DATA SET NAME: ADVEV

ACT Follow-up Adverse Events Questionnaire

ID ☐☐☐☐☐☐ NEWID Acrostic ☐☐☐☐☐☐

Date Completed ☐☐/☐☐/☐☐ (Mon/Day/Year) VISIT Visit Code ☐☐☐

PHONDATA = COLLECTED BY TELEPHONE

Form completed by: ☐☐ (staff code)

1. ***Were you hospitalized during the last 6 months?*** HOSP6MTH

1☐ Yes

Number of admissions ☐☐ HOSPADMIS

Total number of nights stayed ☐☐☐ HOSNIGHT

Reason(s) for hospitalization :

2☐ No

The following questions are about adverse experiences.

2. Have you experienced ***chest pain*** during the past 6 months? CP6MTH

a) Did the chest pain affect your physical activity routine? CPACT

1☐ Yes

i) Did you stop your routine? CPSTOP

1☐ Yes

For more than 1 week? CP1WK

1☐ Yes → How many weeks? ☐☐ CPNUMWKS

2☐ No

2☐ No

2☐ No

ii) Did you shorten your routine? CPSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? CPDECINT 1☐ Yes 2☐ No

1☐ Yes

2☐ No

b) Did you see a physician for your chest pain? CPPHYSIC

1☐ Yes → How many times? ☐☐ CPPHYSNO

2☐ No

c) Were you hospitalized for your chest pain? CPHOSP

1☐ Yes → How many nights did you stay? ☐☐ CPNIGHTS

2☐ No

d) Did you have surgery because of your chest pain? CPSURG 1☐ Yes 2☐ No

e) Did you miss any work because of your chest pain? CPWORK

1☐ Yes → How many days? ☐☐☐ CPWKDAYS

2☐ No

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3. Have you experienced ***difficulty breathing*** during the last 6 months? DB6MONTH

1☐ Yes
2☐ No

a) Did this breathing problem affect your physical activity routine? DBACT

1☐ Yes
2☐ No

i) Did you stop your routine? DBSTOP

1☐ Yes
2☐ No

For more than 1 week? DB1WK
1☐ Yes→ How many weeks? ☐☐☐ DBNUMWKS
2☐ No

ii) Did you shorten your routine? DBSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? DBDECINT 1☐ Yes 2☐ No

1☐ Yes
2☐ No

b) Did you see a physician for your breathing problem? DBPHYSIC
1☐ Yes→ How many times? ☐☐ DBPHYSNO
2☐ No

c) Were you hospitalized for your breathing problem? DBHOSP
1☐ Yes→ How many nights did you stay? ☐☐ DBNIGHTS
2☐ No

d) Did you have surgery because of your breathing problem? DBSURG
1☐ Yes 2☐ No

e) Did you miss any work because of your breathing problem? DBWORK
1☐ Yes→ How many days? ☐☐☐ DBWKDAYS
2☐ No

4. Have you experienced ***severe dizziness or loss of consciousness*** during the last 6 months? DC6MONTH

a) Did the fainting or dizziness affect your physical activity routine? DCACT

1☐ Yes
2☐ No

i) Did you stop your routine? DCSTOP

1☐ Yes
2☐ No

For more than 1 week? DC1WK
1☐ Yes→ How many weeks? DCNUMWKS
2☐ No

ii) Did you shorten your routine? DCSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? DCDECINT 1☐ Yes 2☐ No

1☐ Yes
2☐ No

b) Did you see a physician for your fainting or dizziness? DCPHYSIC
1☐ Yes→ How many times? DCPHYSNO
2☐ No

c) Were you hospitalized for your fainting or dizziness? DCHOSP
1☐ Yes→ How many nights did you stay? DBNIGHTS
2☐ No

d) Did you have surgery because of your fainting or dizziness? DCSURG
1☐ Yes 2☐ No

e) Did you miss any work because of your fainting or dizziness? DCWORK
1☐ Yes→ How many days? DCWKDAYS
2☐ No

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Please tell us whether or not you have experienced any of the following conditions in the past 6 months ***during or following exercise***.

5. Have you experienced ***leg or arm pain***? LA6MONTH

1☐ Yes
2☐ No

a) Did the leg or arm pain affect your physical activity routine? LAACT

1☐ Yes
2☐ No

i) Did you stop your routine? LASTOP

1☐ Yes
2☐ No

For more than 1 week? LA1WK
1☐ Yes→ How many weeks? LANUMWKS
2☐ No

ii) Did you shorten your routine? LASHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? LADECINT 1☐ Yes 2☐ No

b) Did you see a physician for your pain? LAPHYSIC
1☐ Yes→ How many times? LAPHYSNO
2☐ No

c) Were you hospitalized for your pain? LAHOSP
1☐ Yes→ How many nights did you stay? LANIGHTS
2☐ No

d) Did you have surgery because of your pain? LASURG
1☐ Yes 2☐ No

e) Did you miss any work because of your pain? LAWORK
1☐ Yes→ How many days? LAWKDAYS
2☐ No

f) In which limbs did you have this pain (mark all that apply):
1☐ Right arm LARARM 1☐ Left arm LALARM
1☐ Right leg LARLEG 1☐ Left leg LALLEG

6. Have you experienced ***swollen or sore joints***? SJ6MONTH

1☐ Yes
2☐ No

a) Did the swollen or sore joints affect your physical activity routine? SJACT

1☐ Yes
2☐ No

i) Did you stop your routine? SJSTOP

1☐ Yes
2☐ No

For more than 1 week? SJ1WK

1☐ Yes→ How many weeks? ☐☐ SJNUMWKS
2☐ No

ii) Did you shorten your routine? SJSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? SJDECINT 1☐ Yes 2☐ No

b) Did you see a physician for your joint problem? SJPHYSIC

1☐ Yes→ How many times? ☐☐ SJPHYSNO
2☐ No

c) Were you hospitalized for your joint problem? SJHOSP

1☐ Yes→ How many nights did you stay? ☐☐ SJNIGHTS
2☐ No

d) Did you have surgery because of your joint problem? SJSURG

1☐ Yes 2☐ No

e) Did you miss any work because of your joint problem? SJWORK

1☐ Yes→ How many days? ☐☐☐ SJWKDAYS
2☐ No

f) In which part(s) of your body did you have this joint problem (mark all that apply):

1☐ Right wrist SJRWRIST	1☐ Left wrist SJLWRIST
1☐ Right elbow SJRELBOW	1☐ Left elbow SJLELBOW
1☐ Right shoulde SJRSHLDR	1☐ Left shoulder SJLSHLDR
1☐ Right ankle SJRANKLE	1☐ Left ankle SJLANKLE
1☐ Right knee SJRKNEE	1☐ Left knee SJLKNEE
1☐ Right Hip SJRHIP	1☐ Left hip SJLHIP

1☐ Other SJOTHER _____
(Specify)

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7. Have you experienced ***a pulled or strained muscle, tendon, or ligament?*** ML6MONTH

1☐ Yes
2☐ No

a) Did the muscle/ligament strain affect your physical activity routine? ML ACT

1☐ Yes
2☐ No

i) Did you stop your routine? ML STOP

1☐ Yes
2☐ No

For more than 1 week? ML 1WK
1☐ Yes→ How many weeks? ☐☐ MLNUMWKS
2☐ No

ii) Did you shorten your routine? MLSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? MLDECINT 1☐ Yes 2☐ No

b) Did you see a physician for your muscle/ligament strain? MLPHYSIC
1☐ Yes→ How many times? ☐☐ MLPHYSNO
2☐ No

c) Were you hospitalized for your muscle/ligament strain? MLHOSP
1☐ Yes→ How many nights did you stay? ☐☐ MLNIGHTS
2☐ No

1☐ Yes
2☐ No

d) Did you have surgery because of your muscle/ligament strain? MLSURG
1☐ Yes 2☐ No

e) Did you miss any work because of your muscle/ligament strain? MLWORK
1☐ Yes→ How many days? ☐☐☐ MLWKDAYS
2☐ No

f) In which part(s) of your body did you have this muscle/ligament strain (mark all that apply):

1☐ Right hand	MLRHAND	1☐ Left hand	MLLHAND
1☐ Right arm	MLRARM	1☐ Left arm	MLLARM
1☐ Right foot	MLRFOOT	1☐ Left foot	MLLFOOT
1☐ Right leg	MLRLEG	1☐ Left leg	MLLLEG
1☐ Abdomen	MLABDOM	1☐ Neck	MLNECK
1☐ Trunk or ribs	MLRIBS	1☐ Chest	MLCHEST
1☐ Lower back	MLLOBACK	1☐ Upper back	MLUPBACK

1☐ Other _____ MLOTHER(specify)

8. Have you experienced ***any broken or fractured bones***? FB6MONTH

1☐ Yes
2☐ No

a) Did the fracture affect your physical activity routine? FBACT

1☐ Yes
2☐ No

i) Did you stop your routine? FBSTOP

1☐ Yes
2☐ No

For more than 1 week? FB1WK
1☐ Yes→ How many weeks? ☐☐ FBNUMWKS
2☐ No

ii) Did you shorten your routine? 1☐ Yes 2☐ No FBSHORT

iii) Did you decrease the intensity of your routine? 1☐ Yes 2☐ No FBDECINT

b) Did you see a physician for your fracture? FBPHYSIC
1☐ Yes→ How many times? ☐☐
2☐ No FBPHYSNO

c) Were you hospitalized for your fracture? FBHOSP
1☐ Yes→ How many nights did you stay? ☐☐
2☐ No FBNIGHTS

1☐ Yes
2☐ No

d) Did you have surgery because of your fracture? FBSURG
1☐ Yes 2☐ No

e) Did you miss any work because of your fracture? FBWORK
1☐ Yes→ How many days? ☐☐☐
2☐ No FBWKDAYS

f) In which part(s) of your body did you have this fracture (mark all that apply):

1☐ Right hand FBRHAND	1☐ Left hand FBLHAND
1☐ Right arm FBRARM	1☐ Left arm FBLARM
1☐ Right foot FBRFOOT	1☐ Left foot FBLFOOT
1☐ Right leg FBRLEG	1☐ Left leg FBLLEG
1☐ Trunk or ribs FBRIBS	1☐ Back FBBACK
1☐ Head FBHEAD	1☐ Neck FBNECK
1☐ Other (specify) FBOTHER	