</u></b> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation	NMIN641 NMEAN641 NMAX641 NSTDV641			NMIN641 NMEAN641 NMAX641 NSTDV641	NMIN641 NMEAN641 NMAX641 NSTDV641		
<b><u>Far Wall</u></b> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	FMIN641 FMEAN641 FMAX641 FSTDV641			FMIN641 FMEAN641 FMAX641 FSTDV641	FMIN641 FMEAN641 FMAX641 FSTDV641		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lumen Minimum Lumen Maximum	LUMIN641 LUMAX641			LUMIN641 LUMAX641	LUMIN641 LUMAX641		
<b><u>Scan #7 -- Left Internal Carotid (Lateral View)</u></b> Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741			IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741	IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741		
<b><u>Near Wall</u></b> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <b><u>Far Wall</u></b> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741			NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741	NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741		
Lumen Minimum Lumen Maximum	LUMIN741 LUMAX741			LUMIN741 LUMAX741	LUMIN741 LUMAX741		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<b><u>Scan #8 -- Left Internal Carotid (Posterior View)</u></b>							
Image Quality	IQUAL841			IQUAL841	IQUAL841		
Line Drawn -- #1	LD8141			LD8141	LD8141		
Line Drawn -- #2	LD8241			LD8241	LD8241		
Line Drawn -- #3	LD8341			LD8341	LD8341		
Line Drawn -- #4	LD8441			LD8441	LD8441		
Line Drawn -- #5	LD8541			LD8541	LD8541		
Line Drawn -- #6	LD8641			LD8641	LD8641		
Vessel Maximum	VMAX841			VMAX841	VMAX841		
<b><u>Near Wall</u></b>							
Near Wall Minimum	NMIN841			NMIN841	NMIN841		
Near Wall Mean	NMEAN841			NMEAN841	NMEAN841		
Near Wall Maximum	NMAX841			NMAX841	NMAX841		
Near Wall Standard Deviation	NSTDV841			NSTDV841	NSTDV841		
<b><u>Far Wall</u></b>							
Far Wall Minimum	FMIN841			FMIN841	FMIN841		
Far Wall Mean	FMEAN841			FMEAN841	FMEAN841		
Far Wall Maximum	FMAX841			FMAX841	FMAX841		
Far Wall Standard Deviation	FSTDV841			FSTDV841	FSTDV841		
Lumen Minimum	LUMIN841			LUMIN841	LUMIN841		
Lumen Maximum	LUMAX841			LUMAX841	LUMAX841		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<b><u>Administrative Information</u></b>							
SWS Software Version	SWSVER41			SWSVER41	SWSVER41		
RWS Software Version	RWSVER41			RWSVER41	RWSVER41		
Date Read at Reading Center	RDDATE41			RDDATE41	RDDATE41		
<not presently in use>	SRID41			SRID41	SRID41		
Sonographer ID	SONOGR41			SONOGR41	SONOGR41		
URC Reader ID	READID41			READID41	READID41		
Quality Control Composite Field (contains next 4 QC variables)	QC41			QC41	QC41		
Intra-reader Quality Control	INTRAQ41			INTRAQ41	INTRAQ41		
Inter-reader Quality Control	INTERQ41			INTERQ41	INTERQ41		
PI Review	PIREV41			PIREV41	PIREV41		
Quality Control Check	QCCHK41			QCCHK41	QCCHK41		

Ultrasound Reading Center Data  
(Record 92)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable (Scan Date)				SCDATE92
Participant ID				IDNO
<u><b>Side #1 -- Right</b></u> Percent Stenosis Lesion Surface Lesion Morphology Lesion Density Color Doppler				PSTEN192 LSRFC192 LMRPH192 LDENS192 LOCAT192
<u><b>Side #2 -- Left</b></u> Percent Stenosis Lesion Surface Lesion Morphology Lesion Density Color Doppler				PSTEN292 LSRFC292 LMRPH292 LDENS292 LOCAT292
Doppler Greater than 2.5 m/s P wave, Right Side P wave, Left Side				ALERT92 DOPPL192 DOPPL292
<u><b>Scan #1 -- Right Common Carotid</b></u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL192 IQUAL192 LINES192 VMAX192 VMIN192 VMEAN192 VSTDV192

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u><i>Near Wall</i></u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u><i>Far Wall</i></u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN192 NMEAN192 NMAX192 NSTDV192  FMIN192 FMEAN192 FMAX192 FSTDV192
<u><i>Edge Detect</i></u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				EDMIN192 EDMEA192 EDMAX192 EDSTD192
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN192 LUMEA192 LUMAX192 LUSTD192
<u><b>Scan #2 -- Right Internal Carotid (Anterior View)</b></u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL292 IQUAL292 LINES292 VMAX292 VMIN292 VMEAN292 VSTDV292



Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<u><i>Near Wall</i></u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u><i>Far Wall</i></u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN292 NMEAN292 NMAX292 NSTDV292  FMIN292 FMEAN292 FMAX292 FSTDV292
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN292 LUMEA292 LUMAX292 LUSTD292
<u><b>Scan #3 -- Right Internal Carotid (Lateral View)</b></u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL392 IQUAL392 LINES392 VMAX392 VMIN392 VMEAN392 VSTDV392
<u><i>Near Wall</i></u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u><i>Far Wall</i></u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN392 NMEAN392 NMAX392 NSTDV392  FMIN392 FMEAN392 FMAX392 FSTDV392

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN392 LUMEA392 LUMAX392 LUSTD392
<b><u>Scan #4 -- Right Internal Carotid</u></b> <b><u>(Posterior View)</u></b> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL492 IQUAL492 LINES492 VMAX492 VMIN492 VMEAN492 VSTDV492
<b><u>Near Wall</u></b> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <b><u>Far Wall</u></b> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN492 NMEAN492 NMAX492 NSTDV492  FMIN492 FMEAN492 FMAX492 FSTDV492
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN492 LUMEA492 LUMAX492 LUSTD492

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<b><u>Scan #5 -- Left Common Carotid</u></b> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL592 IQUAL592 LINES592 VMAX592 VMIN592 VMEAN592 VSTDV592
<b><u>Near Wall</u></b> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <b><u>Far Wall</u></b> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN592 NMEAN592 NMAX592 NSTDV592 FMIN592 FMEAN592 FMAX592 FSTDV592
<b><u>Edge Detect</u></b> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				EDMIN592 EDMEA592 EDMAX592 EDSTD592
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN592 LUMEA592 LUMAX592 LUSTD592

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<b><u>Scan #6 -- Left Internal Carotid (Anterior View)</u></b> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL692 IQUAL692 LINES692 VMAX692 VMIN692 VMEAN692 VSTDV692
<b><u>Near Wall</u></b> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <b><u>Far Wall</u></b> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN692 NMEAN692 NMAX692 NSTDV692 FMIN692 FMEAN692 FMAX692 FSTDV692
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN692 LUMEA692 LUMAX692 LUSTD692
<b><u>Scan #7 -- Left Internal Carotid (Lateral View)</u></b> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL792 IQUAL792 LINES792 VMAX792 VMIN792 VMEAN792 VSTDV792

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
<p><b><u>Near Wall</u></b>  Near Wall Minimum  Near Wall Mean  Near Wall Maximum  Near Wall Standard Deviation</p> <p><b><u>Far Wall</u></b>  Far Wall Minimum  Far Wall Mean  Far Wall Maximum  Far Wall Standard Deviation</p>				NMIN792 NMEAN792 NMAX792 NSTDV792  FMIN792 FMEAN792 FMAX792 FSTDV792
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN792 LUMEA792 LUMAX792 LUSTD792
<p><b><u>Scan #8 -- Left Internal Carotid</u></b>  <b><u>(Posterior View)</u></b>  Image Scale(pixels/cm)  Image Quality  Number of Lines Drawn  Vessel Maximum  Vessel Wall Minimum  Vessel Wall Mean  Vessel Wall Standard Deviation</p>				ISCAL892 IQUAL892 LINES892 VMAX892 VMIN892 VMEAN892 VSTDV892
<p><b><u>Near Wall</u></b>  Near Wall Minimum  Near Wall Mean  Near Wall Maximum  Near Wall Standard Deviation</p> <p><b><u>Far Wall</u></b>  Far Wall Minimum  Far Wall Mean  Far Wall Maximum  Far Wall Standard Deviation</p>				NMIN892 NMEAN892 NMAX892 NSTDV892  FMIN892 FMEAN892 FMAX892 FSTDV892

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN892 LUMEA892 LUMAX892 LUSTD892
<b><u>Administrative Information</u></b> Scan Time Date Read at Reading Center Time Read at Reading Center Sonographer ID URC Reader ID Reading ID used by URC program Record ID Videotape on which study is recorded Study ID Protocol ID Reading Type				SCTIME92 RDDATE92 RDTIME92 SONOGR92 READID92 READUC92 RECORD92 TAPEID92 STUDY92 PROTO92 READY92

### Ultrasound Calculated Variables

<b>ULTRA VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ave N&F wall max, com	*MAXCOM			<u>MAXCOM41</u>	MAXCOM41		
Ave N&F wall max, int	*MAXINT			<u>MAXINT41</u>	MAXINT41		
Maximum % stenosis	*MAXSTEN#			<u>MXSTEN41#</u>	MXSTEN41#		
Left % stenosis	*PSTENLFT			<u>PSTEN241</u>	PSTEN241		
Right % stenosis	*PSTENRT			<u>PSTEN141</u>	PSTEN141		

<b>ULTRA VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
Ave N&F wall max, com				MAXCOM92
Ave N&F wall max, int				MAXINT92
Maximum % stenosis				MXSTEN92
Left % stenosis				PSTEN292
Right % stenosis				PSTEN192

\*Variables preceded by \* are also found in record 55 of ultrabl.sav. Underlined variables are found only in ultrayr5.sav.

Other variables found in one or all of baseboth.sav, basicmin.sav, basicfin.sav. (basicmin.sav and basicfin.sav not available to public users.)

#MAXSTEN = max(PSTENLFT, PSTENRT); MAXSTEN41= max(PSTEN241, PSTEN141).

Aortic Ultrasound Form  
(Record 48)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year6	Year 7
Date Selection Variable				SCDATE48	SCDATE48		
Date read at URC				RDDATE48	RDDATE48		
Sonographer ID				SONOGR48	SONOGR48		
URC Reader ID				READID48	READID48		
Lesion surface				LSRFC48	LSRFC48		
Lesion morphology				LMRPH48	LMRPH48		
percent stenosis				PSTEN48	PSTEN48		
epicenter of aortic plaque				LOCAT48	LOCAT48		
lesion density				LDENS48	LDENS48		
<u>suprarenal</u> - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL148 LD1148 LD1248 LD1348 LD1448 LD1548 LD1648 VMAX148 LUMIN148 LUMAX148	IQUAL148 LD1148 LD1248 LD1348 LD1448 LD1548 LD1648 VMAX148 LUMIN148 LUMAX148		

\* Only done at Year 5, so no table for Years 8-12 is included.



Aortic Ultrasound Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>infrarenal</u> - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL248 LD2148 LD2248 LD2348 LD2448 LD2548 LD2648 VMAX248 LUMIN248 LUMAX248	IQUAL248 LD2148 LD2248 LD2348 LD2448 LD2548 LD2648 VMAX248 LUMIN248 LUMAX248		
<u>Longitudinal</u> - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - near wall min. - near wall mean - near wall max. - near wall standard deviation - far wall min. - far wall mean - far wall max. - far wall standard deviation - lumen min. - lumen max				IQUAL348 LD3148 LD3248 LD3348 LD3448 LD3548 LD3648 VMAX348 NMIN348 NMEAN348 NMAX348 NSTDV348 FMIN348 FMEAN348 FMAX348 FSTDV348 LUMIN348 LUMAX348	IQUAL348 LD3148 LD3248 LD3348 LD3448 LD3548 LD3648 VMAX348 NMIN348 NMEAN348 NMAX348 NSTDV348 FMIN348 FMEAN348 FMAX348 FSTDV348 LUMIN348 LUMAX348		

Aortic Ultrasound Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Widest Portion</u> - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL448 LD4148 LD4248 LD4348 LD4448 LD4548 LD4648 VMAX448 LUMIN448 LUMAX448	IQUAL448 LD4148 LD4248 LD4348 LD4448 LD4548 LD4648 VMAX448 LUMIN448 LUMAX448		
F.C. study repetition count				REPCNT48	REPCNT48		
Intra-reader quality control				INTRAQ48	INTRAQ48		
Inter-reader quality control				INTERQ48	INTERQ48		
Principle Investigator Review				PIREV48	PIREV48		
Quality Control Check				QCCHK48	QCCHK48		
Scan Date				SCDATE48	SCDATE48		

Echocardiography Form  
(Record 19)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE19						YEAR19
Participant ID	IDNO						IDNO
Results of examination	COMPIN19						COMPIN19
Reason test incomplete or not done	REASON19						REASON19
Specify other reasons	RSSPEC19						RSSPEC19
Were any alert conditions noted?	ALRT19						
Were any of the following alerts noted? Thrombosis Aortic Dissection Cardiac Tumors Flail Leaflet Tamponade Vegetation Sig. Seg. Wall Motion Abnormality Severe Global LV Sys. Dysfunction Proximal Aortic Aneurysm Pericardial Effusion > 0.5 cm Significant Aortic Stenosis Significant Mitral Stenosis Aortic Regurgitation 3+, 4+ Mitral Regurgitation 3+, 4+							THROMB19 AORDIS19 TUMORS19 FLLEAF19 TAMPND19 VEG19 SWMABN19 GLVSD19 AORAN19 PEREFF19 AORSTN19 MITSTN19 AORREG19 MITREG19
Specify other alerts	ALSPEC19						
Technician ID	TECHID19						TECHID19

Echo Data  
(Record 43)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Date Selection Variables</u> Date echo performed Date echo read Study code / type of study	ECHODT43 READDT43 STDY43						ECHODT43 READDT43 STUDY43
Code for reader / ID number Tech ID number	A43 TECHID43						READER43 TECHID43
<u>Patient data from echo reading center *</u> sex age height (cm) weight (kg) body surface area systolic blood pressure (mmHg) diastolic blood pressure (mmHg) heart rate (beats/min)	SEX43 AGE43 HT43 WT43 BSA43 SBP43 DBP43 HRT43						
<u>Quality scores</u> 2-D parasternal view 2-D apical view M-mode aorta/LS view M-mode LV view Doppler parasternal Doppler apical Color Doppler LV inflow doppler LV outflow doppler	QS2DPR43 QS2DAP43 QSMML43 QSMMLV43 QSDPPR43 QSDPAP43 QSCD43						LVQUAL43  INQUAL43 OUTQUL43
<u>Clinical impression/diagnosis</u> Comment/diag/alert 1 ... Comment/diag/alert 4	DC1A43 ... DC4A43						ALERT43

\* Do not use these data for analysis - they are very dirty

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Qualitative assessments</u> LV chamber size LA chamber size LV ejection fraction LV wall motion	LVCS43 LACS43 LVEF43 LVSWM43						LVFNCT43 RWMA43
<u>Color doppler data</u> (ratio) Aortic regurgitation Ratio aortic RG jet ht to LV outflow tract diameter Mitral regurgitation Ratio mitral RG jet area to LA area Tricuspid regurgitation	CDJH43 CDJHLO43  CDJA43 CDRJAL43						AR43  MR43  TR43
<u>Doppler data</u> Doppler flow velocity integral Doppler mitral early peak flow velocity Doppler mitral late peak flow velocity Ratio of late to early peak flow velocity Early diastole mitral flow velocity int Late diastole mitral flow velocity int Ratio of late to early mitral flow vel int First third diastolic filling fraction Isovolumic relaxation time Pulmonary artery acceleration time	DPLVI43 DPMEP43 DPMAP43 DPVAE43 DPMEI43 DPMAI43 PDIAE43 DPF1343 DPIVRT43 DPPACC43						DPMEP43 DPMAP43
<u>M-Mode Data</u> LV dimension in diastole LV dimension in systole Ventricular septal thickness in diastole Ventricular septal thickness in systole LV posterior wall thickness in diastole LV posterior wall thickness in systole LA dimension (cm) Aortic root dimension (cm) LV percent fractional shortening (%FS) LV end systolic stress LV mass (g)	MMLVDD43 MMLVDS43 MMVSTD43 MMVSTS43 MMLVWD43 MMLVWS43 MMLAD43 MMARD43 MMLVFS43 NEWESS43 NEWLVM43						MMLVDD43 MMLVDS43 MMVSTD43 MMVSTS43 MMLVWD43 MMLVWS43 MMLAD43 MMARD43 MMLVFS43 MMLVSS43 MMLVMS43

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>M-Mode Data</u> (cont.) Ratio of systolic stress to %FS Expected fractional shortening (FS) Ratio of actual to expected FS	MMLVFS43** MMLVEF43 MMLVAE43						
<u>2D Data</u> Study code Reader code Read date	STUDY43 RDR2D43 DT2D43						
<u>2D Data Quality scores</u> 2-D parasternal view 2-D apical view M-mode aorta/LS view M-mode LV view Doppler parasternal Doppler apical Color Doppler	PR2DQS43 AP2DQS43 MMALQS43 MMLVQS43 DPPRQS43 DPAPQS43 CDQS43						
<u>2D Data Qualitative assessments</u> LV chamber size LA chamber size LV ejection fraction LV wall motion Apical 4ch IVS basal 4ch IVS mid 4ch IVS apical 4ch lat apical LV 4ch lat mid LV 4ch lat basal LV 2ch inf basal LV 2ch inf mid LV 2ch inf apical LV	LVCS243 LACS243 LVEF243 LVSWM243  Q4IVSB43 Q4IVSM43 Q4IVSA43 Q4LALV43 Q4LMLV43 Q4LBLV43 Q2IBLV43 Q2IMLV43 Q2IALV43						

\*\*This variable was computed using an incorrect variable in the numerator. Until a new variable is computed, if you need to use this ratio you should recompute it using NEWESS43 in the numerator.

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
2ch ant apical LV 2ch ant mid LV 2ch ant basal LV Parasternal Sax at Papillary Muscle Inf VS Mid VS Ant VS Ant LV Ant lat LV Post lat LV Inf post LV Inf LV LV Wall Motion Summary	Q2AALV43 Q2AMLV43 Q2ABLV43  QSIVS43 QSMVS43 QSAVS43 QSALV43 QXALLV43 QSPLLV43 QSIPLV43 QSILV43 QLLVWM43						
<u>2D Data Clinical impression/diagnosis</u> Alert Comment/diag/alert 1 ... Comment/diag/alert 4	DC1B43 ... DC4B43						
Mitral ann. Ca+ Aortic ring ann. Ca+ Aortic CW velocity Aortic leaf thickening Aortic leaf excurs TR CW velocity VTI - AV Peak velocity							MAC43 AOAC43 AOCW43 AOTHCK43 AOEXC43 TRCW43 AOVTI43 AOPKVL43

### Echo Calculated Variables

<b>ECHO VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Aortic regurg category	AORCAT *						
Aortic regurgitation	AREGURG						
Aortic Stenosis category	ASTEN **						
Early/late peak vel	DPVEA &						
LV systolic function	LVSF #						
LV wall motion-semiquantitative	LWMSQ2						
Mitral regurg category	MITCAT \$						
Mitral regurgitation	MREGURG						
Mitral stenosis category	MSTEN **						

\* AORCAT = 1 if CDJHLO43 LT 24  
 AORCAT = 2 if CDJHLO43 GE 24 AND CDJHLO43 LE 46  
 AORCAT = 3 if CDJHLO43 GT 46 AND CDJHLO43 LE 64  
 AORCAT = 4 if CDJHLO43 GT 64.

\*\* ASTEN and MSTEN: 1 = mild; 2 = moderate; 3 = severe. Classification is based on reader's subjective judgment.

&DPVEA = DPMEP43/DPMAP43 (= 1/DPVAE43).

# LVSF = 0 if MMLVFS43 ≥ 28; LVSF = 1 if MMLVFS43 < 28.

\$ MITCAT = 1 if CDRJAL43 LT 20  
 MITCAT = 2 if CDRJAL43 GE 20 AND CDRJAL LE 40  
 MITCAT = 3 if CDRJAL43 GT 40.



Resting 12-Lead ECG Form  
(Record 21)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE21	DATE21	DATE21	DATE21	DATE21	YEAR21	YEAR21
Chest Square Readings	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21
O-E measurement	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21
O-V6 measurement	HKLEN21				HKLEN21		
Heel-to-knee length							
Bioelectric impedance							
resistance	BIORES21				BIORES21		
reactance	BIOREA21				BIOREA21		
Results of ECG	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21
Reason ECG incomplete or not done	REASON21	REASON21	REASON21	REASON21	REASON21	REASON21	REASON21
Specify other	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21
60 Second Heart rate	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21
Were these alert conditions noted?							
atrial fibrillation	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21
atrial flutter	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21
Wolf-Parkinson White	WPW21	WPW21	WPW21	WPW21	WPW21	WPW21	WPW21
idioventricular rhythm	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21
ventricular tachycardia	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21
complete heart block	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21
acute pericarditis	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21
any ref to injury or ischemia	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21
Test was done supine/semi-recumbant							TSTDON21
Able to do...?							
remove shoes			RSHOES21	RSHOES21	RSHOES21	RSHOES21	RSHOES21
transfer off chair			OFFCHR21	OFFCHR21	OFFCHR21	OFFCHR21	OFFCHR21
get onto table			ONTABL21	ONTABL21	ONTABL21	ONTABL21	ONTABL21
get off table			OFFTBL21	OFFTBL21	OFFTBL21	OFFTBL21	OFFTBL21
put on shoes			SHOEON21	SHOEON21	SHOEON21	SHOEON21	SHOEON21
Technician identification number			TECHID21	TECHID21	TECHID21	TECHID21	TECHID21
Date			DATE21	DATE21	DATE21	DATE21	DATE21

Resting 12-Lead ECG Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	YEAR21	YEAR21	YEAR21	YEAR21
Chest Square Readings O-E measurement O-V6 measurement Heel-to-knee length Bioelectric impedance resistance reactance Results of ECG Reason ECG incomplete or not done Specify other 60 Second Heart rate Were these alert conditions noted? atrial fibrillation atrial flutter Wolf-Parkinson White idioventricular rhythm ventricular tachycardia complete heart block acute pericarditis any ref to injury or ischemia Test was done supine/semi-recumbant	OEMEAS21 OV6MEA21      COMPIN21 REASON21 RSSPEC21 PULSE21  ATRFIB21 ATFLUT21 WPW21 IVRHY21 VTACH21 COMPHB21 APERIC21 INJURY21 TSTDON21	OEMEAS21 OV6MEA21      COMPIN21 REASON21 RSSPEC21 PULSE21  ATRFIB21 ATFLUT21 WPW21 IVRHY21 VTACH21 COMPHB21 APERIC21 INJURY21 TSTDON21	OEMEAS21 OV6MEA21      COMPIN21 REASON21 RSSPEC21 PULSE21  ATRFIB21 ATFLUT21 WPW21 IVRHY21 VTACH21 COMPHB21 APERIC21 INJURY21 TSTDON21	OEMEAS21 OV6MEA21      COMPIN21 REASON21 RSSPEC21 PULSE21  ATRFIB21 ATFLUT21 WPW21 IVRHY21 VTACH21 COMPHB21 APERIC21 INJURY21 TSTDON21
Able to do...? remove shoes transfer off chair get onto table get off table put on shoes	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21
Technician identification number Date	TECHID21 DATE21	TECHID21 DATE21	TECHID21 DATE21	TECHID21 DATE21

12-Lead ECG Data  
(Record 42)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	RDATE42	RDATE42	RDATE42	RDATE42	RDATE42	YEAR42	YEAR42
Record Time	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Participant Name	NAME42						
Location Code	LOC42	LOC42	LOC42	LOC42	LOC42	LOC42	LOC42
Cart Code	CART42	CART42	CART42	CART42	CART42	CART42	CART42
Quality Grade	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42
Minnesota Code - L1	L142	L142	L142	L142	L142	L142	L142
Minnesota Code - F1	F142	F142	F142	F142	F142	F142	F142
Minnesota Code - V1	V142	V142	V142	V142	V142	V142	V142
Minnesota Code - L4	L442	L442	L442	L442	L442	L442	L442
Minnesota Code - F4	F442	F442	F442	F442	F442	F442	F442
Minnesota Code - V4	V442	V442	V442	V442	V442	V442	V442
Minnesota Code - L5	L542	L542	L542	L542	L542	L542	L542
Minnesota Code - F5	F542	F542	F542	F542	F542	F542	F542
Minnesota Code - V5	V542	V542	V542	V542	V542	V542	V542
Minnesota Code - L92	L9242	L9242	L9242	L9242	L9242	L9242	L9242
Minnesota Code - F92	F9242	F9242	F9242	F9242	F9242	F9242	F9242

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable	RDATE42	RDATE42	RDATE42	RDATE42
Record Time	RTIME42	RTIME42	RTIME42	RTIME42
Participant ID	IDNO	IDNO	IDNO	IDNO
Participant Name				
Location Code	LOC42	LOC42	LOC42	LOC42
Cart Code	CART42	CART42	CART42	CART42
Quality Grade	QUAL42	QUAL42	QUAL42	QUAL42
Minnesota Code - L1	L142	L142	L142	L142
Minnesota Code - F1	F142	F142	F142	F142
Minnesota Code - V1	V142	V142	V142	V142
Minnesota Code - L4	L442	L442	L442	L442
Minnesota Code - F4	F442	F442	F442	F442
Minnesota Code - V4	V442	V442	V442	V442
Minnesota Code - L5	L542	L542	L542	L542
Minnesota Code - F5	F542	F542	F542	F542
Minnesota Code - V5	V542	V542	V542	V542
Minnesota Code - L92	L9242	L9242	L9242	L9242
Minnesota Code - F92	F9242	F9242	F9242	F9242

12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Minnesota Code - V92	V9242	V9242	V9242	V9242	V9242	V9242	V9242
Minnesota Code - C2	C242	C242	C242	C242	C242	C242	C242
Minnesota Code - C3	C342	C342	C342	C342	C342	C342	C342
Minnesota Code - C6	C642	C642	C642	C642	C642	C642	C642
Minnesota Code - C7	C742	C742	C742	C742	C742	C742	C742
Minnesota Code - C91	C9142	C9142	C9142	C9142	C9142	C9142	C9142
Minnesota Code - C93	C9342	C9342	C9342	C9342	C9342	C9342	C9342
Minnesota Code - C94	C9442	C9442	C9442	C9442	C9442	C9442	C9442
Minnesota Code - C95	C9542	C9542	C9542	C9542	C9542	C9542	C9542
Minnesota Code - E7	E742	E742	E742	E742	E742	E742	E742
Minnesota 8 Code - 1	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142
Minnesota 8 Code - 2	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242
Minnesota 8 Code - 3	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342
Minnesota 8 Code - 4	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442
Minnesota 8 Code - 5	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542
Minnesota 8 Code - 6	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642
Minnesota 8 Code - 7	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742
Minnesota 8 Code - 8	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Minnesota Code - V92	V9242	V9242	V9242	V9242
Minnesota Code - C2	C242	C242	C242	C242
Minnesota Code - C3	C342	C342	C342	C342
Minnesota Code - C6	C642	C642	C642	C642
Minnesota Code - C7	C742	C742	C742	C742
Minnesota Code - C91	C9142	C9142	C9142	C9142
Minnesota Code - C93	C9342	C9342	C9342	C9342
Minnesota Code - C94	C9442	C9442	C9442	C9442
Minnesota Code - C95	C9542	C9542	C9542	C9542
Minnesota Code - E7	E742	E742	E742	E742
Minnesota 8 Code - 1	MINN8142	MINN8142	MINN8142	MINN8142
Minnesota 8 Code - 2	MINN8242	MINN8242	MINN8242	MINN8242
Minnesota 8 Code - 3	MINN8342	MINN8342	MINN8342	MINN8342
Minnesota 8 Code - 4	MINN8442	MINN8442	MINN8442	MINN8442
Minnesota 8 Code - 5	MINN8542	MINN8542	MINN8542	MINN8542
Minnesota 8 Code - 6	MINN8642	MINN8642	MINN8642	MINN8642
Minnesota 8 Code - 7	MINN8742	MINN8742	MINN8742	MINN8742
Minnesota 8 Code - 8	MINN8842	MINN8842	MINN8842	MINN8842

12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Minnesota 8 Code - 9	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942
Cardiac Injury Score	CIS42	CIS42	CIS42	CIS42	CIS42	CIS42	CIS42
Lead I Reject Flag	LDI42	LDI42	LDI42	LDI42	LDI42	LDI42	LDI42
Lead II Reject Flag	LDII42	LDII42	LDII42	LDII42	LDII42	LDII42	LDII42
Lead III Reject Flag	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42
Lead AVR Reject Flag	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42
Lead AVL Reject Flag	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42
Lead AVF Reject Flag	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42
Lead V1 Reject Flag	LDV142	LDV142	LDV142	LDV142	LDV142	LDV142	LDV142
Lead V2 Reject Flag	LDV242	LDV242	LDV242	LDV242	LDV242	LDV242	LDV242
Lead V3 Reject Flag	LDV342	LDV342	LDV342	LDV342	LDV342	LDV342	LDV342
Lead V4 Reject Flag	LDV442	LDV442	LDV442	LDV442	LDV442	LDV442	LDV442
Lead V5 Reject Flag	LDV542	LDV542	LDV542	LDV542	LDV542	LDV542	LDV542
Lead V6 Reject Flag	LDV642	LDV642	LDV642	LDV642	LDV642	LDV642	LDV642
Heart Rate	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42
P Axis	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42
QRS Axis	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42
T Axis	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Minnesota 8 Code - 9	MINN8942	MINN8942	MINN8942	MINN8942
Cardiac Injury Score	CIS42	CIS42	CIS42	CIS42
Lead I Reject Flag	LDI42	LDI42	LDI42	LDI42
Lead II Reject Flag	LDII42	LDII42	LDII42	LDII42
Lead III Reject Flag	LDIII42	LDIII42	LDIII42	LDIII42
Lead AVR Reject Flag	LDAVR42	LDAVR42	LDAVR42	LDAVR42
Lead AVL Reject Flag	LDAVL42	LDAVL42	LDAVL42	LDAVL42
Lead AVF Reject Flag	LDAVF42	LDAVF42	LDAVF42	LDAVF42
Lead V1 Reject Flag	LDV142	LDV142	LDV142	LDV142
Lead V2 Reject Flag	LDV242	LDV242	LDV242	LDV242
Lead V3 Reject Flag	LDV342	LDV342	LDV342	LDV342
Lead V4 Reject Flag	LDV442	LDV442	LDV442	LDV442
Lead V5 Reject Flag	LDV542	LDV542	LDV542	LDV542
Lead V6 Reject Flag	LDV642	LDV642	LDV642	LDV642
Heart Rate	HRATE42	HRATE42	HRATE42	HRATE42
P Axis	PAXIS42	PAXIS42	PAXIS42	PAXIS42
QRS Axis	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42
T Axis	TAXIS42	TAXIS42	TAXIS42	TAXIS42



12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
P-R Interval (msec)	PR42	PR42	PR42	PR42	PR42	PR42	PR42
Q-T Interval (msec)	QT42	QT42	QT42	QT42	QT42	QT42	QT42
J-T Interval (msec)	JT42	JT42	JT42	JT42	JT42	JT42	JT42
QRS Interval (msec)	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42
Global U Wave Duration (msec)	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42
Dalhousie ID Number	DALID42	DALID42	DALID42	DALID42	DALID42	DALID42	DALID42
ECG Abnormality*	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42
Left Ventricular Mass	LVM42	LVM42	LVM42	LVM42	LVM42	LVM42	LVM42
Silent MI Novacode	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42
Valid Change for New MI	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42

\*This variable comes from the Reading Center, and its definition is unknown. A recommendation is to use the major and minor abnormality variables defined on the following pages.

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
P-R Interval (msec)	PR42	PR42	PR42	PR42
Q-T Interval (msec)	QT42	QT42	QT42	QT42
J-T Interval (msec)	JT42	JT42	JT42	JT42
QRS Interval (msec)	QRSINT42	QRSINT42	QRSINT42	QRSINT42
Global U Wave Duration (msec)	UWAVE42	UWAVE42	UWAVE42	UWAVE42
Dalhousie ID Number	DALID42	DALID42	DALID42	DALID42
ECG Abnormality*	ABNORM42	ABNORM42	ABNORM42	ABNORM42
Left Ventricular Mass	LVM42	LVM42	LVM42	LVM42
Silent MI Novacode	NOVA42	NOVA42	NOVA42	NOVA42
Valid Change for New MI	NEWMI42	NEWMI42	NEWMI42	NEWMI42

\*This variable comes from the Reading Center, and its definition is unknown. A recommendation is to use the major and minor abnormality variables defined on the following pages.

**ECG Calculated Variables**

<b>ECG VARIABLES</b> Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
1st degree av block	AVB	AVB	AVB	AVB	AVB	AVB	AVB
Atrial fib by ecg	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB
LV hypertrophy by ecg	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH
High R waves	HIR	HIR	HIR	HIR	HIR	HIR	HIR
Incomplete RBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB
Left axis deviation	LAXD	LAXD	LAXD	LAXD	LAXD	LAXD	LAXD
Long QT interval	LQT	LQT	LQT	LQT	LQT	LQT	LQT
Any major ECG abnormalities	MAJABN *	MAJABN *	MAJABN *	MAJABN *	MAJABN *	MAJABN *	MAJABN *
Any ECG abnorm-maj, min	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN
Any minor ECG abnormality	MINABN **	MINABN**	MINABN**	MINABN**	MINABN**	MINABN**	MINABN**
Minor q/qs w/out stt	MIQS	MIQS	MIQS	MIQS	MIQS	MIQS	MIQS
Minor isolated st-t	MIST	MIST	MIST	MIST	MIST	MIST	MIST
Major q or qs abnorm	QQS	QQS	QQS	QQS	QQS	QQS	QQS
Minor q/qs w/ st-t	QST	QST	QST	QST	QST	QST	QST
Right axis deviation	RAXD	RAXD	RAXD	RAXD	RAXD	RAXD	RAXD
Short PR	SPR	SPR	SPR	SPR	SPR	SPR	SPR
St elevation	STE	STE	STE	STE	STE	STE	STE
Isolated major st-t	STT	STT	STT	STT	STT	STT	STT
Ventr conduct defect	VCD	VCD	VCD	VCD	VCD	VCD	VCD

\* MAJABN=1 if any of the following abnormalities are present: VCD, QQS, ECGLVH, STT, ECGAFIB, AVB, QST

\*\* MINABN=1 if any of the following abnormalities are present: MIQS, HIR, MIST, STE, IRBBB, LQT, SPR, LAXD, RAXD

ECG Calculated Variables (cont.)

<b>ECG VARIABLES</b> Variable Label	Year 8	Year 9	Year 10	Year 11
1st degree av block	AVB	AVB	AVB	AVB
Atrial fib by ecg	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB
LV hypertrophy by ecg	ECGLVH	ECGLVH	ECGLVH	ECGLVH
High R waves	HIR	HIR	HIR	HIR
Incomplete RBBB	IRBBB	IRBBB	IRBBB	IRBBB
Left axis deviation	LAXD	LAXD	LAXD	LAXD
Long QT interval	LQT	LQT	LQT	LQT
Any major ECG abnormalities	MAJABN *	MAJABN *	MAJABN *	MAJABN *
Any ECG abnorm-maj, min	MAJMIN	MAJMIN	MAJMIN	MAJMIN
Any minor ECG abnormality	MINABN **	MINABN **	MINABN **	MINABN **
Minor q/qs w/out stt	MIQS	MIQS	MIQS	MIQS
Minor isolated st-t	MIST	MIST	MIST	MIST
Major q or qs abnorm	QQS	QQS	QQS	QQS
Minor q/qs w/ st-t	QST	QST	QST	QST
Right axis deviation	RAXD	RAXD	RAXD	RAXD
Short PR	SPR	SPR	SPR	SPR
St elevation	STE	STE	STE	STE
Isolated major st-t	STT	STT	STT	STT
Ventr conduct defect	VCD	VCD	VCD	VCD

\* MAJABN=1 if any of the following abnormalities are present: VCD, QQS, ECGLVH, STT, ECGAFIB, AVB, QST

\*\* MINABN=1 if any of the following abnormalities are present: MIQS, HIR, MIST, STE, IRBBB, LQT, SPR, LAXD, RAXD

Holter Ischemia Data\*  
(Record 45)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable	none - BL only						
Participant ID number	IDNO						
Dalhousie ID number	DALHID45						
Verified	VERIFY45						
ST - rejected	REJECT45						
Date Day Month Year	DAY45 MONTH45 YEAR45						
Computed Julian recording start date	STRTDT45						
Recording start time (HHMM) end time (HHMM)	STRTTM45 TOTLTM45						
Amount of usable data Channel 1 Channel 2	USE145 USE245						
Amount of missing data Channel 1 Channel 2	MISS145 MISS245						

\*Data available on approximately 1400 participants from Baseline and 1200 from Year 7. The Baseline Holters were completed halfway through Year 3, and the Year 7 Holters were completed at the end of Year 8. For Year 7, ischemia summary variables are in Rec 46 along with rhythm data.

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Median ST (microvolts) Channel 1 Channel 2	MED145 MED245						
ST depression $\geq$ 100 from the median  Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD1145 ND1145 DD1245 ND1245						
ST depression $\geq$ 100 from the median and below the PR baseline  Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD1P145 ND1P145 DD1P245 ND1P245						
ST depression $\geq$ 200 from the median  Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD2145 ND2145 DD2245 ND2245						
ST depression $\geq$ 200 from the median and below the PR baseline  Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD2P145 ND2P145 DD2P245 ND2P245						

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
ST elevation $\geq$ 100 from the median  Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE1145 NE1145 DE1245 NE1245						
ST elevation $\geq$ 100 from the median and above the PR baseline  Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE1P145 NE1P145 DE1P245 NE1P245						
ST elevation $\geq$ 200 from the median  Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE2145 NE2145 DE2245 NE2245						
ST elevation $\geq$ 200 from the median and above the PR baseline  Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE2P145 NE2P145 DE2P245 NE2P245						

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
ST depression $\geq$ 100 from the median with a horizontal or downward slope							
Channel 1 - Total duration	DDH145						
Channel 1 - Total number of episodes	NDH145						
Channel 2 - Total duration	DDH245						
Channel 2 - Total number of episodes	NDH245						
ST depression $\geq$ 100 from the median and below the PR baseline with a horizontal or downward slope							
Channel 1 - Total duration	DDPH145						
Channel 1 - Total number of episodes	NDPH145						
Channel 2 - Total duration	DDPH245						
Channel 2 - Total number of episodes	NDPH245						



Holter Rhythm Form  
(Record 46\*)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	HOLTDT46						HOLTDT46
Participant ID Number	IDNO						IDNO
Technician ID Number	TECH46						TECH46
Gender	GEND46						GEND46
Process Date	READDT46						READDT46
Tape Quality	QUAL46						QUAL46
Recorder Number	RECRDR46						RECRDR46
Recording Start Time (Hours)							RECHR46
Recording Start Time (Minutes)							RECMIN46
Length of Tape (Hours)	LNGTHH46						LNGTHH46
Length of Tape (Minutes)	LNGTHM46						LNGTHM46
Minimum Heart Rate	MINHR46						MINHR46
Maximum Heart Rate	MAXHR46						MAXHR46
Total # Heart Beats	TOTBT46						TOTBT46
Average Heart Beat							AVGHR46
Total # Ventricular Ectopic Beats	TOTVEB46						TOTVEB46

\* Data available on approximately 1400 participants from Baseline and 1250 participants from Year 7. The Baseline Holters were completed halfway through Year 3, and the Year 7 Holters were completed at the end of Year 8. For Year 7, ischemia summary variables and rhythm data are in this record.

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
# Ventricular Ectopic Beats/Hour	VEBRAT46						VEBRAT46
# Single Ventricular Ectopic Beats	NSGVEB46						NSGVEB46
# Bigeminal Ventricular Ectopic Beats	NBGVEB46						NBGVEB46
# Paired Ventricular Ectopic Beats	NPRVEB46						NPRVEB46
Total # Ventricular Tachycardia Runs	NVTRUN46						NVTRUN46
# Beats of Longest Ventricular Tachycardia Run	BTLGVT46						BTLGVT46
Total # of Ventricular Tachycardia Beats							BTTOVT46
Heart Rate of Longest Ventricular Tachycardia Run	HRLGVT46						HRLGVT46
Time of Longest Ventricular Tachycardia Run (Hours)	TMLVTH46						TMLVTH46
Time of Longest Ventricular Tachycardia Run (Minutes)	TMLVTM46						TMLVTM46
Time of Longest Ventricular Tachycardia Run (AM-PM)							TMLVTA46
Time of Longest Ventricular Tachycardia Run (Which Day)							TMLVTD46
Total # Supraventricular Ectopic Beats	TOSVEB46						TOSVEB46
# Supraventricular Ectopic Beats/Hour	SVEBRT46						SVEBRT46
# Single Supraventricular Ectopic Beats	SSVEB46						SSVEB46

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
# Paired Supraventricular Ectopic Beats	PRSV46						PRSV46
Total # Supraventricular Tachycardia Runs	SVTRUN46						SVTRUN46
# Beats of Longest Ventricular Tachycardia Run	BTLSVT46						BTLSVT46
Total # Supraventricular Tachycardia Beats							BTTSVT46
Heart Rate of Longest Supraventricular Tachycardia Run	HRLSVT46						HRLSVT46
Time of Longest Supraventricular Tachycardia Run (Hours)	TLSVTH46						TLSVTH46
Time of Longest Supraventricular Tachycardia Run (Minutes)	TLSVTM46						TLSVTM46
Time of Longest Supraventricular Tachycardia Run (AM-PM)							TLSVTA46
Time of Longest Supraventricular Tachycardia Run (Which Day)							TLSVTD46
Torsades Des Pointes	TORSAD46						TORSAD46
2nd Degree AV Block	SECAVB46						SECAVB46
Complete AV Block	CMPAVB46						CMPAVB46
Pause > 3 Seconds	PAUSE46						PAUSE46
Mobitz I							MBTZI46
Number of Occurrences of Mobitz II							MBTZII46

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
2:1 AV Block							AVBL1246
3:1 AV Block							AVBLA346
Atrial Fibrillation	ATFIB46						ATFIB46
Persistent Bradycardia < 40 Beats/Min	BRADY46						BRADY46
Ventricular Tachycardia > 15 Complexes	VTALT46						VTALT46
Supraventricular Tachycardia > 130 Beats/Min	SVTALT46						SVTALT46
Bradycardia & Tachycardia Alert (Heart Rate < 40 or > 130 Beats/Min)	BRDTAC46						BRDTAC46
Longest Period with Persistent Bradycardia	DURPB46						DURPB46
Calibration Pulse Present							CALIBR46
Number of Ischemic Events							NISCEV46
Duration 1st (Longest) Ischemic Event							IEDUR146
Start Time of 1st Ischemic Event							IEEST146
End Time of 1st Ischemic Event							IEEND146
Duration 2nd Ischemic Event							IEDUR246
Start Time of 2nd Ischemic Event							IEEST246
End Time of 2nd Ischemic Event							IEEND246

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Duration 3rd Ischemic Event							IEDUR346
Start Time of 3rd Ischemic Event							IEST346
End Time of 3rd Ischemic Event							IEEND346
Duration 4th Ischemic Event							IEDUR446
Start Time of 4th Ischemic Event							IEST446
End Time of 4th Ischemic Event							IEEND446
Duration 5th Ischemic Event							IEDUR546
Start Time of 5th Ischemic Event							IEST546
End Time of 5rd Ischemic Event							IEEND546
Ischemic Event > 200uV							IE20046
Alert Level							ALERT46
Report Produced	REPORT46						REPORT46

### Holter Calculated Variables

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Persistent Bradycardia < 40 Beats/Min							BRADYC *
Supraventricular Tachycardia > 130 Beats/Min							SVTALTC **

\* only calculated for those who had holters: if minhr46 < 40 then BRADYC=1, otherwise BRADYC=0.

\*\*only calculated for those who had holters: if svtrun46 > 0 and hrsvt46 > 130 then SVTALTC=1, otherwise SVTALTC=0.

MRI Exclusion Criteria  
(Record 50)

Question	Years 4-6	Years 10-11
Date Selection Variable	KDATE50	KDATE50
Is participant eligible on basis of weight?	WTEXCL50	WTEXCL50
Have you ever had an MRI scan?	SCAN50	SCAN50
Did you have an MRI outside of CHS?		MRIOUT50
Have you ever had surgery in which aneurysm clips were used? - were metal clips used? (check medical records)	CLIPS50 METAL50	CLIPS50 METAL50
Have you ever had metal fragments in your eyes, brain or spinal cord?	FRAG50	FRAG50
Do you have a cardiac pacemaker?	PACEMK50	PACEMK50
Do you have an artificial heart valve? - when was it put in? - what type was it? (if put in before 1970) - was ball in cage used? (if type was unknown)	HRTVLV50 WHENHV50 HVTYPE50 HVBIC50	HRTVLV50 WHENHV50 HVTYPE50 HVBIC50
Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator?	ELECTR50	ELECTR50

Question	Years 4-6	Years 10-11
Does participant pass all MRI exclusion criteria? *	PASS50	PASS50
- Does participant agree to MRI?	AGREE50	AGREE50
- appointment made for: date hour minute am/pm	APPT50 APPTHR50 APPTMN50 APPTAP50 CONDAT50	APPT50 APPTHR50 APPTMN50 APPTAP50 CONDAT50
- contact for an appointment after this date		
- reason for refusal?	REASON50	REASON50
- other refusal reason--specify	RSPEC50	RSPEC50
May we contact your doctor to obtain a copy of the film from this exam?	CONDR50	CONDR50

MRI Pre-scan Interview and Exam Form\*  
(Record 51)

Question	Years 4-6	Years 10-11
Date Selection Variable	KDATE51	KDATE51
Have you ever had an injury that resulted in loss of consciousness? - How many times?	KO51 TIMES51	KO51 TIMES51
Have you ever been in a coma? - What was the cause?	COMA51 CSPEC51	COMA51 CSPEC51
Have you ever been told you had cerebral palsy?	CP51	CP51
Have you ever had cancer? - What type?	CANCER51 CASPEC51	CANCER51 CASPEC51
Have you ever been told you had a brain tumor?	TUMOR51	TUMOR51
Have you ever had an operation on your brain? - What for?	OPER51 OPSPEC51	OPER51 OPSPEC51
Have you ever had a seizure or convulsion? - Only as a child? - Within the last 5 years?	SEIZUR51 CHILD51 FIVE51	SEIZUR51 CHILD51 FIVE51
Do you have loss of memory other than for people's names?	LOSS51	LOSS51
Have you ever had migraine headaches? - Is this a doctor's diagnosis?	MIGRAI51 DIAGN51	MIGRAI51 DIAGN51

\*Interview performed once in years 4, 5 or 6; and again in years 10 or 11.

Question	Years 4-6	Years 10-11
Have you ever been told by a doctor that you had any other neurological disease (e.g. M.S. or Parkinson's) - What disease?	NEURO51 NSPEC51	
Have you ever been told by a doctor that you had any of the following? - Parkinson's disease - Alzheimer's disease - Other dementia - Other neurologic		PARKIN51 ALZHEI51 DEMENT51 OTHNEU51
What hand would you normally use to throw a ball to hit a target?	HAND51	HAND51
Is the participant able to walk 15 feet? - Right hemiparetic? - Left hemiparetic?	WALK51 RHEMI51 LHEMI51	WALK51 RHEMI51 LHEMI51
Walking on toes: - right weakness? - left weakness? - explanation for weakness? yes/no - specify reason for weakness.	RTOE51 LTOE51 TREAS51 TSPEC51	RTOE51 LTOE51 TREAS51 TSPEC51
Walking on heels: - right weakness? - left weakness? - explanation for weakness? yes/no - specify reason for weakness.	RHEEL51 LHEEL51 HREAS51 HSPEC51	RHEEL51 LHEEL51 HREAS51 HSPEC51



MRI Pre-scan Interview and Exam Form (cont.)

Question	Years 4-6	Years 10-11
Station: - eyes closed? - eyes open? - explanation for unsteadiness? yes/no - specify reason for unsteadiness	CLOSED51 OPEN51 STREAS51 SSPEC51	CLOSED51 OPEN51 STREAS51 SSPEC51
Visual field deficit/extinction: - right field deficit/extinction? - left field deficit/extinction? - explanation for vision problem? y/n - specify explanation for vision prob.	RVISUL51 LVISUL51 VREAS51 VSPEC51	RVISUL51 LVISUL51 VREAS51 VSPEC51
Pronator drift: - right weakness? - left weakness? - explanation for weakness? yes/no - specify explanation for weakness?	RPRON51 LPRON51 PREAS51 PSPEC51	RPRON51 LPRON51 PREAS51 PSPEC51
Interviewer ID	INTID51	INTID51
Interview date	DATE51	DATE51

MRI Completion Form\*  
(Record 52)

Question	Years 4-6	Years 10-11
Date Selection Variable	KDATE52	KDATE52
<u>Completed by CHS technician</u>		
Was MRI completed? **	COMPLT52	COMPTL52
yes - date completed	COMPDT52	COMPDT52
attempted but incomplete		
- date of incomplete MRI	INCDT52	INCDT52
- reason for incomplete (claustrophobia or other)	REAINC52	REAINC52
- specify other reason	OTHREA52	OTHREA52
- was tape sent to MRI reading center	TAPSNT52	TAPSNT52
not attempted		
- reason	NOTATT52	NOTATT52
- rescheduled for this date	RESCDT52	RESCDT52
- reason scan refused	REFUSE52	REFUSE52
- specify other reason for not attempting MRI	OTHER52	OTHER52
CHS technician ID	CHSID52	CHSID52
CHS technician date	CHSDT52	CHSDT52

\*\* Variable COMPLETE in i:\savefile\mrsum.sav.

\*Interview performed once in years 4, 5 or 6; and again in years 10 or 11.

Question	Years 4-6	Years 10-11
<u>Completed by MRI technician</u>		
Order of scanning pulse sequence: (three choices: T1 Sagittal; Spin density/T2 Oblique Axial; T1 Oblique Axial)		
- sequence performed first	ORDER152	ORDER152
- sequence performed second	ORDER252	ORDER252
- sequence performed third	ORDER352	ORDER352
- other scanning pulse sequence	OTHORD52	OTHORD52
Was oblique scan parallel to the AC/PC line?	PARALL52	PARALL52
Were any emergent alert conditions noted? - specify the condition	ALERT52	ALERT52
- who was notified?	CONDIT52	CONDIT52
- date of alert	WHONOT52	WHONOT52
	ALRTDT52	ALRTDT52
MRI technician ID	MRIID52	MRIID52
Date of MRI	MRIDT52	MRIDT52

Interview performed once in years 4, 5 or 6; and again in years 10 or 11.

MRI Acceptability Form  
(Record 53)

Question	Years 4-6	Years 10-11
Date Selection Variable	KDATE53	**
Did you experience discomfort during the procedure?	DISCOM53	
Did you experience pain in back/neck? - severity of back/neck pain	PAIN53 PAINSV53	
Did you experience stiffness in back/neck? - severity of back/neck stiffness	STIFF53 STIFSV53	
Did you experience claustrophobia? - severity of claustrophobia	CLAUST53 CLAUSV53	
Did you experience anxiety or fear? - severity of anxiety or fear	ANXIET53 ANXSV53	
Did you experience discomfort from noise? - severity of discomfort from noise	NOISE53 NOISEV53	
Did you experience any other discomfort? - specify other discomfort - severity of other discomfort	OTHDIS53 DISSPC53 DISSEV53	
Would the following improve the procedure: - shorten the duration - use a softer table - reduce the noise level - other suggestion - specify other suggestion	SHORT53 SOFTER53 REDUCE53 OTHSUG53 SUGSPC53	

Question	Years 4-6	Years 10-11
Is there anything that would make the procedure more acceptable? - specify	ACCEPT53 ACCSPC53	
Interviewer ID	INTID53	
Interview date	DATE53	

Interview performed once in years 4, 5 or 6; and again in years 10 or 11.

\*\* Not administered.

MRI "Gold Standard" Form\*  
(Record 54)

Question	Years 4-6	Years 10-11
Date Selection Variable (Scan Date)	MRIDT54	MRIDT54
Date Of Interpretation	INTDAT54	INTDAT54
Participant ID	IDNO	IDNO
<b><u>Graded Variables</u></b>		
Global Brain Atrophy - Ventricles	VENT54	VENT54
Global Brain Atrophy - Sulci	SULCI54	SULCI54
White Matter, Grade	WHGRD54	WHGRD54
<b><u>Measured Variables</u></b>		
Global Atrophy - Bifrontal Distance	BIDIST54	BIDIST54
Global Atrophy - Inner Table Distance	ITDIST54	ITDIST54
Global Atrophy - Central Sulcus Width	CNTSUL54	CNTSUL54
<b><u>White Matter Variables</u></b>		
Predominant Location	WHPLOC54	WHPLOC54
Symmetry	WHSYM54	WHSYM54
Brain Stem Lesions	WHBRST54	WHBRST54

Question	Years 4-6	Years 10-11
<b><u>INFARCTS</u></b>		
Large Infarcts	INFARC54	INFARC54
<b><u>SMALL INFARCTS</u></b>		
Small Infarct	SMLINF54	SMLINF54
<b><u>Small Basal Ganglia Infarcts</u></b>		
Number	BGNUM54	BGNUM54
Side	BGSIDE54	BGSIDE54
T1	BGT154	BGT154
<b><u>Small White Matter Infarcts</u></b>		
Number	WMNUM54	WMNUM54
Side	WMSIDE54	WMSIDE54
<b><u>Small Brain Stem Infarcts</u></b>		
Number	BSNUM54	BSNUM54
Side	BSSIDE54	BSSIDE54
<b><u>Large Infarcts</u></b>		
<b><u>Large Infarct #1</u></b>		
Large Infarct #1 Present	LINF154	LINF154
Side	ISIDE154	ISIDE154

MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
Size - Right/Left	ISZRL154	ISZRL154
Size - Anterior/Posterior	ISZAP154	ISZAP154
Number of Slices	IZ154	IZ154
Predominant MR Signal - T1	IMRT1154	IMRT1154
Predominant MR Signal - PD	IMRPD154	IMRPD154
Predominant MR Signal - T2	IMRT2154	IMRT2154
Hemorrhagic	IHEM154	IHEM154
First Location	ILOC1154	ILOC1154
Second Location	ILOC2154	ILOC2154
Third Location	ILOC3154	ILOC3154
Fourth Location	ILOC4154	ILOC4154
<b><u>Large Infarct #2</u></b>		
Large Infarct #2 Present	LINF254	LINF254
Side	ISIDE254	ISIDE254
Size - Right/Left	ISZRL254	ISZRL254
Size - Anterior/Posterior	ISZAP254	ISZAP254
Number of Slices	IZ254	IZ254
Predominant MR Signal - T1	IMRT1254	IMRT1254

Question	Years 4-6	Years 10-11
Predominant MR Signal - PD	IMRPD254	IMRPD254
Predominant MR Signal - T2	IMRT2254	IMRT2254
Hemorrhagic	IHEM254	IHEM254
First Location	ILOC1254	ILOC1254
Second Location	ILOC2254	ILOC2254
Third Location	ILOC3254	ILOC3254
Fourth Location	ILOC4254	ILOC4254
<b><u>Large Infarct #3</u></b>		
Large Infarct #3 Present	LINF354	LINF354
Side	ISIDE354	ISIDE354
Size - Right/Left	ISZRL354	ISZRL354
Size - Anterior/Posterior	ISZAP354	ISZAP354
Number of Slices	IZ354	IZ354
Predominant MR Signal - T1	IMRT1354	IMRT1354
Predominant MR Signal - PD	IMRPD354	IMRPD354
Predominant MR Signal - T2	IMRT2354	IMRT2354
Hemorrhagic	IHEM354	IHEM354
First Location	ILOC1354	ILOC1354

MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
Second Location	ILOC2354	ILOC2354
Third Location	ILOC3354	ILOC3354
Fourth Location	ILOC4354	ILOC4354
<b><u>Large Infarct #4</u></b>		
Large Infarct #4 Present	LINF454	LINF454
Side	ISIDE454	ISIDE454
Size - Right/Left	ISZRL454	ISZRL454
Size - Anterior/Posterior	ISZAP454	ISZAP454
Number of Slices	IZ454	IZ454
Predominant MR Signal - T1	IMRT1454	IMRT1454
Predominant MR Signal - PD	IMRPD454	IMRPD454
Predominant MR Signal - T2	IMRT2454	IMRT2454
Hemorrhagic	IHEM454	IHEM454
First Location	ILOC1454	ILOC1454
Second Location	ILOC2454	ILOC2454
Third Location	ILOC3454	ILOC3454
Fourth Location	ILOC4454	ILOC4454

Question	Years 4-6	Years 10-11
<b><u>Large Infarct #5</u></b>		
Large Infarct #5 Present	LINF554	LINF554
Side	ISIDE554	ISIDE554
Size - Right/Left	ISZRL554	ISZRL554
Size - Anterior/Posterior	ISZAP554	ISZAP554
Number of Slices	IZ554	IZ554
Predominant MR Signal - T1	IMRT1554	IMRT1554
Predominant MR Signal - PD	IMRPD554	IMRPD554
Predominant MR Signal - T2	IMRT2554	IMRT2554
Hemorrhagic	IHEM554	IHEM554
First Location	ILOC1554	ILOC1554
Second Location	ILOC2554	ILOC2554
Third Location	ILOC3554	ILOC3554
Fourth Location	ILOC4554	ILOC4554
<b><u>Hematomas</u></b>		
<b><u>Hematoma #1</u></b>		
Hematoma #1 Present	HEM154	HEM154

MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
Side	HSIDE154	HSIDE154
Size - Right/Left	HSZRL154	HSZRL154
Size - Anterior/Posterior	HSZAP154	HSZAP154
Number of Slices	HZ154	HZ154
Predominant MR Signal - T1	HMRT1154	HMRT1154
Predominant MR Signal - PD	HMRPD154	HMRPD154
Predominant MR Signal - T2	HMRT2154	HMRT2154
Age	HAGE154	HAGE154
First Location	HLOC1154	HLOC1154
Second Location	HLOC2154	HLOC2154
Third Location	HLOC3154	HLOC3154
Fourth Location	HLOC4154	HLOC4154
<b><u>Hematoma #2</u></b>		
Hematoma #2 Present	HEM254	HEM254
Side	HSIDE254	HSIDE254
Size - Right/Left	HSZRL254	HSZRL254
Size - Anterior/Posterior	HSZAP254	HSZAP254
Number of Slices	HZ254	HZ254

Question	Years 4-6	Years 10-11
Predominant MR Signal - T1	HMRT1254	HMRT1254
Predominant MR Signal - PD	HMRPD254	HMRPD254
Predominant MR Signal - T2	HMRT2254	HMRT2254
Age	HAGE254	HAGE254
First Location	HLOC1254	HLOC1254
Second Location	HLOC2254	HLOC2254
Third Location	HLOC3254	HLOC3254
Fourth Location	HLOC4254	HLOC4254
<b><u>Hematoma #3</u></b>		
Hematoma #3 Present	HEM354	HEM354
Side	HSIDE354	HSIDE354
Size - Right/Left	HSZRL354	HSZRL354
Size - Anterior/Posterior	HSZAP354	HSZAP354
Number of Slices	HZ354	HZ354
Predominant MR Signal - T1	HMRT1354	HMRT1354
Predominant MR Signal - PD	HMRPD354	HMRPD354
Predominant MR Signal - T2	HMRT2354	HMRT2354
Age	HAGE354	HAGE354

MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
First Location	HLOC1354	HLOC1354
Second Location	HLOC2354	HLOC2354
Third Location	HLOC3354	HLOC3354
Fourth Location	HLOC4354	HLOC4354
<b><u>Focal Brain Atrophy</u></b>		
Focal Brain Atrophy	FOCAL54	FOCAL54
<b><u>Atrophy: Cerebrum</u></b>		
ACA Frontal	ACAF54	ACAF54
ACA Parietal	ACAP54	ACAP54
MCA Frontal	MCAF54	MCAF54
MCA Parietal	MCAP54	MCAP54
MCA Temporal	MCAT54	MCAT54
PCA Parietal	PCAP54	PCAP54
PCA Temporal	PCAT54	PCAT54
PCA Occipital	PCAO54	PCAO54

Question	Years 4-6	Years 10-11
<b><u>Atrophy: Cerebellum</u></b>		
SCA	SCA54	
AICA	AICA54	
PICA	PICA54	
<b><u>Atrophy: Deep Matter</u></b>		
Deep Cerebellar White Matter	CBLWM54	CBLWM54
Caudate	CAUD54	CAUD54
Lentiform Nuclei	LNTFRM54	LNTFRM54
Interior Capsule - Anterior limb	INTCPA54	INTCPA54
Interior Capsule - Posterior limb	INTCPP54	INTCPP54
Thalamus	THAL54	THAL54
Midbrain	MIDBRN54	MIDBRN54
Pons	PONS54	PONS54
Medulla	MEDUL54	MEDUL54
Deep Cerebral White Matter		CBRWM54
<b><u>Atrophy: Watershed</u></b>		
ACA:MCA	ACAMCA54	ACAMCA54
MCA:PCA	MCAPCA54	MCAPCA54



MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
<b><u>Other Variables</u></b>		
Perivascular Spaces	PERISP54	PERISP54
Other Diagnoses	OTHDIA54	OTHDIA54
Alert Status	ALERT54	ALERT54
Parenchymal Hematoma	PARHEM54	PARHEM54
<b><u>Administrative Information</u></b>		
Date received from Field Center	RCVDT54	RCVDT54
Full Dataset received	FULSET54	FULSET54
Scan Protocol correct	PRCORR54	PRCORR54
Reader ID	READID	READID
Technical Adequacy	TECHAD54	TECHAD54
Type of Reading	RDTYPE54	RDTYPE54
Type of Study	STUDY54	STUDY54
Acrostic	NAME54	NAME54
Text	TEXT54	TEXT54
MRI Repeat	MRIRPT54	MRIRPT54
Reason for Adjudication Reading		ADJRSN54
Case Status	CASEST54	CASEST54
Set Number	SETNO54	SETNO54

Examination performed once in years 4, 5 or 6; and again in years 10 or 11.

MRI Calculated Variables

<b>MRI VARIABLES</b> Variable Label	Years 4-6	Years 10-11
Age at MRI	AGEMRI*	
Completion status	COMPLETE*	COMPMRI2
Frontal horn ratio	FHR*	
Location of 1st hematoma	HLOC1*	
Location of 2nd hematoma	HLOC2*	
Location of 3rd hematoma	HLOC3*	
Location of hematomas	HLOCSUM*	
Maximum dim. of 1st hematoma	HMAXSZ1*	
Maximum dim. of 2nd hematoma	HMAXSZ2*	
Maximum dim. of 3rd hematoma	HMAXSZ3*	
Location of 1st infarct	ILOC1*	
Location of 2nd infarct	ILOC2*	
Location of 3rd infarct	ILOC3*	
Location of 4th infarct	ILOC4*	
Location of 5th infarct	ILOC5*	
Location of infarcts	ILOCSUM*	
Size of largest infarct	IMAXSUM*	
Maximum dim. of lgst. inf 1	IMAXSZ1*	
Maximum dim. of lgst. inf 2	IMAXSZ2*	

<b>MRI VARIABLES</b> Variable Label	Years 4-6	Years 10-11
Maximum dim. of lgst. inf 3	IMAXSZ3*	

<b>MRI VARIABLES</b> Variable Label	Years 4-6	Years 10-11
Maximum dim. of lgst. inf 4	IMAXSZ4*	
Maximum dim. of lgst. inf 5	IMAXSZ5*	
Lacunar infarct	LACUNE*	
MRI evidence of stroke	MRSTRK*	
1 of more large infarcts	NLINF2*	
Number of hematomas	NUMHEM*	
Number of large infarcts	NUMLINF*	
Volume-total	VOL*	
Volume-inf #1	VOL1*	
Volume-inf #2	VOL2*	
Volume-inf #3	VOL3*	
Volume-inf #4	VOL4*	
Volume-inf #5	VOL5*	
Availability of 1 <sup>st</sup> or 2 <sup>nd</sup> MRI		MRIAVAIL

\*From MRISUM.SAV; measured only in Year 4, 5 or 6.

Retinal Exam  
(Record 74)\*

Question	Year 8	Year 9	Year 10	Year 11
Date Selection Variable			DATE74	
Year in Study			YEAR74	
<u>INTERVIEW</u> Last time optometrist seen?			OPTOM74	
Doctor ever said you had diabetes?			DIAB74	
Number of years had diabetes?			DIABYR74	
Doctor ever said you have eye problems from diabetes?			DBPROB74	
Which eye affected by diabetes?			WHPROB74	
Ever have laser treatments on eyes for diabetes?			DBLAS74	
Which eye laser treated for diabetes?			WHDLAS74	
Doctor ever said you have glaucoma?			GLAUC74	
Which eye affected by glaucoma?			WHGLAU74	
Doctor ever said you have eye problems from macular degeneration?			MACDEG74	
Which eye affected by macular degeneration?			WHMAC74	

\* First administered in Year 10

Retinal Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Ever have laser treatment for macular degeneration?			MACLAS74	
Which eye laser treated for macular degeneration?			WHMLAS74	
Doctor ever said you have cataracts?			CATAR74	
Which eye affected by cataracts?			WHCAT74	
Ever had surgery for cataracts?			SURCAT74	
Surgery for cataracts on which eye?			WHSURG74	
Doctor ever said you have artery blockage in eye?			BLOCK74	
Which eye affected by blockage?			WHBLOC74	
Ever have laser treatment for blockage			BLKLAS74	
Which eye laser treated for blockage?			WHBLAS74	
Any difficulty with small print?			DSMALL74	
How much difficulty with small print?			HDSMAL74	
Any difficulty with newspapers?			DNEWSP74	
How much difficulty with newspapers?			HDNEWS74	
Any difficulty with large print?			DLARGE74	
How much difficulty with large print?			HDLARG74	

Retinal Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Any difficulty recognizing people?			DPEOPL74	
How much difficulty recognizing people?			HDPEOP74	
And difficulty with seeing steps or curbs?			DSTEPS74	
How much difficulty seeing steps or curbs?			HDSTEP74	
And difficulty reading street signs?			DSIGNS74	
How much difficulty reading street signs?			HDSIGN74	
Any difficulty with fine hand work?			DHANDW74	
How much difficulty with fine hand work?			HDHAND74	
And difficulty filling out checks/ forms?			DFORMS74	
How much difficulty filling out checks or forms?			HDFORM74	
Any difficulty playing games?			DGAMES74	
How much difficulty playing games?			HDGAME74	
Any difficulty playing sports?			DSPORT74	
How much difficulty playing sports?			HDSPOR74	
Any difficulty cooking?			DCOOK74	
How much difficulty cooking?			HDHOOK74	

Retinal Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11
And difficulty watching TV?			DTELEV74	
How much difficulty watching TV?			HDTVIS74	
Do you currently drive a car?			CURDRV74	
How much difficulty driving during day because of vision?			DIFDAY74	
How much difficulty driving at night because of vision?			DIFNIT74	
Have you ever driven a car?			EVERDR74	
When did you stop driving?			WHENST74	
Why did you stop driving?			WHYSTP74	
Completely blind in one or both eyes?			BLIND74	
In which eye are you blind?			WHBLIN74	
Ever had an eye removed?			REMOVE74	
Which eye removed?			WHREMV74	
<u>RETINAL EXAM</u> Type of eye selection			SELECT74	
Which eye photographed?			WHPHOT74	
Reason for not photographing?			NOPHOT74	
Technician ID			TECHID74	
Date of Procedure			PRODAT74	

Retinal Data  
(Record 77)

Question	Year 8	Year 9	Year 10	Year 11
Data Selection Variable			PHDATE77	
Eye			EYE77	
Ship Number			SHIP77	
Photo Date			PHDATE77	
Name Code			NAMCD77	
Photograph			PHOTOG77	
Pupil			PUPIL77	
Grade Date			GRDDT77	
Grader			GRDR77	
Export Code			EXPCD77	
Export Date			EXPDT77	
Focus			FOCUS77	
Field Definition			FLDDEF77	
Artifacts			ART77	
Haze			HAZE77	
Dust			DUST77	
Lashes			LASHES77	
Arc			ARC77	

Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Uneven Illum Edge			ILEDGE77	
Uneven Illum Disc Zone			ILDISC77	
Uneven Illum Macula			ILMAC77	
Total Blink			TBLINK77	
Art - Other			ARTOTH77	
Disc Obscured or Missing			DISCOB77	
Macula Obscured or Missing			MACOB77	
Gradability			GRADAB77	
FN Disc Arterial Abnormalities			FNDISC77	
FN Zone A Arterial Abnormalities			FNZONE77	
General Narrowing			GN77	
Focal Narrowing ST			FNST77	
Focal Narrowing SN			FNSN77	
Focal Narrowing IN			FNIN77	
Focal Narrowing IT			FNIT77	
Sheathing ST			SHTHST77	
Sheathing SN			SHTHSN77	
Sheathing IN			SHTHIN77	
Sheathing IT			SHTHIT77	
Changes in A/V Crossings ST			CHAVST77	
Changes in A/V Crossing SN			CH AVSN77	



Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Changes in A/V Crossings IN			CHAVIN77	
Changes in A/V Crossing IT			CHAVIT77	
Lesions DR GK			LEDRGK77	
Hemorrhages/Microaneurysms			HEMMA77	
Number of Microaneurysms			NUMMA77	
Number of Retinal Hemorrhages			NUMRET77	
Type of Retinal Hemorrhage			TYPRET77	
Hard Exudate			HRDEXU77	
Soft Exudate			SFTEXU77	
Macular Edema			MACED77	
Laser Photocoagulation			LASRPC77	
IRMA			IRMA77	
Venous Beading			VENOUS77	
NVD			NVD77	
NVE			NVE77	
VH/PRH			VHPRH77	
FP			FP77	
Diabetic Retinal Level			DRLVL77	
Diabetic Retinal Level SE2			DRLSE277	
Diabetic Retinal Level SE3			DR LSE377	

Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Diabetic Retinal Level SE4			DRLSE477	
Diabetic Retinal Level SE5			DRLSE577	
Central Artery Occlusion			CNTART77	
Branch Artery Occlusion			BRNART77	
Central Vein Occlusion			CNTVEN77	
Branch Vein Occlusion			BRNVEN77	
Hollenhorst Plaque			HOLPLQ77	
Asteroid Hyalosis			ASTHYL77	
Large Cup Disc Ratio			LRGCUP77	
RH Within Disc Ratio			RHDISC77	
Perpapillary Atrophy			PERPAT77	
Papillary Swelling			PAPSWL77	
Other Disc Abnormality			OTHDAB77	
Glial Vitreous Thickening			GLVIT77	
Medullated Nerve Fibers			MEDNRV77	
Cellophane			CELLPH77	
SWR			SWR77	
Drusen Present			DRUSEN77	
Soft Drusen			SFTDRU77	

Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
RPE Depigmentation			RPEDPG77	
Hyperpigmentation			HYPPIG77	
SSR Detachment			SSRDET77	
Subretinal Hemorrhage			SUBHEM77	
Subretinal Fibrosis			SUBFIB77	
Geographic Atrophy			GEOATR77	
Chorioretinal Scar			CHSCAR77	
Nevus			NEVUS77	
Retinal Detachment			RETDET77	
OOL Other			OOLOTH77	
Retinal Note Sent Status			RETNT77	
Routine Notification Sent Date			NTDATE77	
Retinal Alert Phone Call Date			ALTCLD77	
Rip Data Start			RPDATA77	
Grade Date Rip			GRDDTR77	
Grader Rip			GRDRIP	
Arteriole 1 ... Arteriole 18			A177 ... A1877	
Vein 1			V177	

Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Vein 2 ... Vein 18			V277 ... V1877	
Arteriole 1, 1st Branch			B1A77	
Arteriole 1, 2nd Branch ... Arteriole 18, 1st Branch			B1B77 ... B18A77	
Arteriole 18, 2nd Branch			B18B77	
Arteriole Equivalent 1 ... Arteriole Equivalent 18			B1AE77 ... B18AE77	
# of Arterioles Branch Pair Meas Req			BREXP77	
# of Arterioles Branch Pairs Meas			BRMEAS77	
Portion of Required Branch Pairs			BRPERC77	
CRAE T			CRAET77	
CRAE B			CRAEB77	
CRVE			CRVE77	
AV Ratio T			AVRATT77	
AV Ratio B			AVRATB77	
Quality Control Code			QC77	

### Retinal Calculated Variables

<b>RETINAL VARIABLES</b> Variable label	Year 8	Year 9	Year 10	Year 11
Retinopathy (diabetic)			DIABRET	
Age-related Maculopathy (ARM)			ARM	
Macular Edema			MACED	

Nutrition History Form\*  
(Record 25)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KEYDAT25				KEYDAT25		
Interviewer ID Number	INTID25				INTID25		
Interview date	INTDAT25				INTDAT25		
How often do you eat the following food from restaurants or fast food places: - fried chicken - burgers - pizza - Chinese food - Mexican food - fried fish - other foods	CHICKN25 BURGER25 PIZZA25 CHINES25 MEXICA25 FISH25 OTFOOD25				CHICKN25 BURGER25 PIZZA25 CHINES25 MEXICA25 FISH25 OTFOOD25		
For about how long have you eaten the way you do? if > 1 year, number of years if < 1 year, number of months	EATYRS25 EATMON25				EATYRS25 EATMON25		
Are you following a special diet? - Is your diet medically prescribed or self imposed?	DIET25 DIETW25				DIET25 DIETW25		
How often do you eat the skin on chicken?	SKIN25				SKIN25		
How often do you eat the fat on meat?	FAT25				FAT25		

\*Nutrition data collected in Year 8 and later is in Record 65.

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How often do you use the following? - low or reduced sodium canned vegetables or soups - juice-pack or low-sugar canned fruits - low-salt bread or cereal products - low-calorie bread - low-calorie salad dressing - reduced-sodium lunch meat or cold cuts - low-fat lunch meats or cold cuts - low-sodium or low-calorie frozen entrees or dinner	VEG25  FRUIT25 BREADS25 BREADC25 SALAD25 MEATR25  MEATL25 ENTREE25				VEG25  FRUIT25 BREADS25 BREADC25 SALAD25 MEATR25  MEATL25 ENTREE25		
How often do you add salt to your food?	SALT25				SALT25		
What type of salt do you use?	SALTT25				SALTT25		
Is it plain or iodized salt?	PLAIN25				PLAIN25		
How often do you use fat or oil in cooking? # times per unit of time	FATN25 FATF25				FATN25 FATF25		
What kind of fat or oil do you usually cook with? (check up to 2 kinds)	FATCK125 FATCK225				FATCK125 FATCK225		
What kind of fat or oil do you usually add to vegetables, potatoes, etc.? (check up to 2 kinds)	FATAD125 FATAD225				FATAD125 FATAD225		
If you eat cold cereal, what kind do you eat most often?	CEREAL25				CEREAL25		

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
About how many servings of vegetables do you eat per day of the week not counting salads or potatoes? # vegetables per unit of time	VEGF25 VEGT25				VEGF25 VEGT25		
How many fruits do you usually eat per day or per week not counting juices? # fruits per unit of time	FRUITF25 FRUITT25				FRUITF25 FRUITT25		
How often do you eat breakfast?	BRKAST25				BRKAST25		
On Mon-Fri about what time do you usually first eat or drink something after waking up? hour minute am/pm	EATFTH25 EATFTM25 AMPMF25				EATFTH25 EATFTM25 AMPMF25		
On Mon-Fri about what time do you usually last eat or drink something before going to bed? hour minute am/pm	EATLTH25 EATLTM25 AMPML25				EATLTH25 EATLTM25 AMPML25		
On Mon-Fri how many meals do you usually eat per day?	MEALN25				MEALN25		
On Mon-Fri how many snacks do you usually eat after dinner?	SNACKN25				SNACKN25		



Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<b>Alcohol Consumption:</b> (more info. on alcohol is in the medical history form, including calculated vars.)							
Do you ever drink beer? - About how often do you drink beer? - How many 12 oz cans/bottles of beer do you usually drink on 1 occasion?	BEER25 BEERF25 BEERN25		BEER39 BEERF39 BEERN39	BEER29 BEERF29 BEERN29	BEER25 BEERF25 BEERN25	BEER59 BEERF59 BEERN59	BEER59 BEERF59 BEERN59
Do you ever drink wine? - About how often do you drink wine? - How many medium, 6 oz glasses of wine do you usually drink on one occasion?	WINE25 WINEF25 WINEN25		WINE39 WINEF39 WINEN39	WINE29 WINEF29 WINEN29	WINE25 WINEF25 WINEN25	WINE59 WINEF59 WINEN59	WINE59 WINEF59 WINEN59
Do you ever drink liquor? - About how often do you drink liquor? - How many drinks, equal to 1 shot of liquor, do you usually drink on one occasion?	LIQUOR25 LIQUOF25  LIQUON25		LIQUOR39 LIQUOF39  LIQUON39	LIQUOR29 LIQUOF29  LIQUON29	LIQUOR25 LIQUOF25  LIQUON25	LIQUOR59 LIQUOF59  LIQUON59	LIQUOR59 LIQUOF59  LIQUON59
Have you changed your pattern of beer, wine, or liquor consumption during the past 5 years?	PATTEN25				PATTEN25		



Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><b><u>Food Cards:</u></b>            How often have you eaten this food over the past 12 months?</p> <ul style="list-style-type: none"> <li>- apples, applesauce, pears</li> <li>- bananas</li> <li>- peaches, apricots (canned, frozen)</li> <li>- peaches, apricots, nectarines (in season)</li> <li>- cantaloupe (in season)</li> <li>- watermelon (in season)</li> <li>- strawberries (fresh, in season)</li> <li>- oranges</li> <li>- orange juice, grapefruit juice</li> <li>- grapefruit</li> <li>- tang, start breakfast drinks</li> <li>- other fruit juices, fortified fruit drink</li> <li>- any other fruit</li> <li>- string beans, green beans</li> <li>- peas</li> <li>- chili with beans</li> <li>- other beans (baked beans, pinto, kidney)</li> <li>- corn</li> <li>- winter squash, baked squash</li> <li>- tomatoes, tomato juice</li> <li>- red chili sauce, taco sauce, salsa</li> <li>- broccoli</li> <li>- cauliflower, brussel sprouts</li> <li>- spinach (raw)</li> <li>- spinach (cooked)</li> <li>- mustard greens, turnip greens, collards</li> <li>- cole slaw, cabbage, sauerkraut</li> </ul>	<p>APPLE25            BANANA25            PEACHC25            PEACHF25              CANTAL25            WATERM25            STRAWB25            ORANGE25            ORANJU25            GRAPEF25            TANG25            OTHJUI25            OTHFRT25            BEANS25            PEAS25            CHILIB25            OTHBN25              CORN25            SQUASH25            TOMATO25            SALSA25            BROCCO25            SPROUT25            SPINR25            SPINC25            COLARD25              CABAGE25</p>						

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<ul style="list-style-type: none"> <li>- carrots, mixed vegetables with carrots</li> <li>- green salad</li> <li>- salad dressing, mayonnaise</li> <li>- french fries, fried potatoes</li> <li>- sweet potatoes, yams</li> <li>- other potatoes (boiled, baked)</li> <li>- rice</li> <li>- other veg (onions, summer squash)</li> <li>- fat on veg (butter, margarine)</li> <li>- hamburgers, cheeseburgers, meat loaf</li> <li>- beef (steaks, roasts)</li> <li>- beef stew/ pot pie with veg</li> <li>- liver including chicken livers</li> <li>- pork (chops, roasts)</li> <li>- fried chicken</li> <li>- chicken or turkey (roasted, stewed, broiled)</li> <li>- fried fish, fish sandwich</li> <li>- tuna fish, tuna salad, tuna casserole</li> <li>- shell fish (shrimp, lobster, crab, oysters)</li> <li>- other fish (broiled, baked)</li> <li>- spaghetti, lasagna, pasta w tomato sauce</li> <li>- pizza</li> <li>- mixed dishes w cheese (macaroni &amp; cheese)</li> <li>- liverwurst</li> <li>- hot dogs</li> <li>- hams, lunch meats</li> <li>- veg soup, veg beef, minestrone, tomato soup</li> </ul>	<ul style="list-style-type: none"> <li>CARROT25</li> <li>SALADG25</li> <li>SALADD25</li> <li>FRIES25</li> <li>POTATO25</li> <li>OTHPOT25</li> <li>RICE25</li> <li>OTHVEG25</li> <li>FATVEG25</li> <li>LOAF25</li> <li>BEEFR25</li> <li>BEEFS25</li> <li>LIVER25</li> <li>PORK25</li> <li>CHICKF25</li> <li>CHICKR25</li> <li>FISHF25</li> <li>TUNA25</li> <li>SHELLF25</li> <li>OTHFSH25</li> <li>LASANA25</li> <li>PIZZAS25</li> <li>DISH25</li> <li>LIVERW25</li> <li>HOGDOG25</li> <li>HAMMEA25</li> <li>VEGSOU25</li> </ul>						

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<ul style="list-style-type: none"> <li>- other soups</li> <li>- biscuits, muffins, burger rolls</li> <li>- white bread, bagels, crackers</li> <li>- dark bread (whole wheat, rye, pumpernickel)</li> <li>- corn bread, corn muffins, corn tortillas</li> <li>- salty snacks (chips, popcorn)</li> <li>- peanuts, peanut butter</li> <li>- butter on bread or rolls</li> <li>- margarine on bread or rolls</li> <li>- gravies made with meat drippings</li> <li>- high fiber, bran or granola cereals</li> <li>- highly fortified cereals</li> <li>- other cold cereals</li> <li>- cooked cereals</li> <li>- sugar added to cereal</li> <li>- eggs</li> <li>- bacon</li> <li>- sausage</li> <li>- ice cream</li> <li>- doughnuts, cookies, cakes, pastry</li> <li>- pumpkin pie, sweet potato pie</li> <li>- other pies</li> <li>- chocolate candy</li> <li>- other candy, jelly, honey, brown sugar</li> </ul>	<p>OTHSOU25 BISCUI25 BREADW25 BREADB25</p> <p>BRDCN25</p> <p>SNACKS25 PEANUT25 BTRBD25 MARGB25 GRAVY25 FIBER25 HIFCER25 OTHCER25 CKCER25 SUGCER25 EGG25 BACON25 SAUSAG25 ICECRM25 COOKIE25 PKNPIE25 OTHPIE25 CHCNDY25</p> <p>JELLY25</p>						

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<ul style="list-style-type: none"> <li>- cottage cheese</li> <li>- other cheeses and cheese spreads</li> <li>- flavored yogurt</li> <li>- whole milk and bevs with whole milk</li> <li>- 2% milk and bevs with 2% milk</li> <li>- skim, 1% or buttermilk</li> <li>- regular soft drinks</li> <li>- diet soft drinks</li> <li>- beer</li> <li>- wine</li> <li>- liquor</li> <li>- decaffeinated coffee</li> <li>- coffee, not decaffeinated</li> <li>- tea (hot or iced)</li> <li>- lemon in tea</li> <li>- non-dairy creamer in coffee or tea</li> <li>- milk in coffee or tea</li> <li>- cream (real or half-and-half) in coffee or tea</li> <li>- sugar in coffee or tea</li> <li>- artificial sweetener in coffee or tea</li> <li>- glasses of water (not counting coffee or tea)</li> </ul>	COTTCH25 OTHCHS25 YOGURT25 WHMILK25 MILK225 SKMILK25 SFTDRK25 DIETSD25 BEER225 WINE225 LIQ225 COFFED25 COFFEE25 TEA25 TEALMN25 DIARYN25 MILKCF25 CRMCOF25  SGRCOF25 SWEETN25 WATER25						

Nutrition Form\*  
(Record 65)

Question	Year 8	Year 9	Year 10	Year 11
Date Batch Received	DATE65			
Calories (kcal)	CAL65			
Protein (gm)	PROT65			
Animal Fat (gm)	AFAT65			
Vegetable Fat (gm)	VFAT65			
Carbohydrates (gm)	CARBO65			
Crude Fiber (gm)	CRUDE65			
Diet Fiber (gm)	DTFIB65			
AOACFiber (gm)	AOFIB65			
Calcium (mg)	CALC65			
Iron (mg)	IRON65			
Magnesium (mg)	MAGN65			
Phosphorus (mg)	PHOS65			
Potassium (mg)	K65			
Zinc (mg)	ZINC65			
Vitamin C (mg)	VITC65			

\* Replace Record 25 as of Year 8.

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Vitamin B1 (mg)	VITB165			
Vitamin B2 (mg)	VITB265			
Niacin (mg)	NIACIN65			
Vitamin B6 (mg)	VITB665			
Folate (mcg)	FOL65			
Retinol (iu)	RETIN65			
Carotene (iu)	CAROT65			
Vitamin A (iu)	VITA65			
Saturated Fat (mg)	SATFAT65			
Monounsaturated Fat (mg)	MONFAT65			
Oleic (mg)	OLEIC65			
Polyunsaturated Fat (mg)	POLY65			
Linoleic (mg)	LINOL65			
Cholesterol (mg)	CHOL65			
Methionine (mg)	METH65			
Vitamin D (iu)	VITD65			
Vitamin E (iu)	VITEIU65			



Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Vitamin E (mg)	VITE65			
Alcohol (mg)	ALCO65			
Caffeine (mg)	CAFF65			
Saccharin (mg)	SACH65			
Vitamin B12 (mcg)	VITB1265			
Pantothenic Acid (mg)	PANTO65			
Sucrose (mg)	SUCR65			
Sodium (mg)	SODIUM65			
Animal Protein (mg)	APROT65			
Lactose (mg)	LACT65			
Tryptophan (mg)	TRYPT65			
Manganese (mg)	MN65			
Omega 3 W20.5+W22.6 (mg)	OMEGA65			
Iodine (mcg)	IODINE65			
Selenium (mcg)	SE65			
Copper (mg)	CU65			
Fructose (mg)	FRUCT65			
18.3 Fatty Acid (mg)	F18365			

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
4.0 Fatty Acid (mg)	F4065			
6.0 Fatty Acid (mg)	F6065			
8.0 Fatty Acid (mg)	F8065			
10.0 Fatty Acid (mg)	F10065			
12.0 Fatty Acid (mg)	F12065			
14.0 Fatty Acid (mg)	F14065			
16.0 Fatty Acid (mg)	F16065			
18.0 Fatty Acid (mg)	F18065			
16.1 Fatty Acid (mg)	F16165			
20.1 Fatty Acid (mg)	F20165			
22.1 Fatty Acid (mg)	F22165			
18.4 Fatty Acid (mg)	F18465			
20.4 Fatty Acid (mg)	F20465			
20.5 Fatty Acid (mg)	F20565			
22.5 Fatty Acid (mg)	F22565			
22.6 Fatty Acid (mg)	F22665			
Glutamate (mg)	GLUT65			
Asparate (mg)	ASP65			

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Calcium w/o Vitamin Pills (mg)	CALCWO65			
Iron w/o Vitamin Pills (mg)	IRONWO65			
Zinc w/o Vitamin Pills (mg)	ZNWO65			
Vitamin C w/o vitamin Pills (mg)	VTCWO65			
Thiamin B1 w/o vitamin Pills (mg)	VTB1WO65			
Riboflavin B2 w/o Vitamin Pills (mg)	VTB2WO65			
Pyridoxine B6 w/o Vitamin Pills (mg)	VTB62O65			
Folate w/o Vitamin Pills (mcg)	FOLWO65			
Retinol w/o Vitamin Pills (iu)	RETWO65			
Vitamin A w/o Vitamin Pills (iu)	VTAWO65			
Vitamin D w/o Vitamin Pills (iu)	VTDWO65			
Vitamin E w/o Vitamin Pills (iu)	VEIUWO65			
Vitamin E w/o Vitamin Pills (mg)	VTEWO65			
Vitamin B12 w/o Vitamin Pills (mcg)	VB12WO65			
Fateat (mg)	FATEAT65			
Selenium w/o Vitamin Pills (mcg)	SEWO65			
Calories from Fat (kcal)	CALFAT65			
Number of Unanswered Foods	NBLANK65			

Nutrition Calculated Variables

NUTRITION VARIABLES Variable label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Carotine	CAROT1						
Retinol eqv	RE						
Retinol intake	RET						
Na/K ratio	NAKRATIO						
P/S fat ratio	PSFATR						
% KCAL from fat	KCFAT						
% KCAL from protein	KCPRO						
% KCAL from carbo	KCCARBO						
KCAL from sweets	SWEETKC						
% KCAL from sweets	PCTSWEET						
KCAL from alcohol	KCALCOH						
% KCAL from alcohol	PCTALCOH						
KCAL whole year	YRKCAL						
Protein daily avg over whole yr	YRPRO						
Fat (gm) daily avg over whole yr	YRFAT						

Nutrition Calculated Variables (cont.)

<b>NUTRITION VARIABLES</b> Variable label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Carbo (gm) daily avg over whole yr	YRCARBO						
Calcium (mg) daily avg over whole yr	YRCA						
Phosphorus (mg) daily avg over whole yr	YRPHOS						
Iron (mg) daily avg over whole yr	YRFE						
Sodium (mg) daily avg over whole yr	YRNA						
Potassium (mg) daily avg over whole yr	YRK						
Vitamin a (iu) daily avg over whole yr	YRVITA						
Thiamin (mg) daily avg over whole yr	YRTHIA						
Riboflavin (mg) daily avg over whole yr	YRRIBO						
Niacin (mg) daily avg over whole yr	YRNIAC						
Vitamin c (mg) daily avg over whole yr	YRVITC						
Saturated fat (gm) daily avg over whole yr	YRSFAT						
Oleic acid (gm) daily avg over whole yr	YROLEC						
Linolec acid (gm) daily avg over whole yr	YRLOEC						
Cholesterol (mg) daily avg over whole yr	YRCHOL						
Dietary fiber (gm) daily avg over whole yr	YRFIB						

Phone Follow-Up Form  
(Records 31,32)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE31	DATE32	DATE32	DATE32 YEAR32	DATE32 YEAR32	YEAR32	YEAR32
<u>Introductory Script</u> Participant deceased Did you receive our letter? Interview started Hour Minute am/pm Participant refuses interview Reason Participant moved during last 6 months Participant moved during last month? Current marital status Other (specify)	DIED31 LETTER31  STRTHR31 STRTMN31 STRTAP31 REFUSE31 WHYRES31 MOVE6M31 MOVE1M31	DIED32 LETTER32  STRTHR32 STRTMN32 STRTAP32 REFUSE32 WHYRFS32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32
<u>Health Status*</u> In general, health is .. How health compares to others How health compares to last time Days stayed in bed b/c of illness or injury during past 2 weeks Illness that caused you to stay in bed Other (specify) Had a coronary bypass surgery since last? Had a cardiac catheterization or coronary angiography since last?	GNHLTH31 CMHLTH31 CHHLTH31 DAYBED31  WHYBED31 OTHBED31	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32

\* Some of these variables are also found in the Medical History Form (Recs 7,29,37,39,57,59)

Phone Follow-Up Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
Date Selection Variable	YEAR32	YEAR32	YEAR32	YEAR32		
<u>Introductory Script</u> Participant deceased Did you receive our letter? Interview started Hour Minute am/pm Participant refuses interview Reason Participant moved during last 6 months Participant moved during last month? Current marital status Other (specify)	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32      MOVE6M32 MOVE1M32 MARIT32 MARSPC32	      MOVE6M32 MOVE1M32	      MOVE6M32 MOVE1M32 MARIT32 MARSPC32
<u>Health Status*</u> In general, health is... How health compares to others How health compares to last time Days stayed in bed b/c of illness or injury during past 2 weeks Illness that caused you to stay in bed Other (specify) Had a coronary bypass surgery since last? Had a cardiac catheterization or coronary angiography since last?	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32  WHYBED32 OTHBED32 CABG32  CCATH32

\* Some of these variables are also found in the Medical History Form (Recs 7,29,37,39,57,59)

Phone Follow-Up Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Doctor diagnosed new MI or heart attack in 6 months?	NEWMI31	NEWMI32	NEWMI32	NEWMI32	NEWMI32	NEWMI32	NEWMI32
Date of event/diagnosis							
Month		MIMO32	MIMO32	MIMO32	MIMO32	MIMO32	MIMO32
Day		MIDA32	MIDA32	MIDA32	MIDA32	MIDA32	MIDA32
Year		MIYR32	MIYR32	MIYR32	MIYR32	MIYR32	MIYR32
Times saw doctor for this condition		MIMD32	MIMD32	MIMD32	MIMD32	MIMD32	MIMD32
In hospital for this over last 6 months?		MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32
Times in hospital		MITIME32	MITIME32	MITIME32	MITIME32	MITIME32	MITIME32
Admission dates							
date 1							
month 1		MI1MO32	MI1MO32	MI1MO32	MI1MO32	MI1MO32	MI1MO32
day 1		MI1DA32	MI1DA32	MI1DA32	MI1DA32	MI1DA32	MI1DA32
year 1		MI1YR32	MI1YR32	MI1YR32	MI1YR32	MI1YR32	MI1YR32
.		.	.	.	.	.	.
.		.	.	.	.	.	.
date 4							
month 4		MI4MO32	MI4MO32	MI4MO32	MI4MO32	MI4MO32	MI4MO32
day 4		MI4DA32	MI4DA32	MI4DA32	MI4DA32	MI4DA32	MI4DA32
year 4		MI4YR32	MI4YR32	MI4YR32	MI4YR32	MI4YR32	MI4YR32
Total days hospitalized		MIDAY32	MIDAY32	MIDAY32	MIDAY32	MIDAY32	MIDAY32
Doctor diagnosed a new episode of angina pectoris or chest pain?	NEWANG31	NEWANG32	NEWANG32	NEWANG32	NEWANG32	NEWANG32	NEWANG32
Date of event/diagnosis							
month		ANGMO32	ANGMO32	ANGMO32	ANGMO32	ANGMO32	ANGMO32
day		ANGDA32	ANGDA32	ANGDA32	ANGDA32	ANGDA32	ANGDA32
year		ANGYR32	ANGYR32	ANGYR32	ANGYR32	ANGYR32	ANGYR32
Times saw doctor for this condition		ANGMD32	ANGMD32	ANGMD32	ANGMD32	ANGMD32	ANGMD32
In hospital for this condition?		ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32



Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
Doctor diagnosed new MI or heart attack in 6 months?	NEWMI32	NEWMI32	NEWMI32	NEWMI32	NEWMI32	NEWMI32
Date of event/diagnosis						
Month	MIMO32	MIMO32	MIMO32	MIMO32	MIMO32	MIMO32
Day	MIDA32	MIDA32	MIDA32	MIDA32	MIDA32	MIDA32
Year	MIYR32	MIYR32	MIYR32	MIYR32	MIYR32	MIYR32
Times saw doctor for this condition	MIMD32	MIMD32	MIMD32	MIMD32	MIMD32	MIMD32
In hospital for this over last 6 months?	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32
Times in hospital	MITIME32	MITIME32	MITIME32	MITIME32	MITIME32	MITIME32
Admission dates						
date 1						
month 1	MI1MO32	MI1MO32	MI1MO32	MI1MO32	MI1MO32	MI1MO32
day 1	MI1DA32	MI1DA32	MI1DA32	MI1DA32	MI1DA32	MI1DA32
year 1	MI1YR32	MI1YR32	MI1YR32	MI1YR32	MI1YR32	MI1YR32
.	.	.	.	.	.	.
.	.	.	.	.	.	.
date 4	.	.	.	.	.	.
month 4	MI4MO32	MI4MO32	MI4MO32	MI4MO32	MI4MO32	MI4MO32
day 4	MI4DA32	MI4DA32	MI4DA32	MI4DA32	MI4DA32	MI4DA32
year 4	MI4YR32	MI4YR32	MI4YR32	MI4YR32	MI4YR32	MI4YR32
Total days hospitalized	MIDAY32	MIDAY32	MIDAY32	MIDAY32	MIDAY32	MIDAY32
Doctor diagnosed a new episode of angina pectoris or chest pain?	NEWANG32	NEWANG32	NEWANG32	NEWANG32	NEWANG32	NEWANG32
Date of event/diagnosis						
month	ANGMO32	ANGMO32	ANGMO32	ANGMO32	ANGMO32	ANGMO32
day	ANGDA32	ANGDA32	ANGDA32	ANGDA32	ANGDA32	ANGDA32
year	ANGYR32	ANGYR32	ANGYR32	ANGYR32	ANGYR32	ANGYR32
Times saw doctor for this condition	ANGMD32	ANGMD32	ANGMD32	ANGMD32	ANGMD32	ANGMD32
In hospital for this condition?	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32

Phone Follow-Up Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Times in hospital		ANTIME32	ANTIME32	ANTIME32	ANTIME32	ANTIME32	ANTIME32
Admission dates							
date 1							
month 1		AN1MO32	AN1MO32	AN1MO32	AN1MO32	AN1MO32	AN1MO32
day 1		AN1DA32	AN1DA32	AN1DA32	AN1DA32	AN1DA32	AN1DA32
year 1		AN1YR32	AN1YR32	AN1YR32	AN1YR32	AN1YR32	AN1YR32
.		.	.	.	.	.	.
.		.	.	.	.	.	.
date 4							
month 4		AN4MO32	AN4MO32	AN4MO32	AN4MO32	AN4MO32	AN4MO32
day 4		AN4DA32	AN4DA32	AN4DA32	AN4DA32	AN4DA32	AN4DA32
year 4		AN4YR32	AN4YR32	AN4YR32	AN4YR32	AN4YR32	AN4YR32
Total days in hospital		ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32
Doctor diagnosed a new episode of intermittent claudication... ?	NEWCLD31	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32
Date of event/diagnosis							
month		CLDMO32	CLDMO32	CLDMO32	CLDMO32	CLDMO32	CLDMO32
day		CLDDA32	CLDDA32	CLDDA32	CLDDA32	CLDDA32	CLDDA32
year		CLDYR32	CLDYR32	CLDYR32	CLDYR32	CLDYR32	CLDYR32
Times saw doctor for this condition		CLDMD32	CLDMD32	CLDMD32	CLDMD32	CLDMD32	CLDMD32
In hospital for this condition?		CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32
Times in hospital		CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32
Admission dates							
date 1							
month 1		CL1MO32	CL1MO32	CL1MO32	CL1MO32	CL1MO32	CL1MO32
day 1		CL1DA32	CL1DA32	CL1DA32	CL1DA32	CL1DA32	CL1DA32
year 1		CL1YR32	CL1YR32	CL1YR32	CL1YR32	CL1YR32	CL1YR32
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.		.	.	.	.	.	.
date 4							
month 4		CL4MO32	CL4MO32	CL4MO32	CL4MO32	CL4MO32	CL4MO32
day 4		CL4DA32	CL4DA32	CL4DA32	CL4DA32	CL4DA32	CL4DA32
year 4		CL4YR32	CL4YR32	CL4YR32	CL4YR32	CL4YR32	CL4YR32
Total days in hospital		CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32

Phone Follow-Up Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
Times in hospital	ANTIME32	ANTIME32	ANTIME32	ANTIME32	ANTIME32	ANTIME32
Admission dates						
date 1						
month 1	AN1MO32	AN1MO32	AN1MO32	AN1MO32	AN1MO32	AN1MO32
day 1	AN1DA32	AN1DA32	AN1DA32	AN1DA32	AN1DA32	AN1DA32
year 1	AN1YR32	AN1YR32	AN1YR32	AN1YR32	AN1YR32	AN1YR32
.	.	.	.	.	.	.
.	.	.	.	.	.	.
date 4						
month 4	AN4MO32	AN4MO32	AN4MO32	AN4MO32	AN4MO32	AN4MO32
day 4	AN4DA32	AN4DA32	AN4DA32	AN4DA32	AN4DA32	AN4DA32
year 4	AN4YR32	AN4YR32	AN4YR32	AN4YR32	AN4YR32	AN4YR32
Total days in hospital	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32
Doctor diagnosed a new episode of intermittent claudication... ?	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32
Date of event/diagnosis						
month	CLDMO32	CLDMO32	CLDMO32	CLDMO32	CLDMO32	CLDMO32
day	CLDDA32	CLDDA32	CLDDA32	CLDDA32	CLDDA32	CLDDA32
year	CLDYR32	CLDYR32	CLDYR32	CLDYR32	CLDYR32	CLDYR32
Times saw doctor for this condition	CLDMD32	CLDMD32	CLDMD32	CLDMD32	CLDMD32	CLDMD32
In hospital for this condition?	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32
Times in hospital	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32
Admission dates						
date 1						
month 1	CL1MO32	CL1MO32	CL1MO32	CL1MO32	CL1MO32	CL1MO32
day 1	CL1DA32	CL1DA32	CL1DA32	CL1DA32	CL1DA32	CL1DA32
year 1	CL1YR32	CL1YR32	CL1YR32	CL1YR32	CL1YR32	CL1YR32
.	.	.	.	.	.	.
.	.	.	.	.	.	.
date 4						
month 4	CL4MO32	CL4MO32	CL4MO32	CL4MO32	CL4MO32	CL4MO32
day 4	CL4DA32	CL4DA32	CL4DA32	CL4DA32	CL4DA32	CL4DA32
year 4	CL4YR32	CL4YR32	CL4YR32	CL4YR32	CL4YR32	CL4YR32
Total days in hospital	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Doctor diagnosed a new stroke?	NEWSTK31	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32
Date of event/diagnosis							
month		STKMO32	STKMO32	STKMO32	STKMO32	STKMO32	STKMO32
day		STKDA32	STKDA32	STKDA32	STKDA32	STKDA32	STKDA32
year		STKYR32	STKYR32	STKYR32	STKYR32	STKYR32	STKYR32
Times saw doctor for this condition		STKMD32	STKMD32	STKMD32	STKMD32	STKMD32	STKMD32
In hospital for this condition?		STHOSP32	STHOSP32	STHOSP32	STHOSP32	STHOSP32	STHOSP32
Times in hospital		STTIME32	STTIME32	STTIME32	STTIME32	STTIME32	STTIME32
Admission date 1							
month 1		ST1MO32	ST1MO32	ST1MO32	ST1MO32	ST1MO32	ST1MO32
day 1		ST1DA32	ST1DA32	ST1DA32	ST1DA32	ST1DA32	ST1DA32
year 1		ST1YR32	ST1YR32	ST1YR32	ST1YR32	ST1YR32	ST1YR32
.		.	.	.	.	.	.
date 4		.	.	.	.	.	.
month 4		ST4MO32	ST4MO32	ST4MO32	ST4MO32	ST4MO32	ST4MO32
day 4		ST4DA32	ST4DA32	ST4DA32	ST4DA32	ST4DA32	ST4DA32
year 4		ST4YR32	ST4YR32	ST4YR32	ST4YR32	ST4YR32	ST4YR32
Total days hospitalized		STDAYS32	STDAYS32	STDAYS32	STDAYS32	STDAYS32	STDAYS32
Doctor diagnosed new TIA?	NEWTIA31	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32
Date of event/diagnosis							
month		TIAMO32	TIAMO32	TIAMO32	TIAMO32	TIAMO32	TIAMO32
day		TIADA32	TIADA32	TIADA32	TIADA32	TIADA32	TIADA32
year		TIA YR32	TIA YR32	TIA YR32	TIA YR32	TIA YR32	TIA YR32
Times saw doctor for this condition		TIAMD32	TIAMD32	TIAMD32	TIAMD32	TIAMD32	TIAMD32
In hospital for this condition?		TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32
Times in hospital		TITIME32	TITIME32	TITIME32	TITIME32	TITIME32	TITIME32
Admission date 1							
month 1		TI1MO32	TI1MO32	TI1MO32	TI1MO32	TI1MO32	TI1MO32
day 1		TI1DA32	TI1DA32	TI1DA32	TI1DA32	TI1DA32	TI1DA32
year 1		TI1YR32	TI1YR32	TI1YR32	TI1YR32	TI1YR32	TI1YR32
.		.	.	.	.	.	.
date 4		.	.	.	.	.	.
month 4		TI4MO32	TI4MO32	TI4MO32	TI4MO32	TI4MO32	TI4MO32
day 4		TI4DA32	TI4DA32	TI4DA32	TI4DA32	TI4DA32	TI4DA32
year 4		TI4YR32	TI4YR32	TI4YR32	TI4YR32	TI4YR32	TI4YR32
Total days hospitalized		TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
Doctor diagnosed a new stroke?	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32
Date of event/diagnosis						
month	STKMO32	STKMO32	STKMO32	STKMO32	STKMO32	STKMO32
day	STKDA32	STKDA32	STKDA32	STKDA32	STKDA32	STKDA32
year	STKYR32	STKYR32	STKYR32	STKYR32	STKYR32	STKYR32
Times saw doctor for this condition	STKMD32	STKMD32	STKMD32	STKMD32	STKMD32	STKMD32
In hospital for this condition?	STHOSP32	STHOSP32	STHOSP32	STHOSP32	STHOSP32	STHOSP32
Times in hospital	STTIME32	STTIME32	STTIME32	STTIME32	STTIME32	STTIME32
Admission dates						
month 1	ST1MO32	ST1MO32	ST1MO32	ST1MO32	ST1MO32	ST1MO32
day 1	ST1DA32	ST1DA32	ST1DA32	ST1DA32	ST1DA32	ST1DA32
year 1	ST1YR32	ST1YR32	ST1YR32	ST1YR32	ST1YR32	ST1YR32
.	.	.	.	.	.	.
month 4	ST4MO32	ST4MO32	ST4MO32	ST4MO32	ST4MO32	ST4MO32
day 4	ST4DA32	ST4DA32	ST4DA32	ST4DA32	ST4DA32	ST4DA32
year 4	ST4YR32	ST4YR32	ST4YR32	ST4YR32	ST4YR32	ST4YR32
Total days hospitalized	STDAYS32	STDAYS32	STDAYS32	STDAYS32	STDAYS32	STDAYS32
Doctor diagnosed new TIA?	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32
Date of event/diagnosis						
month	TIAMO32	TIAMO32	TIAMO32	TIAMO32	TIAMO32	TIAMO32
day	TIADA32	TIADA32	TIADA32	TIADA32	TIADA32	TIADA32
year	TIAYR32	TIAYR32	TIAYR32	TIAYR32	TIAYR32	TIAYR32
Times saw doctor for this condition	TIAMD32	TIAMD32	TIAMD32	TIAMD32	TIAMD32	TIAMD32
In hospital for this condition?	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32
Times in hospital	TITIME32	TITIME32	TITIME32	TITIME32	TITIME32	TITIME32
Admission dates						
month 1	TI1MO32	TI1MO32	TI1MO32	TI1MO32	TI1MO32	TI1MO32
day 1	TI1DA32	TI1DA32	TI1DA32	TI1DA32	TI1DA32	TI1DA32
year 1	TI1YR32	TI1YR32	TI1YR32	TI1YR32	TI1YR32	TI1YR32
.	.	.	.	.	.	.
month 4	TI4MO32	TI4MO32	TI4MO32	TI4MO32	TI4MO32	TI4MO32
day 4	TI4DA32	TI4DA32	TI4DA32	TI4DA32	TI4DA32	TI4DA32
year 4	TI4YR32	TI4YR32	TI4YR32	TI4YR32	TI4YR32	TI4YR32
Total days hospitalized	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Doctor diagnosed new episode of heart failure since last?	NEWCHF31		NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32
Date of event/diagnosis			CHFMO32	CHFMO32	CHFMO32	CHFMO32	CHFMO32
month			CHFDA32	CHFDA32	CHFDA32	CHFDA32	CHFDA32
day			CHFYR32	CHFYR32	CHFYR32	CHFYR32	CHFYR32
year			CHFMD32	CHFMD32	CHFMD32	CHFMD32	CHFMD32
Times saw doctor for this condition			CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32
In hospital for this condition?			CHTIME32	CHTIME32	CHTIME32	CHTIME32	CHTIME32
Times in hospital							
Admission date 1			CH1MO32	CH1MO32	CH1MO32	CH1MO32	CH1MO32
month 1			CH1DA32	CH1DA32	CH1DA32	CH1DA32	CH1DA32
day 1			CH1YR32	CH1YR32	CH1YR32	CH1YR32	CH1YR32
year 1			.	.	.	.	.
date 4			.	.	.	.	.
month 4			CH4MO32	CH4MO32	CH4MO32	CH4MO32	CH4MO32
day 4			CH4DA32	CH4DA32	CH4DA32	CH4DA32	CH4DA32
year 4			CH4YR32	CH4YR32	CH4YR32	CH4YR32	CH4YR32
Total days hospitalized			CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32
In addition to above visits, how many times seen a doctor since last?		MD32	MD32	MD32	MD32	MD32	MD32
Stayed overnight as a patient in a hosp?	HOSP31						
In addition to above, how many times have you stayed in a hosp since last?		HSTIME32	HSTIME32	HSTIME32	HSTIME32	HSTIME32	HSTIME32
Reason admitted 1st time		RSHOS132	RSHOS132	RSHOS132	RSHOS132	RSHOS132	RSHOS132
month 1		MOHOS132	MOHOS132	MOHOS132	MOHOS132	MOHOS132	MOHOS132
day 1		DAHOS132	DAHOS132	DAHOS132	DAHOS132	DAHOS132	DAHOS132
year 1		YRHOS132	YRHOS132	YRHOS132	YRHOS132	YRHOS132	YRHOS132
Reason admitted 5th time		.	.	.	.	.	.
month 5		RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532
day 5		MOHOS532	MOHOS532	MOHOS532	MOHOS532	MOHOS532	MOHOS532
year 5		DAHOS532	DAHOS532	DAHOS532	DAHOS532	DAHOS532	DAHOS532
		YRHOS532	YRHOS532	YRHOS532	YRHOS532	YRHOS532	YRHOS532

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
Doctor diagnosed new episode of heart failure since last?	NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32
Date of event/diagnosis						
month	CHFMO32	CHFMO32	CHFMO32	CHFMO32	CHFMO32	CHFMO32
day	CHFDA32	CHFDA32	CHFDA32	CHFDA32	CHFDA32	CHFDA32
year	CHFYR32	CHFYR32	CHFYR32	CHFYR32	CHFYR32	CHFYR32
Times saw doctor for this condition	CHFMD32	CHFMD32	CHFMD32	CHFMD32	CHFMD32	CHFMD32
In hospital for this condition?	CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32
Times in hospital	CHTIME32	CHTIME32	CHTIME32	CHTIME32	CHTIME32	CHTIME32
Admission date 1						
month 1	CH1MO32	CH1MO32	CH1MO32	CH1MO32	CH1MO32	CH1MO32
day 1	CH1DA32	CH1DA32	CH1DA32	CH1DA32	CH1DA32	CH1DA32
year 1	CH1YR32	CH1YR32	CH1YR32	CH1YR32	CH1YR32	CH1YR32
.	.	.	.	.	.	.
date 4	.	.	.	.	.	.
month 4	CH4MO32	CH4MO32	CH4MO32	CH4MO32	CH4MO32	CH4MO32
day 4	CH4DA32	CH4DA32	CH4DA32	CH4DA32	CH4DA32	CH4DA32
year 4	CH4YR32	CH4YR32	CH4YR32	CH4YR32	CH4YR32	CH4YR32
Total days hospitalized	CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32
In addition to above, how many times have you seen a doctor since last?	MD32	MD32	MD32	MD32	MD32	MD32
Stayed overnight as a patient in a hosp?						
In addition to above, how many times have you stayed in a hosp since last?	HSTIME32	HSTIME32	HSTIME32	HSTIME32	HSTIME32	HSTIME32
Reason admitted 1st time						
month 1	RSHOS132	RSHOS132	RSHOS132	RSHOS132	RSHOS132	RSHOS132
day 1	MOHOS132	MOHOS132	MOHOS132	MOHOS132	MOHOS132	MOHOS132
year 1	DAHOS132	DAHOS132	DAHOS132	DAHOS132	DAHOS132	DAHOS132
.	YRHOS132	YRHOS132	YRHOS132	YRHOS132	YRHOS132	YRHOS132
.	.	.	.	.	.	.
Reason admitted 5th time						
month 5	RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532
day 5	MOHOS532	MOHOS532	MOHOS532	MOHOS532	MOHOS532	MOHOS532
year 5	DAHOS532	DAHOS532	DAHOS532	DAHOS532	DAHOS532	DAHOS532
.	YRHOS532	YRHOS532	YRHOS532	YRHOS532	YRHOS532	YRHOS532
Overnight in hospital at any other time during past six months?					OVNHOS32	OVNHOS32

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Stayed overnight in a nursing home? Reason admitted 1st time month 1 day 1 year 1  Reason admitted 5th time month 5 day 5 year 5  Overnight in nursing home at any other time during past six months?  Have a procedure to open up arteries in either leg? Date of procedure: Month Day Year	NURSHM31 RSNUR131 MONUR131  YRNUR131  RSNUR531 MONUR531  YRNUR531	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132  RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132  RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132  RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132  RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132  RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132  RSNUR532 MONUR532 DANUR532 YRNUR532
Ever had any of the following? High blood pressure Asthma Atrial fibrillation Deep vein thrombosis Rheumatic fever/heart valve problems Emphysema Diabetes When first told: Month Year  Ever had any of the following? Foot ulcers/sores on feet High blood sugar Low blood sugar Fainting or passing out Eye problems							



Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
Stayed overnight in a nursing home? Reason admitted 1st time month 1 day 1 year 1 . Reason admitted 5th time month 5 day 5 year 5 Overnight in nursing home at any other time during past six months?	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132 . RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132 . RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132 . RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132 . RSNUR532 MONUR532 DANUR532 YRNUR532	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132 . RSNUR532 MONUR532 DANUR532 YRNUR532  OVNNH32	NURSHM32 RSNUR132 MONUR132 DANUR132 YRNUR132 . RSNUR532 RSHOS532 DANUR532 YRNUR532  OVNNH32
Have a procedure to open up arteries in either leg? Date of procedure: Month Day Year	ARTLEG32  ARTMO32 ARTDA32 ARTYR32	ARTLEG32  ARTMO32 ARTDA32 ARTYR32	ARTLEG32  ARTMO32 ARTDA32 ARTYR32	ARTLEG32  ARTMO32 ARTDA32 ARTYR32	ARTLEG32  ARTMO32 ARTDA32 ARTYR32	ARTLEG32  ARTMO32 ARTDA32 ARTYR32
Ever had any of the following? High blood pressure Asthma Atrial fibrillation Deep vein thrombosis Rheumatic fever/heart valve problems Emphysema Diabetes When first told: Month Year  Ever had any of the following? Foot ulcers/sores on feet High blood sugar Low blood sugar Fainting or passing out Eye problems					HIGHBP32 ASTHMA32 AFIB32 DVT32 RHEU32 EMPHYS32 DIABET32 DIABMO32 DIABYR32  FOOTUL32 HIBSUG32 LOBSUG32 FAINT32 EYE32	HIGHBP32 ASTHMA32 AFIB32 DVT32 RHEU32 EMPHYS32 DIABET32 DIABMO32 DIABYR32  FOOTUL32 HIBSUG32 LOBSUG32 FAINT32 EYE32

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Taking medication prescribed by MD for any of the following conditions? High blood pressure Atrial fibrillation Deep vein thrombosis Diabetes How are you treated for diabetes? Other (specify)?							
<u>Physical function</u> ** In the last 6 months, have you had any change in your ability to ...walk .5 miles? In what way has it changed? ...walk up 10 steps In what way has it changed? ...do heavy housework? In what way has it changed? ...take care of personal care needs? In what way has it changed?		CHGMIL32 HOWMIL32 CHGSTP32 HOWSTP32 CHGHWK32 HOWHWK32 CHGCAR32 HOWCAR32	CHGMIL32 HOWMIL32 CHGSTP32 HOWSTP32 CHGHWK32 HOWHWK32 CHGCAR32 HOWCAR32	CHGMIL32 HOWMIL32 CHGSTP32 HOWSTP32 CHGHWK32 HOWHWK32 CHGCAR32 HOWCAR32	CHGMIL32 HOWMIL32 CHGSTP32 HOWSTP32 CHGHWK32 HOWHWK32 CHGCAR32 HOWCAR32	CHGMIL32 HOWMIL32 CHGSTP32 HOWSTP32 CHGHWK32 HOWHWK32 CHGCAR32 HOWCAR32	CHGMIL32 HOWMIL32 CHGSTP32 HOWSTP32 CHGHWK32 HOWHWK32 CHGCAR32 HOWCAR32

\*\*Similar questions were also asked in the Physical Function Form (Rec 9)



Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><u>Physical function (cont.)**</u>                      In the last 6 months, have you had any change in your ability to                      ...shop for personal items?                      In what way has it changed?                      ...ability to prepare own meals?                      In what way has it changed?                      ...ability to manage money/pay bills?                      In what way has it changed?                      ...ability to use telephone?                      In what way has it changed?                      ...ability to eat/feed yourself?                      In what way has it changed?                      ...ability to dress yourself?                      In what way has it changed?                      ...ability to bathe/shower?                      In what way has it changed?                      ...ability to use toilet?                      In what way has it changed?                      ...do tasks w/ your arms and hands?                      In what way has it changed?                      Have you had a fall in the last 6 months?                      How many times?</p>							
		CHGARM32 HOWARM32	CHGARM32 HOWARM32	CHGARM32 HOWARM32	CHGARM32 HOWARM32	CHGARM32 HOWARM32	CHGARM32 HOWARM32
		GROUND32 FALLEN32	GROUND32 FALLEN32	GROUND32 FALLEN32	GROUND32 FALLEN32	GROUND32 FALLEN32	GROUND32 FALLEN32

\*\*Similar questions were also asked in the Physical Function Form (Rec 9)

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
<p><u>Physical function (cont.)</u>**</p> <p>In the last 6 months, have you had any change in your ability to ...shop for personal items?            In what way has it changed?</p> <p>...ability to prepare own meals?            In what way has it changed?</p> <p>...ability to manage money/pay bills?            In what way has it changed?</p> <p>...ability to use telephone?            In what way has it changed?</p> <p>...ability to eat/feed yourself?            In what way has it changed?</p> <p>...ability to dress yourself?            In what way has it changed?</p> <p>...ability to bathe/shower?            In what way has it changed?</p> <p>...ability to use toilet?            In what way has it changed?</p> <p>...do tasks w/ your arms and hands?            In what way has it changed?</p> <p>Have you had a fall in the last 6 months?            How many times?</p>	<p>CHGARM32 HOWARM32</p> <p>GROUND32 FALLEN32</p>	<p>CHGARM32 HOWARM32</p> <p>GROUND32 FALLEN32</p>	<p>CHGARM32 HOWARM32</p> <p>GROUND32 FALLEN32</p>	<p>CHGARM32 HOWARM32</p> <p>GROUND32 FALLEN32</p>	<p>CHGSHP32 HOWSHP32 CHGMLS32 HOWMLS32 CHGMNY32 HOWMNY32 CHGPHN32 HOWPHN32 CHGEAT32 HOWEAT32 CHGDRS32 HOWDRS32 CHGBTH32 HOWBTH32 CHGTLT32 HOWTLT32 CHGARM32 HOWARM32</p>	<p>CHGSHP32 HOWSHP32 CHGMLS32 HOWMLS32 CHGMNY32 HOWMNY32 CHGPHN32 HOWPHN32 CHGEAT32 HOWEAT32 CHGDRS32 HOWDRS32 CHGBTH32 HOWBTH32 CHGTLT32 HOWTLT32 CHGARM32 HOWARM32</p>

\*\*Similar questions were also asked in the Physical Function Form (Rec 9)

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Life events</u> ***							
Have you retired or changed/lost your job since we saw you last?	RETIRE31	RETIRE32	RETIRE32	RETIRE32	RETIRE32	RETIRE32	RETIRE32
When did this happen?	WHNRET31	WHNRET32	WHNRET32	WHNRET32	WHNRET32	WHNRET32	WHNRET32
Was this change positive or negative?	POSRET31	POSRET32	POSRET32	POSRET32	POSRET32	POSRET32	POSRET32
Have you had a grandchild born?	GRNDCH31	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32
Has caring for a sick/disabled friend or relative become a significant problem?	CARREL31	CARREL32	CARREL32	CARREL32	CARREL32	CARREL32	CARREL32
Has providing care become harder?	CARHRD31	CARHRD32	CARHRD32	CARHRD32	CARHRD32	CARHRD32	CARHRD32
Has there been a significant change in your personal finances?	CHGFIN31	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32
When did this happen?	WHNFIN31	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32
Was this change positive or negative?	POSFIN31	POSFIN32	POSFIN32	POSFIN32	POSFIN32	POSFIN32	POSFIN32
Did you or a very close friend or family member have a serious accident or illness?	ACCILL31	ACCILL32	ACCILL32	ACCILL32	ACCILL32	ACCILL32	ACCILL32
When did this happen?	WHNACC31	WHNACC32	WHNACC32	WHNACC32	WHNACC32	WHNACC32	WHNACC32
Have your, your partner, or a family member been assaulted or robbed?	ROBBED31	ROBBED32	ROBBED32	ROBBED32	ROBBED32	ROBBED32	ROBBED32
When did this happen?	WHNROB31	WHNROB32	WHNROB32	WHNROB32	WHNROB32	WHNROB32	WHNROB32
Have you had any important relationship become worse?	RELWRS31	RELWRS32	RELWRS32	RELWRS32	RELWRS32	RELWRS32	RELWRS32
When did this happen?	WHNREL31	WHNREL32	WHNREL32	WHNREL32	WHNREL32	WHNREL32	WHNREL32
Did someone close to you die?	CLSDIE31	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32
When?	WHNDIE31	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32
Have any other important things happened to you or your partner?	OTHEV31	OTHEV32	OTHEV32	OTHEV32	OTHEV32	OTHEV32	OTHEV32
What happened?	OTHSPC31	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32
Was it positive or negative?	POSEV31	POSEV32	POSEV32	POSEV32	POSEV32	POSEV32	POSEV32

\*\*\* Some of these variables are also found in the Depression / Life Events Form (Rec 5)

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
<u>Life events***</u>						
Have you retired or changed/lost your job since we saw you last?	RETIRE32	RETIRE32	RETIRE32	RETIRE32		
When did this happen?	WHNRET32	WHNRET32	WHNRET32	WHNRET32		
Was this change positive or negative?	POSRET32	POSRET32	POSRET32	POSRET32		
Have you had a grandchild born?	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32		
Has caring for a sick/disabled friend or relative become a significant problem?	CARREL32 CARHRD32	CARREL32 CARHRD32	CARREL32 CARHRD32	CARREL32 CARHRD32		
Has providing care become harder?	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32		
Has there been a significant change in your personal finances?	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32		
When did this happen?	POSFIN32	POSFIN32	POSFIN32	POSFIN32		
Was this change positive or negative?	ACCILL32	ACCILL32	ACCILL32	ACCILL32		
Did you or a very close friend or family member have a serious accident or illness?	WHNACC32	WHNACC32	WHNACC32	WHNACC32		
When did this happen?	ROBBED32	ROBBED32	ROBBED32	ROBBED32		
Have you, your partner, or a family member been assaulted or robbed?	WHNROB32	WHNROB32	WHNROB32	WHNROB32		
When did this happen?	RELWRS32	RELWRS32	RELWRS32	RELWRS32		
Have you had any important relationship become worse?	WHNREL32	WHNREL32	WHNREL32	WHNREL32		
When did this happen?	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32		
Did someone close to you die?	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32		
When?	OTHEV32	OTHEV32	OTHEV32	OTHEV32		
Have any other important things happened to you or your partner?	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32		
What happened?	POSEV32	POSEV32	POSEV32	POSEV32		
Was it positive or negative?						

\*\*\* Some of these variables are also found in the Depression / Life Events Form (Rec 5)

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Proxy &amp; Contacts Tracking</u>							
Plan to be out of the area 6 months from now?	OUTAR31	OUTAR32	OUTAR32	OUTAR32	OUTAR32	OUTAR32	OUTAR32
Moving permanently/temporarily?	OUTPRM31	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32
If permanently							
New address known?	KNADDR31	KNADDR32	KNADDR32	KNADDR32	KNADDR32	KNADDR32	KNADDR32
Street	STREET31	STREET32	STREET32	STREET32	STREET32	STREET32	STREET32
City	CITY31	CITY32	CITY32	CITY32	CITY32	CITY32	CITY32
State	STATE31	STATE32	STATE32	STATE32	STATE32	STATE32	STATE32
Zip code	ZIP31	ZIP32	ZIP32	ZIP32	ZIP32	ZIP32	ZIP32
New phone number	PHONE31	PHONE32	PHONE32	PHONE32	PHONE32	PHONE32	PHONE32
Area code	AREACD31	AREACD32	AREACD32	AREACD32	AREACD32	AREACD32	AREACD32
Which general area will move to (if new address is unknown)?	GENAR31	GENAR32	GENAR32	GENAR32	GENAR32	GENAR32	GENAR32
If temporarily							
When will return							
Month	RETMO31	RETMO32	RETMO32	RETMO32	RETMO32	RETMO32	RETMO32
Year	RETYR31	RETYR32	RETYR32	RETYR32	RETYR32	RETYR32	RETYR32
Time interview ended							
Hour	ENDHR31	ENDHR32					
Minute	ENDMIN31	ENDMIN32					
am/pm	ENDAP31	ENDAP32					
Interview completed by		WHO32	WHO32	WHO32	WHO32	WHO32	WHO32
If by proxy, reason		PROXY32	PROXY32	PROXY32	PROXY32	PROXY32	PROXY32
Specify other		PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32



Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Years 12+ annual	Years 12+ 6-month
<u>Proxy &amp; Contacts Tracking</u>						
Plan to be out of the area 6 months from now?	OUTAR32	OUTAR32	OUTAR32	OUTAR32	OUTAR32	OUTAR32
Moving permanently/temporarily?	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32
If permanently						
New address known?	KNADDR32	KNADDR32	KNADDR32	KNADDR32	KNADDR32	KNADDR32
Street	STREET32	STREET32	STREET32	STREET32	STREET32	STREET32
City	CITY32	CITY32	CITY32	CITY32	CITY32	CITY32
State	STATE32	STATE32	STATE32	STATE32	STATE32	STATE32
Zip code	ZIP32	ZIP32	ZIP32	ZIP32	ZIP32	ZIP32
New phone number	PHONE32	PHONE32	PHONE32	PHONE32	PHONE32	PHONE32
Area code	AREACD32	AREACD32	AREACD32	AREACD32	AREACD32	AREACD32
Which general area will move to (if new address is unknown)?	GENAR32	GENAR32	GENAR32	GENAR32	GENAR32	GENAR32
If temporarily						
When will return						
Month	RETMO32	RETMO32	RETMO32	RETMO32	RETMO32	RETMO32
Year	RETYR32	RETYR32	RETYR32	RETYR32	RETYR32	RETYR32
Time interview ended						
Hour						
Minute						
am/pm						
Interview completed by	WHO32	WHO32	WHO32	WHO32	WHO32	WHO32
If by proxy, reason	PROXY32	PROXY32	PROXY32	PROXY32	PROXY32	PROXY32
Specify other	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32

Caregiver Screening Form  
(Record 60)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable				KDATE60	KDATE60		
Participant ID number				IDNO	IDNO		
Key entry date				KDATE60	KDATE60		
Key entry ID number				VERS60	VERS60		
Interviewer ID				INTID60	INTID60		
Interview date				INTDAT60	INTDAT60		
What is your current marital status? (if other) please specify				MARST60 MARSPC60	MARST60 MARSPC60		
Does your spouse currently have any physical or health problems, or problems with confusion?				SPPROB60	SPPROB60		

Caregiver Screening Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p>Does your spouse have difficulty in any of the following areas:</p> <p>Walking to get around inside or outside the house</p> <p>Getting in and out of bed or chair</p> <p>Eating</p> <p>Dressing</p> <p>Bathing</p> <p>Grooming</p> <p>Using toilet</p> <p>Using telephone</p> <p>Preparing meals</p> <p>Doing housekeeping or yardwork</p> <p>Shopping for groceries or personal items</p> <p>Taking medications</p> <p>Handling personal finances</p> <p>Driving car</p>				<p>WALK60</p> <p>BEDCH60</p> <p>EAT60</p> <p>DRESS60</p> <p>BATH60</p> <p>GROOM60</p> <p>TOILET60</p> <p>TELE60</p> <p>PRMEAL60</p> <p>HSWORK60</p> <p>SHOP60</p> <p>MEDS60</p> <p>FINANC60</p> <p>DRIVE60</p>	<p>WALK60</p> <p>BEDCH60</p> <p>EAT60</p> <p>DRESS60</p> <p>BATH60</p> <p>GROOM60</p> <p>TOILET60</p> <p>TELE60</p> <p>PRMEAL60</p> <p>HSWORK60</p> <p>SHOP60</p> <p>MEDS60</p> <p>FINANC60</p> <p>DRIVE60</p>		
<p>Is there anyone who lives with you, other than your spouse, who requires regular assistance from you because of physical or health problems, or problems with confusion?</p> <p>(if yes) What is your relationship with this person?</p> <p>(if other) specify</p>				<p>OTHPRB60</p> <p>OTHREL60</p> <p>OTHSPC60</p>	<p>OTHPRB60</p> <p>OTHREL60</p> <p>OTHSPC60</p>		

Body Composition and Bone Density Questionnaire Form  
(Record 63)

Question	Year 7 or 8
Year of study	YEAR63
Time you ate last full meal Hour Minutes a.m./p.m.	MEALHR63 MEALMN63 MEALAP63
In past year, gained or lost > 5 lbs	GAINLS63
Weight change due to something you did?	WTCHG63
Was dieting a major factor in weight change?	DIET63
Was exercise a major factor in weight change?	EXER63
Was surgery, illness or medication a major factor in weight change?	SGILMD63
What caused weight change? Overweight/obesity High blood pressure/hypertension High blood cholesterol Diabetes Heart disease Cancer Surgery Specify the surgery Medication Specify the medication Other Specify the other Don't know	OVERWT63 HIB63 CHOL63 DIAB63 HRTDIS63 CANCER63 SURG63 SRGSPC63 MED63 MEDSPC63 OTHER63 OTHSPC63 DNTKN63

Question	Year 7 or 8
What was your maximum adult weight (excluding pregnancy)?	MAXWT63
How old were you at your maximum weight?	MAXAGE63
After 50 years old, did you ever have a confirmed broken or fracture bone?	BRBOND63
Which bone(s) did you break, and how old were you ? Hip/pelvis Age when first broken Ankle Age when first broken Wrist Age when first broken Upper arm (humerus) Age when first broken Spine (vertebra) Age when first broken Other Specify other Age when first broken	HIP63 HIPAGE63 ANKLE63 ANKAGE63 WRIST63 WRAGE63 ARM63 ARMAGE63 SPINE63 SPNAGE63 BROTH63 BOTHSP63 BOTHAG63
How often did you drink milk in your teens (12-17)?	MILKTN63
How often did you drink milk when you were age 18-50?	MILKAD63
How often did you drink milk from age 50 on?	MILK5063
Have you had a replacement hip?	HIPRPL63

Body Composition and Bone Density Questionnaire Form  
(cont.)  
(Record 63)\*

Question	Year 7 or 8
Do you have any metal objects in the abdomen area?	METAL63
Have you any tests using radioactive materials within the last ten days?	TESTS63
Do you agree to have bone scan? If not today, date scheduled Other reason for refusal	AGREE63 SCHDAT63 REFRSN63
Interviewer ID number	INTID63
Interview date	INTDAT63

Bone Composition & Bone Density Completion  
(Record 64)\*

Question	Year 7 or 8
Year of study	YEAR64
Results of DEXA, X-ray bone scan	
Hip	
Date of hip scan	HIPDAT64
Result of scan	HIPCMP64
Scan flagged for review	HIPFLG64
Reason scan incomplete or not done	HIPRSN64
Specify other reasons	HIPSPC64
Whole body	
Date of body scan	BDYDAT64
Result of scan	BDYCMP64
Scan flagged for review	BDYFLG64
Reason scan incomplete or not done	BDYRSN64
Specify other reasons	BDYSPC64
Interviewer ID number	TECHID64
Interview date	INTDAT64

**\*NOTE:** These data were collected on roughly 600 participants from Davis and 1,000 from Pittsburgh during years 7 and 8. The actual scan data are in SAS data sets.

Endothelial Function  
(Record 76)\*

Question	Year 8	Year 9	Year 10	Year 11
Data Selection Variable			DATE76	
Year of Study			YEAR76	
Date of Birth			BIRTH76	
Has doctor ever said you have Raynaud=s Phenomenon?			RAYNAU76	
Had radical mastectomy on either side			RADMAS76	
Eaten during the last 6hours? What eaten?			EATEN76 WHAT76	
Had any caffeinated drinks in last 6 hours? How many cups?			COFFEE76 CUPS76	
Smoked cigarettes in last 6 hours?			SMOKE76	
Taken any medications or vitamins today? Any vitamins? Multivitamin Vitamin E Vitamin C Beta-Carotene Vitamin B6 Folate Any lipid/cholesterol medication? Any blood pressure medication? Any estrogen/progestin?			MEDS76  MULTI76 VITE76 VITC76 BETAC76 VITB76 FOLATE76 LIPID76 BPMED76 ESTROG76	
Brachial scan tape ID number			TAPEID76	

\* Administered for the first time in Year 10

Endothelial Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Time of day scan started: Hour Minute AM/PM			BEGHR76 BEGMIN76 BEGAP76	
Cuff size: Right Arm Left Arm			CUFFR76 CUFFL76	
Dinamap used for resting blood pressure?			DINA76	
Baseline blood pressure and pulse: Baseline systolic Baseline diastolic Baseline pulse			BASSYS76 BASDIA76 BASPUL76	
Tape start time: Hour Minute Seconds			HOUR176 MIN176 SEC176	
Cuff inflated pressure			CUFFPR76	
Tape stop time: Hour Minute Seconds			HOUR276 MIN276 SEC276	
Post blood pressure and pulse: Post systolic Post diastolic Post pulse			POSSYS76 POSDIA76 POSPUL76	
Brachial scan complete?			BRACH76	

Endothelial Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11
Scanning continued after deflation? If yes, how long cuff inflated? Minutes Seconds			SSCONT76  CUFMIN76 CUFSEC76	
Why scan not done or discontinued? Other reason, specify			WHYNOT76 WHSPEC76	
Position of participant			PPTPOS76	
Arm position			ARMPOS76	
Distance from antecubital crease to probe			DIST76	
Probe Angle			PROBE76	
Quality of scan			QUAL76	
Interviewer ID			INTID76	
Sonographer ID			SONID76	
Date of Procedure			PRODAT76	



Endothelial Data  
(Record 78)\*

Question	Year 8	Year 9	Year 10	Year 11
Data Selection Variable			BRDATE78	
Percent Change			PCTCHG78	

\* Administered for the first time in Year 10.