DATA SET NAME: DEMOG

ACTIVITY COUNSELING TRIAL DEMOGRAPHICS AND MEDICAL HISTORY

Participant Name	

The questions that follow will ask for some information about your general background as well as your health history. Please answer them as completely as possible. It should take 15 to 20 minutes to finish. After you have completed the questionnaire, a clinic staff member will go over it with you. If you have any questions or concerns about your answers, please share them with the staff member at that time.

DATA SET NAME: DEMOG

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Date Completed Max Day	NEWID .VISIT	Reviewed by [] (staff code)
1. What is your date o		Day Year
 What is your currer never manged presently living in a 	rried	divorced or separated ■□ widowed
ı⊟ 8th grade ₂⊟ 9th- 11th ₃⊟ High scho	or less grade ool graduate	that you completed? SCHOOL College (including junior or technical college) College graduate Post graduate DIABETES
		you have diabetos.
ı□ Yes	Are you taking	Insuling 10 fes 20 No
2□ No 5. Has a doctor ev	er told you that	you have high blood pressure? HIGHBP
o. 1100 a doctor ov		ny medication for your high blood pressure? BPMEDS
ı□ Yes——	ı□ Yes	Have you been taking the same medications and the same dosage for the last 3 months? 1□ Yes 2□ No BPMED3
	2□ No	
₂□ No		
6. Have you ever i	een diagnosed	or treated for skin cancer?SKINCNCR
	Was it melano	ma:MELANOMA
ı□ Yes——	ı□ Yes	Was this within the last 5 years? ₁□ Yes ₂□ No
	₂□ No	
2□ No		

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7.	Have you ever been diagnosed or treated for any types of cancer other than skin cancer?						
	"What kind of cancer?"						
	¹□ Yes——— "Was this within the last 5 years?" ¹□ Yes ₂□ No						
	2□ No						
8.	Has a doctor ever told you that you have had a heart attack? HRTPROB - VARIABLE FOR BOTH QUESTIONS 8 AND 9	ı□ Yes	2□ No				
9.	Has a doctor ever told you that you have any of the following conditi	ons?					
	 a) Angina (chest pain from a heart problem) requiring treatment with medications 	ı□ Yes	2□ No				
	b) Heart failure or congestive heart failure	₁□ Yes	2□ No				
	c) Heart rhythm problem (irregular heartbeat)	₁□ Yes	2□ No				
	d) Heart conduction problem (heart block)	ı□ Yes	2□ No				
	e) Heart valve problem						
	Specify type of valve problem:						
7	2□ No						
10.	Have you ever had any of the following surgical procedures?		+				
7.007							
	a) Surgery for blocked or clogged arteries in your heart	₁□ Yes	2□ No				
	 a) Surgery for blocked or clogged arteries in your heart b) Balloon angioplasty for your heart (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA) 	₁□ Yes	2□ No				
	b) Balloon angioplasty for your heart (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA) c) Heart valve replacement VALVEREP OTHCOND - VARIABLE FOR BOTH QUESTIONS 10 AND 11						
11.	 b) Balloon angioplasty for your heart (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA) c) Heart valve replacementative. 	ı□ Yes	2□ No				
	b) Balloon angioplasty for your heart (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA) c) Heart valve replacement VALVEREP OTHCOND - VARIABLE FOR BOTH QUESTIONS 10 AND 11 Has a doctor ever told you that you have had a stroke or TIA (mini-stroke)?	₁□ Yes ₁□ Yes	2□ No 2□ No				
11.	b) Balloon angioplasty for your heart (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA) c) Heart valve replacemental VALVEREP OTHCOND - VARIABLE FOR BOTH QUESTIONS 10 AND 11 Has a doctor ever told you that you have had a stroke or TIA (mini-stroke)?	₁□ Yes ₁□ Yes	2□ No 2□ No				

ı□ Yes	Are you now taking any medications to treat it? 1 Yes	2□ No
₂□ No		
Has a doctor e following areas	ver told you that you have a blood circulation problem in any o	f the
a) In your head	d or neck? HDOTHCRC 1□ Ye	s 2 No
b) In your legs	s or feet? LEGCIRC 1□ Ye	s 2□ No
c) In any other	r area of your body?	
ı□ Yes	Specify area:	
		_
2□ No	#15-V automati	<u>ت</u>
	#15-Yes = auto material actions and material actions are told you that you have asthma?	c N
	# 15- Yes = auto mate over told you that you have asthma? Yes = exclusion Do you currently take medications for your asthma on a dain	
Has a doctor e	Do you currently take medications for your asthma on a dai	y basis?
Has a doctor e	Do you currently take medications for your asthma on a dain 12 ≥ No Do physical activities such as walking, running, swimming a sports cause you to have asthma attacks?	y basis?
Has a doctor e ASTHMA 1□ Yes—— 2□ No	Do you currently take medications for your asthma on a dain 12 ≥ No Do physical activities such as walking, running, swimming a sports cause you to have asthma attacks?	y basis? and playing
Has a doctor e ASTHMA	Do you currently take medications for your asthma on a dain 12 Yes 2□ No Do physical activities such as walking, running, swimming a sports cause you to have asthma attacks? 12 Yes 2□ No	y basis? and playing
Has a doctor e ASTHMA	Do you currently take medications for your asthma on a dain 12 Yes 2 No Do physical activities such as walking, running, swimming a sports cause you to have asthma attacks? 12 Yes 2 No In Yes 2 No	y basis? and playing
Has a doctor e ASTHMA 1 Yes— 2 No Do you have a a) Rheumatoic	Do you currently take medications for your asthma on a daintered and the second	y basis? and playing s 2□ No s 2□ No
Has a doctor e ASTHMA 1 Yes 2 No Do you have a a) Rheumatoic b) Psoriatic ar	Do you currently take medications for your asthma on a dain 12 Yes 2 No Do physical activities such as walking, running, swimming a sports cause you to have asthma attacks? 12 Yes 2 No In Yes 2 No	y basis? and playing s 2□ No s 2□ No
Has a doctor e ASTHMA 1 Yes 2 No Do you have a a) Rheumatoic b) Psoriatic ar c) Reiter's Dis	Do you currently take medications for your asthma on a dain 12*Yes 2 No Do physical activities such as walking, running, swimming a sports cause you to have asthma attacks? 12*Yes 2 No Intervel 2 No Intervel 3 No Intervel 4 No Intervel 4 No Intervel 5 No Intervel 6 No Intervel 6 No Intervel 6 No Intervel 7 No Intervel 7 No Intervel 7 No Intervel 8 No Intervel 8 No Intervel 9 No	y basis? and playing s 2□ No s 2□ No s 2□ No
Has a doctor e ASTHMA 1 Yes— 2 No Do you have a a) Rheumatoic b) Psoriatic ar c) Reiter's Dis d) Lupus or Si	Do you currently take medications for your asthma on a dain 12 Yes 2 No Do physical activities such as walking, running, swimming a sports cause you to have asthma attacks? 12 Yes 2 No In Yes 2 No	s 2 No s 2 No s 2 No s 2 No s 2 No

2□ No

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B. Has a doctor ev	ver told you that you have liver disease?		
₁□ Yes	Please specify what kind:		Ÿ
2□ No			
Have you been following?	treated in the last 5 years by a health care profess	ional for any	of the
a) Major depres	ssion ANYDEP - VARIABLE FOR A THROUGH C	₁□ Yes	2□ No
b) Manic depre		ı□ Yes	2□ No
c) Schizophren		ı□ Yes	2□ No
	rugs, such as lithium?	ı□ Yes	2□ No
a) Antimanic d	rugs, such as lithium?	ı□ Yes	₂□ No
b) Antipsychot thorazine or	ic drugs or tranquilizers, such as haldol?	ı□ Yes	2□ No
c) Antidepress	ants, such as prozac or elavil?	ı□ Yes	2□ No
. Have you been	hospitalized in the last 5 years for major depression	utuudic exclu in? i□ Yes	2□ No
. Are you current previous pages	tly under a doctor's care for any medical problems ? DRCARE	not listed on	the
	Please describe those problems in the space below	ow:	
ı□ Yes			
₂□ No			

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23. The following questions are about your weight. [WOMEN: We are interested in your weight at times other than when you were pregnant.]

(a)	Is your current weight 5 or more pounds different (lighter or heavier) from what it was 6 months ago? WTDIFF5 1 Yes, gained more than 5 pounds.				
	(i) How many pounds have you gained? pounds (ii) Did you try to gain this weight MTRYGAIS Yes 2 No				
	2□ Yes, lost more than 5 pounds.				
	(ii) How many pounds have you lost? MLBLOSTS pounds (iii) Did you try to lose this weight MTRYLOSS Yes 2 No				
	3□ No a□ Don't know				
(b)	How many times in your life have you lost at least 10 pounds and then gained back? If you have never lost and gained back 10 pounds, enter zero ("00"). (WOMEN: do not include times when you were pregnant.) LS10GN10				
Th	e following questions are about alcohol use. In any one year, have you ever had 12 or more drinks containing alcohol?				
NeV6					
NeV6	In any one year, have you ever had 12 or more drinks containing alcohol?				
(a)	In any one year, have you ever had 12 or more drinks containing alcohol? 1 Yes 2 No (please skip to question 25) DRKSYR In the last 12 months, have you had 12 or more drinks containing alcohol? 1 Yes (please answer parts c, d, and e below) DRKS12				
(a) (b)	In any one year, have you ever had 12 or more drinks containing alcohol? 1 Yes 2 No (please skip to question 25) In the last 12 months, have you had 12 or more drinks containing alcohol? 1 Yes (please answer parts c, d, and e below) DRKS12 2 No (please skip to question 25) During a typical week, how many cans or bottles of beer do you drink? (Remember to include weekends.)				



ı□ Yes (plea	moked cigarettes regularly? SMOKREG se answer parts b and c below) se skip to part (d) below)
(b) How old were y	ou when you began smoking cigarettes regularly? SMOKEAGE years old
(c) Do you currently	y smoke cigarrettes? SMOKECUR
ı□ Yes——	On an average day, how many cigarettes do you smoke?
2□ No	When you were smoking, on an average day, how many cigarettes did you smoke? CIGCNT2 cigarettes per day How old were you when you quit smoking? QUITYR years old
(d) Do you present	y use any forms of tobacco other than cigarettes?TOBACCO
1□ Yes	What other forms of tobacco do you use? Cigars 1 Yes 2 No CIGARS Cigarillos 1 Yes 2 No CIGARILLO Pipe tobacco 1 Yes 2 No CHEW_TOB Chewing tobacco 1 Yes 2 No SNUFF Other 1 Yes 2 No Specify:

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26.	What is your current employme		
	(please indicate the one that b	pest describes you now)	
	□Unemployed	₅□Retired	
	2□Full-time homemaker	e□Full-time or	part-time student
	₃□Employed full-time or pa	art-time 7□On tempora	ary medical leave
	4□Permanently disabled		
27.	occupation. (If you are retired	d or currently unemployed, ple nt job. If you are a full-time h	omemaker who has never beer
	Example		
	Job Title: teacher	elementary public school mig	nt respond.
		rth grade in public elemei	ntary school
		rth grade in public elemei	ntary school
28	Job Title: Occupation:	orked (or did you work) at this	s job? years
28.	Job Title: Occupation:	orked (or did you work) at this	s job? years
28.	Job Title: Occupation: How many years have you we Which of the following category	orked (or did you work) at this occupries best describes your annual INCOME	s job? years JP_YR JP_YR JR Please \$\prec{1}{2}\$46,000 to \$49,999
	Occupation:	orked (or did you work) at this occupries best describes your annual number of \$20,000 to \$24,999 all \$25,000 to \$29,999	s job?
	Occupation:	orked (or did you work) at this occupries best describes your annual INCOME	s job? years JP_YR JP_YR JR Please \$\prec{1}{2}\$46,000 to \$49,999

HOUSECNT

is your response based on the take home amount? H_AMOUNT 1 Yes 2 No

How many people are currently living in your household (including yourself)?

	915033	350 125	8 69	E-1	500
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29.	Which of the following categories best describes your annual personal income? (Please							
	select only one category.)	P_INCOME						
	1□ Less than \$5,000	5□ \$20,000 to \$24,999	9□ \$46,000 to \$49,999					
15	2□ \$5,000 to \$9,999	6□ \$25,000 to \$29,999	10□ \$50,000 to \$74,999					
	3□ \$10,000 to \$14,999	7□ \$30,000 to \$34,999	11□ \$75,000 to \$99,999					
	4□ \$15,000 to \$19,999	8□ \$35,000 to \$45,999	12□ \$100,000 or more					
	Is your response based on t	he take home amount? P_AMOUNT	1□ Yes 2□ No					
30.	Please indicate below the source(s) of your own personal income (not household income) by marking the primary source with a "1". If you have more than one source of income, mark the second source with a "2", the third source with a "3", and so on.							
	Employment (as listed above in question 26)							
	Retir	ement, Social Secruity Benefits,	bility Income (OASDI), Railroad Supplemental Security Income					
	(SSI) (AFD	(SSI), Veterans Benefits, Aid to Families with Dependent Children (AFDC), or General Assistance from Local or State governments)						
	Retirement (pensions	s, annuities, etc.)						
	Unemployment Com	pensation	4					
	Interest and Dividen	ds						
	Other (alimony, child	i support, etc.)						
MEN	I: Please stop here. Than	nk you for taking time to comple	te the form. If you have any					
	questions or concerns of when you return the qu	about any of your answers, plea	se tell the clinic staff person					
	Women: Please	e answer the questions on the fo	ollowing pages.					

(a	a)				your menstrual cycles. use (change of life)? MENOPAUS
			pregnant or breast feeding within the last year?		
				- 1	Are you currently pregnant? 1□ Yes 2□ No
					Are you currently breastfeeding? ₁□ Yes ₂□ No
				2□ No	
(b	b)	If your la	ast mens is in the	rst day of you strual period v box below.	ur last menstrual period? Mon Day Year was less than 12 months ago, please answer the
(b	b)	If your la question How Abou	many pe	rst day of you strual period v box below. eriods have you	was less than 12 months ago, please answer the
	b)	How Abou	many pe of how m	rst day of you strual period v box below. eriods have you hany days apa	was less than 12 months ago, please answer the ou had in the last 12 months? PERIOD12 periods art are your periods? DAYAPART days egular or irregular? regular 2 irregular or surgery to remove your uterus or womb?
		How Abou	many periodule that a l	rst day of your trual period vertical period vertical period vertical periods have you many days apartically respectively.	was less than 12 months ago, please answer the ou had in the last 12 months? PERIOD12 periods art are your periods? DAYAPART days egular or irregular?
		How Abou	many periodule that a l	rst day of you strual period ve box below. eriods have you hany days apa ods usually re hysterectomy	was less than 12 months ago, please answer the ou had in the last 12 months? PERIOD12 periods art are your periods? DAYAPART days egular or irregular? PEGIRREG regular 2 irregular Vor surgery to remove your uterus or womb?
(c		How About Are your In Yes-	many period u had a l	rst day of your strual period vertical period vertical periods have you many days apartically re- cods usually re- thysterectomy At what age?	was less than 12 months ago, please answer the ou had in the last 12 months? PERIOD12 periods art are your periods? DAYAPART days egular or irregular? To regular periods? Or surgery to remove your uterus or womb?
(c	c)	How About Are your In Yes-	many period u had a l	rst day of your strual period veriods have you many days aparted as usually re- hysterectomy. At what age?	was less than 12 months ago, please answer the ou had in the last 12 months? PERIOD12 periods art are your periods? DAYAPART days egular or irregular? or surgery to remove your uterus or womb? UTERWOMB AGESURE

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33. Menstrual history (continued, women only).

	STOPMENS -
(e) Have you h to permane	ad any other condition or treatment that caused your menstrual period intly stop, other than the surgeries listed above or natural menopause?
1□ Yes	Please specify the condition or treatment:
	How old were you when this occurred? Years
₂□ No	

Thank you for taking time to complete this form. If you have any questions or concerns about any of your answers, please tell the clinic staff person when you return the questionnaire.