



HEALTH STATUS OF VIETNAM VETERANS

**SUPPLEMENT C
MEDICAL AND PSYCHOLOGICAL
PROCEDURE
MANUALS AND FORMS**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control**

HEALTH STATUS OF VIETNAM VETERANS
SUPPLEMENT C
Medical and Psychological Procedure Manuals and Forms

The Centers for Disease Control
Vietnam Experience Study
January 1989

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control
Center for Environmental Health and Injury Control
Atlanta, Georgia 30333

Use of trade names is for identification only and does not constitute endorsement by the
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Note: The forms and manuals presented in this supplement have been modified in format and edited for typographical errors. However, the contents are the same as those used during the examination period.

I. INTRODUCTION

This supplement provides documentation of medical and psychological examination manuals and data collection forms used for the Vietnam Experience Study. These examinations were performed, under contract with the Centers for Disease Control (CDC), by the Veterans' Health Study staff at Lovelace Medical Foundation, Albuquerque, New Mexico.

All medical examinations and psychological tests were administered by using standardized protocols. Before performing the examinations, medical and psychological personnel were thoroughly trained and certified by the Medical Director, Clinic Manager, and the Chief Psychologist, respectively. During the examinations, data were recorded on standardized hard-copy forms, except for data from some psychological examinations for which optical scan forms were used. After collection, all data were carefully reviewed and edited. Original data were visually reviewed for completeness and accuracy by a trained clerk on the day of examination. Discrepancies and problems were resolved before the participant left Albuquerque. Data were then keyed and 100% key-verified, uploaded to a mainframe computer, checked for completeness and valid codes, and sent to CDC via data tape. Upon arrival at CDC, data were processed on a mainframe computer to check for validity, consistency, completeness, and accuracy. In summary, all procedures were carefully designed and implemented to provide the utmost quality data used to assess the health of Vietnam-era veterans.

In this supplement, data collection forms are shown in Sections II and III. Copyright restrictions precluded publishing most of the psychological examination forms. Thus, a reference list is provided for these examinations to assist the reader in acquiring related forms and instruction material (see Section III). Medical and psychological manuals used for training and for standardizing the examinations are shown in Sections IV and V. Scheduling and handling of study participants and treatment of medical records are described in Section VI. Data management procedures relative to the medical and psychological examinations are presented in Section VII.

The medical examination also included laboratory assessments of blood, urine, and semen specimens. Laboratory methods and quality control data are presented in Supplement A. Statistical evaluations of data quality for the medical, psychological, and laboratory participant data are presented in Supplement B.

The use of trade names, in this supplement, is for identification only and does not constitute endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

II. Medical Examination Forms

A. Audiometry Examination

1. EXAM CODE	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0001-0004)
2. Participant ID	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0005-0011)
3. Participant Name _____	:		
4. Date	:	<u> </u> / <u> </u> / <u> </u>	(0012-0013)
	:	<u> </u> / <u> </u>	(0014-0015)
	:	<u> </u> / <u> </u>	(0016-0017)
5. Time Started	:	<u> </u> / <u> </u>	(0018-0019)
	:	<u> </u> / <u> </u>	(0020-0021)
6. Technician Code	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0022-0025)
7. Examination Status	:	<u> </u> / <u> </u>	(0026)
1=complete	:		
2=sick	:		
3=terminated	:		
4=physically impaired	:		
7=other	:		
8=don't know	:		
9=refused	:		
If no response for questions 8-21, code	:		
100=no response (n/r)	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
8. 500 Hz. left	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0027-0029)
9. 500 Hz. right	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0030-0032)
10. 1000 Hz. left	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0033-0035)
11. 1000 Hz. right	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0036-0038)
12. 2000 Hz. left	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0039-0041)

13.	2000 Hz. right	:	<u> </u> / / / /	(0042-0044)
14.	3000 Hz. left	:	<u> </u> / / / /	(0045-0047)
15.	3000 Hz. right	:	<u> </u> / / / /	(0048-0050)
16.	4000 Hz. left	:	<u> </u> / / / /	(0051-0053)
17.	4000 Hz. right	:	<u> </u> / / / /	(0054-0056)
18.	6000 Hz. left	:	<u> </u> / / / /	(0057-0059)
19.	6000 Hz. right	:	<u> </u> / / / /	(0060-0062)
20.	8000 Hz. left	:	<u> </u> / / / /	(0063-0065)
21.	8000 Hz. right	:	<u> </u> / / / /	(0066-0068)

II. Medical Examination Forms

B. Birth Facts Sheet

1. Exam Code	:	<u>/B/F/O/I/</u>	:	(0001-0004)
	:		:	
1a. Participant ID	:	<u> </u>	:	(0005-0011)
	:		:	
1b. Participant's Name	:		:	
	:		:	
2. Exam Date	Month	<u> </u>	:	(0012-0013)
			:	
	Day	<u> </u>	:	(0014-0015)
			:	
	Year	<u> </u>	:	(0016-0017)
			:	
3. Interviewer ID	:	<u> </u>	:	(0018-0021)
	:		:	
4. Examination	:	<u> </u>	:	(0022)
	:		:	
	:	1=Complete	:	
	:	2=Partially Complete	:	
	:	9=Refused	:	
	:		:	
5. Total Number Of Children	:	<u> </u>	:	(0023-0024)
	:		:	
	:	(Enter Number of Live-born and	:	
	:	Stillborn Children Fathered)	:	
	:	99=refused	:	
	:		:	
6. Child Number	:		:	
	:		:	
	:	(Enter Number for Child in	:	
	:	Order Listed by the Participant)	:	(0025-0026)
	:	99=refused	:	
	:		:	
	:		:	
7. What was the child's full name at	:		:	
birth?	:		:	
	:		:	
a. First Name	:		:	
	:	<u> </u>	:	(0027-0056)
	:		:	

12. Address of Hospital (Where Child was born)	:	
	:	
a. Street address	:	
////////////////////////////////////	:	(0484-0513)
	:	
////////////////////////////////////	:	(0514-0543)
	:	
b. Zip code	:	_____/
	:	(0544-0548)
	:	
13. Address of Hospital (Where Child was transferred)	:	
	:	
a. Street address	:	
////////////////////////////////////	:	(0549-0578)
	:	
////////////////////////////////////	:	(0579-0608)
	:	
b. Zip code	:	_____/
	:	(0609-0613)

II. Medical Examination Forms

C. Dermatology Examination

Participant ID#: _____ Participant Name: _____

2) Date: _____ 3) Start Time: _____

4) Examiner ID#: _____

5) Examination Status: [] (1-Complete; 2-Partially Complete; 9-Refused)

A. 6) SKIN COLOR TYPE [] (RANGE 1-6)

7) PIGMENTATION [] (1-Absent; 2-Present)
IF PRESENT, THEN INDICATE 1-Absent, 2-Present, IF PRESENT,
ENTER LOCATION CODE AND PHOTO CODE (1-Yes; 2-No)

8) HYPERPIGMENTATION	[]	9) []	10) []
11) HYPOPIGMENTATION	[]	12) []	13) []
14) BIRTHMARKS	[]	15) []	16) []
17) OTHER CONDITIONS	[]	18) []	19) []
		20) []	

21) HAIR [] (1-Absent; 2-Present) IF PRESENT,
THEN INDICATE AS ABOVE

22) ALOPECIA, MALE PATTERN	[]	23) []	24) []
25) ALOPECIA, SCARRING	[]	26) []	27) []
28) ALOPECIA, NONSCARRING AND NOT PATTERN	[]	29) []	30) []
31) HIRSUTISM	[]	32) []	33) []
34) OTHER CONDITIONS	[]	35) []	36) []
		37) []	

B. 3) INFECTION [] (1-Absent; 2-Present) IF PRESENT, ENTER
LOC., PHOTO CD. (1-Yes, 2-No)

4) ACNE, GR I	[]	5) []	6) []
7) ACNE, GR II	[]	8) []	9) []
10) ACNE, GR III	[]	11) []	12) []
13) ACNE, GR IV	[]	14) []	15) []
16) ACNE ATYPICAL	[]	17) []	18) []
19) COMEDONES ONLY	[]	20) []	21) []
22) FOLLICULITIS	[]	23) []	24) []
25) HIDRADENITIS SUPPR.	[]	26) []	27) []
28) TINEA OF NAILS	[]	29) []	30) []
31) CANDIDA	[]	32) []	33) []
34) TINEA VERSICOLOR	[]	35) []	36) []
37) TINEA (OTHER)	[]	38) []	39) []
40) OTHER CONDITIONS	[]	41) []	42) []
		43) []	

C. 3) NEOPLASTIC [] (1-Absent; 2-Present) IF PRESENT, ENTER LOC., PHOTO CD. (1-Yes; 2-No)

- | | | | |
|---------------------------|-----|---------|---------|
| 4) ACROCHORDON | [] | 5) [] | 6) [] |
| 7) CANCER OF SKIN | [] | 8) [] | 9) [] |
| 10) DERMATO-FIBROMAS | [] | 11) [] | 12) [] |
| 13) EPIDERMAL INCL. CYST | [] | 14) [] | 15) [] |
| 16) KERATOSIS, ACTINIC | [] | 17) [] | 18) [] |
| 19) KERATOSIS, SEBORRHEIC | [] | 20) [] | 21) [] |
| 22) LENTIGENES | [] | 23) [] | 24) [] |
| 25) LIPOMAS | [] | 26) [] | 27) [] |
| 28) MILIA | [] | 29) [] | 30) [] |
| 31) NEVI, ATYPICAL | [] | 32) [] | 33) [] |
| 34) SEBACEOUS HYPERPLASIA | [] | 35) [] | 36) [] |
| 37) WARTS, NONGENITAL | [] | 38) [] | 39) [] |
| 40) OTHER CONDITIONS | [] | 41) [] | 42) [] |
| | | 43) [] | |

D. 3) VASCULAR [] (1-Absent; 2-Present) IF PRESENT, ENTER LOC., PHOTO CD. (1-Yes; 2-No)

- | | | |
|-----------------------------|-----|---------|
| 4) BRUISES | [] | 5) [] |
| 7) CAPILLARITIS | [] | 8) [] |
| 10) HEMANGIO. NOT SPIDER | [] | 11) [] |
| 13) PALMAR ERYTHEMA | [] | 14) [] |
| 16) POIKILODERMA OF CIVATTE | [] | 17) [] |
| 19) SPIDER ANGIOMAS | [] | 20) [] |
| 22) TELANGIECTASIAS | [] | 23) [] |
| 25) VASCULITIS | [] | 26) [] |
| 28) VARICOSITIES | [] | 29) [] |
| 31) OTHER CONDITIONS | [] | 32) [] |
| | | 34) [] |

E. 3) STD [] (1-Absent; 2-Present) IF PRESENT, ENTER LOC., PHOTO CD. (1-Yes; 2-No)

- | | | | |
|------------------------|-----|---------|---------|
| 4) EXANTHEMS | [] | 5) [] | 6) [] |
| 7) HERPETIFORM LESIONS | [] | 8) [] | 9) [] |
| 10) ULCERS | [] | 11) [] | 12) [] |
| 13) CONDYLOMATA | [] | 14) [] | 15) [] |
| 16) OTHER CONDITIONS | [] | 17) [] | 18) [] |
| | | 19) [] | |

F. 3) TRAUMA/FACTITIAL [] (1-Absent; 2-Present) IF PRESENT, ENTER LOC., PHOTO CD. (1-Yes; 2-No)

- | | | | |
|----------------------------|-----|---------|---------|
| 4) DRUG TRACKS | [] | 5) [] | 6) [] |
| 7) SCARS, POSTINFLAMMATION | [] | 8) [] | 9) [] |
| 10) SCARS, SURGICAL | [] | 11) [] | 12) [] |
| 13) SCARS, TRAUMATIC | [] | 14) [] | 15) [] |
| 16) TATTOOS | [] | 17) [] | 18) [] |
| 19) OTHER CONDITIONS | [] | 20) [] | 21) [] |
| | 22) | [] | |

G. 3) INFLAMMATORY [] (1-Absent; 2-Present) IF PRESENT, ENTER LOC., PHOTO CD. (1-Yes; 2-No)

- | | | | |
|----------------------------|-----|---------|---------|
| 4) APHTHOSIS | [] | 5) [] | 6) [] |
| 7) BULLAE | [] | 8) [] | 9) [] |
| 10) VESICLES | [] | 11) [] | 12) [] |
| 13) DERMATITIS, ECZEMATOUS | [] | 14) [] | 15) [] |
| 16) DYSHIDROSIS | [] | 17) [] | 18) [] |
| 19) LICHEN SIMP. CHRONIC | [] | 20) [] | 21) [] |
| 22) LICHEN PLANUS | [] | 23) [] | 24) [] |
| 25) PSORIASIS | [] | 26) [] | 27) [] |
| 28) EXCORIATIONS | [] | 29) [] | 30) [] |
| 31) ROSACEA | [] | 32) [] | 33) [] |
| 34) SEBORRHEIC DERMATITIS | [] | 35) [] | 36) [] |
| 37) ANGULAR STOMATITIS | [] | 38) [] | 39) [] |
| 40) URTICARIA | [] | 41) [] | 42) [] |
| 43) OTHER CONDITIONS | [] | 44) [] | 45) [] |
| | | 46) [] | |

H. 3) MISC. CAUSE [] (1-Absent; 2-Present) IF PRESENT, ENTER LOC., PHOTO CD. (1-Yes; 2-No)

- | | | | |
|-------------------------|-----|---------|---------|
| 4) ATEATOSIS | [] | 5) [] | 6) [] |
| 7) KERATOSIS PILARIS | [] | 8) [] | 9) [] |
| 10) PHOTODERMATITIS NOS | [] | 11) [] | 12) [] |
| 13) PITYRIASIS ALBA | [] | 14) [] | 15) [] |
| 16) STRIAE | [] | 17) [] | 18) [] |
| 19) SUNBURN | [] | 20) [] | 21) [] |
| 22) OTHER CONDITIONS | [] | 23) [] | 24) [] |
| | | 25) [] | |

26) ANY PHOTOS TAKEN [] (1-yes; 2-no; 9-refused)

27) COMMENTS TO THE DIAGNOSTICIAN (FREE TEXT)

II. Medical Examination Forms

D. Electrocardiogram (ECG) Examination

1. EXAM CODE	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0001-0004)	
2. Participant ID	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0005-0011)	
3. Participant's Name	:			
4. Date	Month	:	<u> </u> / <u> </u>	(0012-0013)
	Day	:	<u> </u> / <u> </u>	(0014-0015)
	Year	:	<u> </u> / <u> </u>	(0016-0017)
5. Time Started	Hour	:	<u> </u> / <u> </u>	(0018-0019)
	Min	:	<u> </u> / <u> </u>	(0020-0021)
6. Administered by (Technician I.D.)	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0022-0025)	
7. Examination Status	:	<u> </u> / <u> </u>	(0026)	
1=complete	:			
2=sick	:			
3=terminated	:			
4=physically impaired	:			
7=other	:			
8=don't know	:			
9=refused	:			
8. Interpreted by (Cardiologist I.D.)	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0027-0030)	
9. Vent. Rate (in BPM)	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0031-0033)	
10. PR Interval (in MS)	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0034-0036)	
11. QRS Duration (in MS)	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0037-0039)	
12. QT (in MS)	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0040-0042)	
13. QTC (in MS)	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0043-0045)	
14. P-R-T Axes	P	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0046-0049)
(range = -180 to 180)	R	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0050-0053)
	T	:	<u> </u> / <u> </u> / <u> </u> / <u> </u>	(0054-0057)

15. INTERPRETATION
Unconfirmed

1U	:	//////	(0058-0061)
	:	//////	
2U	:	//////	(0062-0065)
	:	//////	
3U	:	//////	(0066-0069)
	:	//////	
4U	:	//////	(0070-0073)
	:	//////	
5U	:	//////	(0074-0077)
	:	//////	
6U	:	//////	(0078-0081)
	:	//////	
7U	:	//////	(0082-0085)
	:	//////	
8U	:	//////	(0086-0089)
	:	//////	
9U	:	//////	(0090-0093)
	:	//////	
10U	:	//////	(0094-0097)

Confirmed

1C	:	//////	(0098-0101)
	:	//////	
2C	:	//////	(0102-0105)
	:	//////	
3C	:	//////	(0106-0109)
	:	//////	
4C	:	//////	(0110-0113)
	:	//////	
5C	:	//////	(0114-0117)
	:	//////	
6C	:	//////	(0118-0121)
	:	//////	
7C	:	//////	(0122-0125)
	:	//////	
8C	:	//////	(0126-0129)
	:	//////	
9C	:	//////	(0130-0133)
	:	//////	
10C	:	//////	(0134-0137)

II. Medical Examination Forms

E. General Physical Examination

Participant ID#: _____ Participant's Name: _____

2) Date: _____

3) Examination Status: _____ (1-Complete; 2-Partially Complete;
9-Refused)

4) Nurse ID #: _____ 5) Time: _____

VITAL SIGNS:

6) HEIGHT: [] CM 11) BP SITTING - RT [] MMHG

7) WEIGHT: [] KG 12) BP SITTING - LT [] MMHG

8) PULSE RATE [] /MIN 13) BP SITTING - RT [] MMHG

9) PULSE REGULAR [] (1-Yes; 2-No) 14) BP SITTING - LT [] MMHG

10) RESPIRATION [] /MIN

15) Physician ID#: _____ 16) Time: _____

A. 1) SKULL [] (1-Normal; 2-Abnormal)

IF ABNORMAL, DESCRIBE (FREE TEXT)

B. EYES

1) GLOBE MISSING [] (1-No; 2-Yes R; 3-Yes L; 4-Yes/Both)

2) CONJUNCTIVAL DISCHARGE [] (1-No; 2-Yes)

3) CORNEAL/MEDIAL ABNORMALITIES [] (1-No; 2-Yes)

IF YES, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)

4) SCARRING []

5) CATARACT []

6) SCLERAL ICTERUS []

7) RETINAL ABNORMALITIES [] (1-No; 2-Yes)

IF YES, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)

- | | | | |
|-----------------|-----|---------------------|-----|
| 8) A-V NICKING | [] | 9) ARTERIOLAR SPASM | [] |
| 10) EXUDATES | [] | 11) LIGHT REFLEX | [] |
| 12) PAPILLEDEMA | [] | 13) CUPPING | [] |
| 14) DISC PALLOR | [] | 15) HEMORRHAGES | [] |

C. EARS

- 1) EAR CANALS [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)

- | | |
|---------------------|-----|
| 2) CERUMEN IMPACTED | [] |
| 3) INFLAMMATION | [] |

- 4) MIDDLE EAR [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)

- | | |
|--------------------|-----|
| 5) DRUM PERFORATED | [] |
| 6) DRUM RETRACTED | [] |
| 7) DRUM SCARRED | [] |
| 8) DRUM BULGING | [] |
| 9) DRUM INFLAMED | [] |

- D. 1) NOSE [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY: (1-No; 2-Yes)

- | | |
|--------------------------|-----|
| 2) PERFORATION OF SEPTUM | [] |
| 3) NASAL POLYPS | [] |
| 4) ULCERATION | [] |
| 5) BLEEDING | [] |

- E. 1) THROAT [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY:

- | | | |
|----------------|-----|---|
| 2) PHARYNGITIS | [] | (1-No; 2-Yes) |
| 3) TONSILS | [] | (1-Normal; 2-Enlarged; 3-Abscessed;
4-Both enlarged and abscessed) |

F. MOUTH

- | | | |
|------------------|-----|--|
| 1) DENTAL STATUS | [] | (1-Good; 2-Fair; 3-Poor; 4-Edentulous) |
| 2) DENTURES WORN | [] | (1-No; 2-Yes) |
| 3) ULCERS | [] | (1-No; 2-Yes) |
| 4) PLAQUES | [] | (1-No; 2-Yes) |
| 5) MASS | [] | (1-No; 2-Yes) |

IF YES, THEN DESCRIBE (Free text):

- 6) GLOSSITIS [] (1-No; 2-Yes)
7) GUMS [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY: (1-No; 2-Yes)

- 8) GINGIVITIS []
9) HYPERTROPHY/HYPERPLASIA []

- G. 1) SINUSES [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY: (1-Normal; 2-R Tender;
3-L Tender; 4-Both Tender)

- 2) FRONTAL []
3) MAXILLARY []

- H. 1) SALIVARY GLANDS [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)

- 2) SUBMENTAL []

IF ABNORMAL:

- 3) ENLARGED []
4) TENDER []
5) MASS []

- 6) PAROTID []

IF ABNORMAL:

- 7) ENLARGED []
8) TENDER []
9) MASS []

- 10) SUBLINGUAL []

IF ABNORMAL:

- 11) ENLARGED []
12) TENDER []
13) MASS []

I. NECK

1) TRACHEA [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN

2) DEVIATED [] (1-Normal; 2-To R; 3-To L)

3) AIR SOUNDS [] (1-Normal; 2-Stridor)

4) VOICE [] (1-Normal; 2-Hoarse)

5) THYROID [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN

6) SIZE [] (1-Normal; 2-Large)

7) TENDERNESS [] (1-No; 2-Yes)

8) NODULES [] (1-Absent; 2-Solitary; 3-Multiple)

9) CAROTID PULSES [] (1-Normal; 2-Reduced; 3-Increased)

10) NECK MASSES OTHER THAN
ENLARGED LYMPH NODES [] (1-No; 2-Yes)

IF YES, THEN DESCRIBE (FREE TEXT):

J. CHEST

1) EXCURSION SYMMETRICAL [] (1-Yes; 2-Decreased R;
3-Decreased L)

2) SHAPE [] (1-Normal; 2-Pectus Excavatum; 3-Pectus
Carinatum; 4-Other Deformity)

IF 4, THEN SPECIFY (FREE TEXT)

3) EXPANSION [] (1-Normal; 2-Fair; 3-Poor)

4) RESONANCE [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN

5) HYPERRESONANT [] (1-No; 2-R; 3-L; 4-Bilateral)

6) DULLNESS ZONES [] (1-Absent; 2-Present)

IF PRESENT, THEN 1-No; 2-Yes

7) ANTERIOR [] IF YES, THEN

RIGHT: 8) Upper [] 9) Middle [] 10) Lower []
 LEFT: 11) Upper [] 12) Middle [] 13) Lower []
 14) POSTERIOR [] IF YES, THEN
 RIGHT: 15) Upper [] 16) Middle [] 17) Lower []
 LEFT: 18) Upper [] 19) Middle [] 20) Lower []
 21) DIMINISHED BREATH SOUNDS [] (1-Absent; 2-Present)
 IF PRESENT, THEN (1-No; 2-Yes)
 22) ANTERIOR [] IF YES, THEN
 RIGHT: 23) Upper [] 24) Middle [] 25) Lower []
 LEFT: 26) Upper [] 27) Middle [] 28) Lower []
 29) POSTERIOR [] IF YES, THEN
 RIGHT: 30) Upper [] 31) Middle [] 32) Lower []
 LEFT: 33) Upper [] 34) Middle [] 35) Lower []
 36) ADVENTITIAL SOUNDS [] (1-Absent; 2-Present)
 IF PRESENT, THEN
 37) CRACKLES [] (1-No; 2-Yes)
 IF PRESENT, THEN
 38) ANTERIOR [] (1-No; 2-Yes)
 IF YES, THEN ENTER CODE FOR PREDOMINANT SOUND IN
 APPROPRIATE REGION(S) (1-Absent; 2-Fine; 3-Medium;
 4-Coarse)
 RIGHT: 39) Upper [] 40) Middle [] 41) Lower []
 LEFT: 42) Upper [] 43) Middle [] 44) Lower []
 45) POSTERIOR [] (1-No; 2-Yes)
 IF YES, THEN ENTER CODE FOR PREDOMINANT SOUND IN
 APPROPRIATE REGION(S) (1-Absent; 2-Fine; 3-Medium;
 4-Coarse)
 RIGHT: 46) Upper [] 47) Middle [] 48) Lower []
 LEFT: 49) Upper [] 50) Middle [] 51) Lower []
 52) WHEEZES [] (1-Absent; 2-Present)
 IF PRESENT, THEN (1-No; 2-Yes)

53) ANTERIOR [] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-Yes)

RIGHT: 54) Upper [] 55) Middle [] 56) Lower []

LEFT: 57) Upper [] 58) Middle [] 59) Lower []

60) POSTERIOR [] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-Yes)

RIGHT: 61) Upper [] 62) Middle [] 63) Lower []

LEFT: 64) Upper [] 65) Middle [] 66) Lower []

67) PLEURAL FRICTION RUB [] (1-Absent; 2-Present)

IF PRESENT, THEN (1-No; 2-Yes)

68) ANTERIOR [] IF YES, THEN (1-No; 2-Yes)

RIGHT: 69) Upper [] 70) Middle [] 71) Lower []

LEFT: 72) Upper [] 73) Middle [] 74) Lower []

75) POSTERIOR [] IF YES, THEN (1-No; 2-Yes)

RIGHT: 76) Upper [] 77) Middle [] 78) Lower []

LEFT: 79) Upper [] 80) Middle [] 81) Lower []

K. HEART

1) INCREASED PRECORDIAL IMPULSE [] (1-No; 2-Palpable;
3-Visual; 4-Both)

2) LOCATION OF PRECORDIAL IMPULSE [] (1-Normal; 2-Displaced Laterally;
3-Displaced Inferiorly;
4-Displaced Both)

3) THRILL [] (1-No; 2-Yes)

4) ABNORMAL SOUNDS [] (1-No; 2-Yes)

IF NO, THEN SKIP TO PAGE 13, ITEM #64;
IF YES THEN:

5) MURMURS [] (1-No; 2-Yes)

IF NO, THEN SKIP TO PAGE 12, ITEM #57;
IF YES THEN:

6) SYSTOLIC MURMUR(S) [] (1-No; 2-Yes)

IF NO, THEN SKIP TO PAGE 9, ITEM #29;
IF YES THEN:

7) NUMBER OF SYSTOLIC MURMURS PRESENT [] (1, 2, 3)

IF ONLY ONE (1) SYSTOLIC MURMUR PRESENT, ENTER:

8) INTENSITY [] (1-6)

9) PITCH [] (1-Low; 2-Medium; 3-High)

10) CONFIGURATION [] (1-Crescendo; 2-Decrescendo;
3-Crescendo-decrescendo;
4-Plateau)

11) TIMING [] (1-Midsystolic; 2-Holosystolic
3-Early Systolic; 4-Late Systolic)

12) SITE OF MAXIMAL INTENSITY [] (1-2nd R ICS;
2-Base of Neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R
ICS; 6-Epigastrium; 7-Cardiac
Apex; 8-Other, Specify)

(FREE TEXT)

13. RADIATION [] (1-Absent; 2-Present)

IF PRESENT, THEN (14) [] (1-2nd R ICS; 2-Base of Neck;
3-2nd/3rd L ICS; 4-4th/5th L ICS;
5-3rd/4th R ICS; 6-Epigastrium;
7-Cardiac Apex; 8-Other-Specify)

(FREE TEXT)

FOR A SECOND SYSTOLIC MURMUR, ENTER:

15) INTENSITY [] (1-6)

16) PITCH [] (1-Low; 2-Medium; 3-High)

17) CONFIGURATION [] (1-Crescendo; 2-Decrescendo;
3-Crescendo-decrescendo; 4-Plateau)

18) TIMING [] (1-Midsystolic; 2-Holosystolic
3-Early Systolic; 4-Late Systolic)

19) SITE OF MAXIMAL INTENSITY []
(1-2nd R ICS; 2-Base of Neck;
3-2nd/3rd L ICS; 4-4th/5th L ICS;
5-3rd/4th R ICS; 6-Epigastrium;
7-Cardiac Apex; 8-Other-Specify)

(FREE TEXT)

20) RADIATION [] (1-Absent; 2-Present)

IF PRESENT, THEN (21) [] (1-2nd R ICS; 2-Base of Neck;
3-2nd/3rd L ICS; 4-4th/5th L ICS;
5-3rd/4th R ICS; 6-Epigastrium;
7-Cardiac Apex; 8-Other-Specify)

(FREE TEXT)

FOR A THIRD SYSTOLIC MURMUR, ENTER:

22) INTENSITY [] (1-6)

23) PITCH [] (1-Low; 2-Medium; 3-High)

24) CONFIGURATION [] (1-Crescendo; 2-Decrescendo;
3-Crescendo-decrescendo;
4-Plateau)

25) TIMING [] (1-Midsystolic; 2-Holosystolic
3-Early Systolic; 4-Late
Systolic)

26) SITE OF MAXIMAL INTENSITY [] (1-2nd R ICS;
2-Base of Neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R ICS;
6-Epigastrium; 7-Cardiac Apex;
8-Other, Specify)

(FREE TEXT)

27) RADIATION [] (1-Absent; 2-Present)

IF PRESENT, THEN (28) [] (1-2nd R ICS;
2-Base of Neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R ICS;
6-Epigastrium; 7-Cardiac Apex;
8-Other-Specify)

(FREE TEXT)

29) DIASTOLIC MURMURS [] (1-No; 2-Yes)

IF NO, THEN SKIP TO PAGE 12, ITEM #52;
IF YES, THEN

30) NUMBER OF DIASTOLIC MURMURS PRESENT [] 1, 2, 3.

IF ONLY ONE (1) DIASTOLIC MURMUR PRESENT, ENTER:

- 31) INTENSITY [] (1-6)
- 32) PITCH [] (1-Low; 2-Medium; 3-High)
- 33) CONFIGURATION [] (1-Crescendo; 2-Decrescendo;
3-Crescendo-Decrescendo;
4-Plateau)
- 34) TIMING [] (1-Early Diastolic; 2-Mid
Diastolic; 3-Late
Diastolic (Presystolic))
- 35) SITE OF MAXIMAL INTENSITY [] (1-2nd R ICS;
2-Base of neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R ICS;
6-Epigastrium; 7-Cardiac Apex;
8-Other, Specify)

(FREE TEXT)

36) RADIATION [] (1-Absent; 2-Present)

IF PRESENT, THEN (37) [] (1-2ND R ICS; 2-Base of neck;
3-2nd/3rd L ICS; 4-4th/5th R ICS;
5-3rd/4th R ICS; 6-Epigastrium;
7-Cardiac Apex; 8-Other, Specify)

(FREE TEXT)

FOR A SECOND DIASTOLIC MURMUR, ENTER:

- 38) INTENSITY [] (1-6)
- 39) PITCH [] (1-Low; 2-Medium; 3-High)
- 40) CONFIGURATION [] (1-Crescendo; 2-Decrescendo;
3-Crescendo-Decrescendo;
4-Plateau)
- 41) TIMING [] (1-Early Diastolic; 2-Mid Diastolic;
3-Late Diastolic (Presystolic))

- 42) SITE OF MAXIMAL INTENSITY [] (1-2nd R ICS;
2-Base of neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R ICS;
6-Epigastrum; 7-Cardiac Apex;
8-Other, Specify)

(FREE TEXT)

-
- 43) RADIATION [] (1-Absent; 2-Present)

- IF PRESENT, THEN (44) [] (1-2ND R ICS; 2-Base of neck;
3-2nd/3rd L ICS; 4-4th/5th R ICS;
5-3rd/4th R ICS; 6-Epigastrum;
7-Cardiac Apex 8-Other, Specify)

(FREE TEXT)

FOR A THIRD DIASTOLIC MURMUR, ENTER:

- 45) INTENSITY [] (1-6)
46) PITCH [] (1-Low; 2-Medium; 3-High)
47) CONFIGURATION [] (1-Crescendo; 2-Decrescendo;
3-Crescendo-Decrescendo; 4-Plateau)
48) TIMING [] (1-Early Diastolic; 2-Mid Diastolic;
3-Late Diastolic (Presystolic))
49) SITE OF MAXIMAL INTENSITY [] (1-2nd R ICS;
2-Base of neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R ICS;
6-Epigastrum; 7-Cardiac Apex;
8-Other, Specify)

(FREE TEXT)

-
- 50) RADIATION [] (1-Absent; 2-Present)

- IF PRESENT, THEN (51) [] (1-2ND R ICS; 2-Base of neck;
3-2nd/3rd L ICS; 4-4th/5th R ICS;
5-3rd/4th R ICS; 6-Epigastrum;
7-Cardiac Apex 8-Other, Specify)

(FREE TEXT)

52) CONTINUOUS MURMURS [] (1-No; 2-Yes)

IF NO, THEN SKIP TO ITEM #57;

IF YES, THEN

53) INTENSITY [] (1-6)

54) SITE OF MAXIMAL INTENSITY [] (1-2nd R ICS;
2-Base of neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R ICS;
6-Epigastrium; 7-Cardiac Apex;
8-Other, Specify:

(FREE TEXT)

55) RADIATION [] (1-Absent; 2-Present)

IF PRESENT, THEN (56) [] (1-2ND R ICS; 2-Base of neck;
3-2nd/3rd L ICS; 4-4th/5th L ICS;
5-3rd/4th R ICS; 6-Epigastrium;
7-Cardiac Apex; 8-Other, Specify)

(FREE TEXT)

57) SYSTOLIC CLICK [] (1-Absent; 2-Present)

IF PRESENT, THEN

58) MULTIPLE [] (1-No; 2-Yes)

59) TIMING [] (1-Early Systolic; 2-Mid-systolic;
3-Late Systolic)

60) GALLOP [] (1-Absent; 2-Present)

IF PRESENT, THEN

61) TIMING [] (1-atrial gallop (Presystolic);
2-ventricular diastolic gallop;
3-summation gallop)

62) VARIES WITH INSPIRATION [] (1-No; 2-Louder
During Expiration; 3-Louder
During Inspiration)

63) PERICARDIAL FRICTION RUB [] (1-Absent; 2-Present)

64) OTHER CARDIAC ABNORMALITY [] (1-No; 2-Yes)

IF YES, DESCRIBE (FREE TEXT):

L. BREAST

- 1) GYNECOMASTIA [] (1-Absent; 2-Present)
- 2) NIPPLE DISCHARGE [] (1-Absent; 2-Present)

M. ABDOMEN

- 1) VISIBLE ABNORMALITY [] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-Yes)

- 2) ASCITES []
- 3) MASS []
- 4) SPIDERS []

- 5) PALPABLE MASS [] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-Yes)

- 6) RUQ [] 7) LUQ [] 8) RLQ []
- 9) LLQ [] 10) SUPRAPUBIC []

IF YES, THEN DESCRIBE (FREE TEXT):

- 11) TENDERNESS [] (1-No; 2-Yes)

IF YES, THEN (1-No, 2-Yes)

- 12) RUQ [] 13) LUQ [] 14) RLQ []
- 15) LLQ [] 16) SUPRAPUBIC []

- 17) DIFFUSE TENDERNESS [] (1-No; 2-Yes)

- 18) REBOUND TENDERNESS [] (1-No; 2-Yes)

- 19) PERCUSSION TENDERNESS [] (1-No; 2-Yes)

- 20) PALPABLE LIVER [] (1-No; 2-Yes)

IF YES, THEN

- 21) RECORD cm BELOW RCM [] cm
- 22) LIVER EDGE [] (1-Sharp; 2-Blunt)
- 23) LIVER CONSISTENCY [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN (1-No; 2-Yes)

- 24) HARD []
- 25) NODULAR []

- 26) PERCUSSIBLE LIVER SIZE IN R MID-CLAVICULAR LINE [] CM
- 27) SPLEEN PALPABLE [] (1-No; 2-Yes)
- 28) CVA TENDERNESS [] (1-No; 2-R; 3-L; 4-Both)
- 29) BRUIT [] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-Yes)

- 30) AORTIC [] 31) R FEMORAL [] 32) L FEMORAL []
- 33) R CAROTID [] 34) L CAROTID []

- 35) HERNIA [] (1-No; 2-Yes)

IF YES, THEN (1-Absent; 2-Reducible; 3-Not Reducible)

- 36) UMBILICAL [] 37) R INGUINAL []
- 38) L INGUINAL [] 39) INCISIONAL []

N. GENITAL

- 1) PUBIC HAIR [] (1-Normal male pattern; 2-Decreased)
- 2) PENIS [] (1-Normal; 2-Abnormal)
- 3) DISCHARGE [] (1-No; 2-Yes)
- 4) PHIMOSIS [] (1-No; 2-Yes)
- 5) R TESTIS [] CM
- 6) L TESTIS [] CM

INDICATE 1-No; 2-R; 3-L; 4-Bilateral for the following:

- 7) EPIDIDYMIS THICKENED/TENDER []
- 8) VARICOCELE []

9) SCROTAL MASS [] IF OTHER THAN 1, DESCRIBE (FREE TEXT)

10) PROSTATE [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN (1-No; 2-Yes)

11) DIF ENLARGED [] 12) ATROPHIC []
13) NODULE [] 14) SOFT CONSISTENCY []
15) TENDER []

O. 1) RECTAL [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN (1-No; 2-Yes)

2) HEMORRHOIDS []
3) ANAL FISSURE []
4) RECTAL MASS [] IF YES, THEN DESCRIBE (FREE TEXT):

5) ANAL SPHINCTER TONE [] (1-Normal; 2-Decreased)

6) STOOL [] (1-Sample taken for occult blood testing;
2-No stool present)

P. EXTREMITIES

1) ABSENCE [] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-R; 3-L; 4-R and L)

2) FINGER [] 3) TOE []
4) ARM [] 5) LEG []

6) CLUBBING FINGERS [] (1-No; 2-Yes)

7) CLUBBING TOES [] (1-No; 2-Yes)

8) EDEMA [] (1-No; 2-Yes)

IF YES, THEN INDICATE SEVERITY (0-4)

9) PEDAL [] 10) PRETIBIAL [] 11) ANKLE []
12) PRESACRAL [] 13) FACIAL []

- 14) ACROCYANOSIS [] (1-No; 2-Yes)
- 15) VARICOSE LEG VEINS [] (1-No; 2-R; 3-L; 4-Both)
- 16) LEG VEINS INFLAMED [] (1-No; 2-R; 3-L; 4-Both)
- 17) SOFT TISSUE MASSES OF EXTREMITIES [] (1-No; 2-Yes)

IF YES, DESCRIBE (FREE TEXT):

- 18) RANGE OF MOTION [] (1-Normal; 2-Decreased)

IF DECREASED, THEN (1-Normal; 2-Decreased)

- | | |
|--------------------|--------------------|
| 19) R SHOULDER [] | 20) L SHOULDER [] |
| 21) R ELBOW [] | 22) L ELBOW [] |
| 23) R WRIST [] | 24) L WRIST [] |
| 25) R HIP [] | 26) L HIP [] |
| 27) R KNEE [] | 28) L KNEE [] |
| 29) R ANKLE [] | 30) L ANKLE [] |

- 31) STRAIGHT LEG RAISING [] (1-Normal; 2-Limited by back pain;
3-Limited by thigh pain;
4-Limited by muscle stiffness)

- 32) JOINT SWELLING [] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-Yes)

- | | |
|-------------------|-------------------|
| 33) R KNEE [] | 34) L KNEE [] |
| 35) R ANKLE [] | 36) L ANKLE [] |
| 37) R FINGERS [] | 38) L FINGERS [] |

- Q. 1) SPINE [] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN (1-No; 2-Yes)

- | | |
|----------------------|-------------------|
| 2) SCOLIOSIS [] | 3) KYPHOSIS [] |
| 4) DECREASED ROM [] | 5) TENDERNESS [] |
| 6) PELVIC TILT [] | |

R. 1) LYMPH NODES [] (1-Normal; 2-Abnormal)

IF ABNORMAL:

IF ENLARGED, THEN
RECORD SIZE IN CM

IF ABNORMAL, THEN DESCRIBE AS:
TENDER FIRM FIXED CONFLUENT
(1-No; 2-Yes)

2) CERVICAL [] (1-Normal; 2-Abnormal)
IF ABN: 3)[]cm 4)[] 5)[] 6)[] 7)[]

8) OCCIPITAL [] (1-Normal; 2-Abnormal)
IF ABN: 9)[]cm 10)[] 11)[] 12)[] 13)[]

14) SUPRACLAVICULAR [] (1-Normal; 2-Abnormal)
IF ABN: 15)[]cm 16)[] 17)[] 18)[] 19)[]

20) AXILLARY [] (1-Normal; 2-Abnormal)
IF ABN: 21)[]cm 22)[] 23)[] 24)[] 25)[]

26) EPITROCHLEAR [] (1-Normal; 2-Abnormal)
IF ABN: 27)[]cm 28)[] 29)[] 30)[] 31)[]

32) INGUINAL [] (1-Normal; 2-Abnormal)
IF ABN: 33)[]cm 34)[] 35)[] 36)[] 37)[]

38) COMPLETION TIME []

39) COMMENTS TO THE DIAGNOSTICIAN (FREE TEXT):

II. Medical Examination Forms

F. Hypersensitivity Skin Test Examination

1. EXAM CODE	:	<u> </u> /H/S/O/1/	(0001-0004)
	:		
2. Participant ID	:	<u> </u> / / / / / / / / / /	(0005-0011)
	:		
3. Participant's Name	:	_____	
	:		
4. Date Applied	Month	<u> </u> / / /	(0012-0013)
	:		
	Day	<u> </u> / / /	(0014-0015)
	:		
	Year	<u> </u> / / /	(0016-0017)
	:		
5. Time Applied	Hour	<u> </u> / / /	(0018-0019)
	:		
	Min	<u> </u> / / /	(0020-0021)
	:		
6. Administered by (Technician I.D.)	:	<u> </u> / / / / / /	(0022-0025)
	:		
7. Examination Status	:	<u> </u> / /	(0026)
	:		
1=complete		7=other	
2=sick		8=don't know	
3=terminated		9=refused	
4=physically impaired			
5=adverse reaction			
6=skin lesion			
	:		
8. Location of Skin Test	:	<u> </u> / /	(0027)
	:		
1=right arm		8=don't know	
2=left arm		9=refused	
3=back			
	:		
9. Reading Status	:	<u> </u> / /	(0028)
	:		
1=complete		7=other	
2=sick		8=don't know	
3=terminated		9=refused	
4=physically impaired			
5=adverse reaction			
6=skin lesion			

10. Read by : (00:9-0032)
(Technician I.D.) :
:

11. Reading Date Month : (00:13-0034)
Day : (00:15-0036)
Year : (00:17-0038)
:

12. Reading Time Hour : (00:19-0040)
Min : (00:41-0042)
:

ANTIGENS : INDURATION (in mm)

- 13. PROTEUS : . (00:13-0045)
- 14. TRICHOPHYTON : . (00:16-0048)
- 15. CANDIDA : . (00:19-0051)
- 16. GLYCERINE CONTROL : . (00:52-0054)
- 17. TETANUS : . (00:55-0057)
- 18. DIPHTHERIA : . (00:58-0060)
- 19. STREPTOCOCCUS : . (00:51-0063)
- 20. TUBERCULIN : . (00:54-0066)

II. Medical Examination Forms

G. Medical History Questionnaire

LOGISTICS

DATE: MM/DD/YY _____

PARTICIPANT I.D.: _____

PARTICIPANT NAME: _____

PARTICIPANT AGE: _____

TIME HISTORY STARTED: HH:MM _____

INTERVIEWER I.D.: _____

SUPERVISOR I.D.: _____

INTRODUCTION

This part of the examination is known as the medical questionnaire. For the next half hour or so I will be asking you some questions about your present health as well as some specific medical conditions you may have had in the past. I know that you have provided some of this information in the telephone interview. Please pardon the repetitions and try to think carefully about each question. The doctors here do not have access to your answers in the telephone interview and they need the most accurate information you can provide. If you do not know the answer to any question please say so. Please remember, all information which you provide will be kept completely confidential.

SECTION A. CURRENT GENERAL HEALTH

1. Would you say your health in general is excellent, good, fair or poor? ()

- | | |
|---------------|----------------|
| 1 = EXCELLENT | 4 = POOR |
| 2 = GOOD | 8 = DON'T KNOW |
| 3 = FAIR | 9 = REFUSED |

2. Do you currently have any medical conditions you would like to discuss with a doctor or for which you are already receiving treatment? ()

- | | |
|---------|----------------|
| 1 = NO | 8 = DON'T KNOW |
| 2 = YES | 9 = REFUSED |

NOTE: Instruction to Interviewer
All verbatim responses were limited to 40 characters, unless otherwise indicated.

If q2 = 2, go to q3, else go to q4.

3. What are the specific medical conditions which you would like to discuss or for which you are already receiving treatment?

_____	_____
_____	_____
_____	_____

4. Are you currently taking any medications? ()

1 = NO	8 = DON'T KNOW
2 = YES	9 = REFUSED

If q4 = 2, go to q5, else go to q6.

5. What are the names of these medications?

ENTER THE MEDICATION NAMES (LIST UP TO 10 MEDICATIONS)
(LIMIT EACH NAME TO 30 CHARACTERS)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Excluding the dietary restrictions placed on you here in Albuquerque, are you currently on a special diet of any kind? ()

1 = NO	8 = DON'T KNOW
2 = YES	9 = REFUSED

If q6 = 2, go to q7, else go to q8.

7. What type of diet is it? ()

1 = Weight Loss	4 = Low Fat
2 = Diabetic	5 = Vegetarian
3 = Low Salt	6 = Other, Please Specify

8. From midnight last night until you arrived at the clinic this morning, did you have anything to eat or drink, other than water? (Do not include medications.) ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

SECTION B. HOSPITALIZATION AND SURGERY

9. Since your discharge from active military duty, have you been hospitalized overnight or longer? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q9 = 2, go to q10, else go to q51.

10. Please try to recall all hospitalizations since your discharge from active military duty. Starting with the first hospitalization since discharge and continuing forward in time, state the condition or conditions for which you were hospitalized.

FIRST HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: () ()

ENTER NAME AND PLACE OF HOSPITAL _____

11. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q11 = 2 go to q12, else go to q13.

12. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

13. Have you been hospitalized again? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q13 = 2, go to q14, else go to q51.

14. State the condition or conditions for which you were hospitalized and the year of hospitalization.

SECOND HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ()()

ENTER NAME AND PLACE OF HOSPITAL _____

15. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q15 = 2, go to q16, else go to q17.

16. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

17. Have you been hospitalized again? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q17 = 2, go to q18, else go to q51.

NOTE: Questions 18-50 repeat hospitalization surgery 4-question cycle for 3rd through 10th hospitalizations.

18. State the condition or conditions for which you were hospitalized and the year of hospitalization.

THIRD HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ()()

ENTER NAME AND PLACE OF HOSPITAL _____

19. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q19 = 2, go to q20, else go to q21.

20. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

21. Have you been hospitalized again? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q21 = 2, go to q22, else go to q51.

22. State the condition or conditions for which you were hospitalized and the year of hospitalization.

FOURTH HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: () ()

ENTER NAME AND PLACE OF HOSPITAL _____

23. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q23 = 2, go to q24, else go to q25.

24. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

25. Have you been hospitalized again? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q25 = 2, go to q26, else go to q51.

26. State the condition or conditions for which you were hospitalized and the year of hospitalization.

FIFTH HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: () ()

ENTER NAME AND PLACE OF HOSPITAL _____

27. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q27 = 2, go to q28, else go to q29.

28. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

29. Have you been hospitalized again? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q29 = 2, go to q30, else go to q51.

30. State the condition or conditions for which you were hospitalized and the year of hospitalization.

SIXTH HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ()()

ENTER NAME AND PLACE OF HOSPITAL _____

31. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q31 = 2, go to q32, else go to q33.

32. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

33. Have you been hospitalized again? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q33 = 2, go to q34, else go to q51.

34. State the condition or conditions for which you were hospitalized and the year of hospitalization.

SEVENTH HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ()()

ENTER NAME AND PLACE OF HOSPITAL _____

35. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q35 = 2, go to q36, else go to q37.

36. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

37. Have you been hospitalized again? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

If q37 = 2, go to q38, else go to q51.

38. State the condition or conditions for which you were hospitalized and the year of hospitalization.

EIGHTH HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: () ()

ENTER NAME AND PLACE OF HOSPITAL _____

39. Did you have a surgical operation during this hospitalization? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

If q39 = 2, go to q40, else go to q41.

40. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

41. Have you been hospitalized again? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

If q41 = 2, go to q42, else go to q51.

42. State the condition or conditions for which you were hospitalized and the year of hospitalization.

NINTH HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: () ()

ENTER NAME AND PLACE OF HOSPITAL _____

43. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q43 = 2, go to q44, else go to q45.

44. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

45. Have you been hospitalized again? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q45 = 2, go to q46, else go to q51.

46. State the condition or conditions for which you were hospitalized and the year of hospitalization.

TENTH HOSPITALIZATION

ENTER THE CONDITION NAME _____

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ()()

ENTER NAME AND PLACE OF HOSPITAL _____

47. Did you have a surgical operation during this hospitalization? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q47 = 2, go to q48, else go to q51.

48. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _____

49. SKIP

50. SKIP

SECTION C. TRAUMA

Next, I would like to ask you some questions about injuries you may have had since your discharge from active duty.

51. Have you had any broken bones? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q51 = 2, go to q52, else go to q53.

52. Which bone or bones have you broken?

Record up to ten fractures:

() () () () () ()
() () () () () ()
() () () () () ()
() () () () () ()
() () () () () ()

001 = SKULL 004 = NECK 113 = RIGHT HIP
002 = JAW 007 = PELVIS 213 = LEFT HIP
003 = BACK 008 = RIBS 313 = HIP, SIDE UNSPECIFIED

108 = RIGHT COLLAR BONE (CLAVICLE) 208 = LEFT COLLAR BONE
308 = COLLAR BONE, SIDE UNSPECIFIED

109 = RIGHT ARM (SHOULDER TO ELBOW)
209 = LEFT ARM
309 = ARM, SIDE UNSPECIFIED
114 = RIGHT THIGH (BELOW HIP TO KNEE)
214 = LEFT THIGH
314 = THIGH, SIDE UNSPECIFIED

110 = RIGHT FOREARM (BELOW WRIST TO FINGERS)
210 = LEFT FOREARM
310 = FOREARM, SIDE UNSPECIFIED

111 = RIGHT HAND
211 = LEFT HAND
311 = HAND, SIDE UNSPECIFIED

118 = OTHER FRACTURE, PLEASE SPECIFY _____

53. Since your discharge from active duty have you had any joint dislocation? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

If q53 = 2 go to q54, else go to q55.

54. Which joint or joints have you dislocated?

(LIMIT OF 30 CHARACTERS)

55. Since your discharge from active duty have you been injured in a motor vehicle accident? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

56. Since your discharge from active duty have you injured your head? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q56 = 2, go to q57, else go to q58.

57. Did you lose consciousness (black out) as a result of the head injury?
()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

SECTION D. HISTORY OF SELECTED CONDITIONS

Now I would like to ask you a series of "yes" or "no" questions about specific medical conditions which you may have now or may have had at any time before or after your discharge from active military duty. Please answer "yes" only if a doctor told you that you have the condition. Some of the conditions I will ask about are rare and you may not have heard of them, unless a doctor specifically mentioned the condition to you.

58. Did a doctor tell you that you have:

1 = NO
2 = YES, AFTER DISCHARGE
3 = YES, BEFORE DISCHARGE

8 = DON'T KNOW
9 = REFUSED
4 = YES, BOTH BEFORE AND AFTER DISCHARGE

- () ARTHRITIS?
- () GOUT?
- () DIABETES?
- () OVERACTIVE THYROID?
- () UNDERACTIVE THYROID?
- () ECZEMA?
- () PSORIASIS?
- () CHLORACNE, a form of acne related to chemical exposure, not regular acne
- () ASTHMA?
- () CHRONIC BRONCHITIS?
- () EMPHYSEMA?
- () TUBERCULOSIS?
- () PNEUMONIA?
- () HYPERTENSION, that is, high blood pressure
- () HEART MURMUR?
- () ANGINA?
- () HEART ATTACK, also known as myocardial infarction?
- () HEART FAILURE
- () ENDOCARDITIS, an infection of heart valves?
- () PERICARDITIS, an inflammation around the heart?
- () PERIPHERAL VASCULAR DISEASE, poor circulation in arms and legs?

I am going to continue with the "yes" or "no" questions about conditions you may have had at any time

- 1 = NO
- 2 = YES, AFTER DISCHARGE
- 3 = YES, BEFORE DISCHARGE
- 4 = YES, BOTH BEFORE AND AFTER DISCHARGE
- 8 = DON'T KNOW
- 9 = REFUSED

- PHLEBITIS?
- STOMACH OR DUODENAL ULCER?
- GASTRITIS?
- IRRITABLE BOWEL SYNDROME?
- HEMORRHOIDS?
- DIVERTICULITIS
- CROHN'S DISEASE?
- ULCERATIVE COLITIS?
- PANCREATITIS?
- LIVER DAMAGE DUE TO ALCOHOL?
- HEPATITIS?
- CIRRHOSIS?
- PORPHYRIA?
- GALLSTONES?
- ANEMIA?
- BLOOD CLOTTING ABNORMALITY?
- GLAUCOMA?
- MIGRAINE HEADACHES?
- MENINGITIS?
- PERIPHERAL NEUROPATHY, damage to nerves in your legs or arms?

I am going to continue with the "yes" or "no" questions about conditions you may have had at any time

- 1 = NO
- 2 = YES, AFTER DISCHARGE
- 3 = YES, BEFORE DISCHARGE
- 4 = YES, BOTH BEFORE AND AFTER DISCHARGE
- 8 = DON'T KNOW
- 9 = REFUSED

- POST-TRAUMATIC STRESS DISORDER?
- KIDNEY, BLADDER STONES?
- KIDNEY, BLADDER OR URINARY TRACT INFECTION?
- CHRONIC KIDNEY DISEASE?
- PROSTATITIS, an inflammation of the prostate gland?
- EPIDIDYMITIS?
- VARICOCELE, varicose veins in the scrotum?
- GONORRHEA?
- SYPHILIS?
- GENITAL HERPES?
- INFECTIOUS MONONUCLEOSIS?
- MALARIA?
- MELIOIDOSIS?
- BENIGN TUMOR? _____
- CANCER OF ANY KIND? _____

(LIMIT OF 30 CHARACTERS)

Now I am going to ask you some questions about allergies and colds:

59. Have you ever had any allergies? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

If q59 = 2, go to q60, else go to q62

60. Are you now allergic to
any of the following
(read list):

61. Did a doctor tell you this?

MEDICATION?	()	()
FOOD?	()	()
POLLEN?	()	()
HOUSE DUST?	()	()
MOLDS OR BACTERIA?	()	()
PETS?	()	()
OTHER?	()	()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

62. In the past year how many colds, bouts of flu, or upper respiratory infections have you had?

GIVE NUMBER () ()
98 = DON'T KNOW
99 = REFUSED

63. Do you now have a cold or the flu? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

SECTION E. REVIEW OF SYSTEMS

The next series of questions are about medical symptoms you may have n:w or may have had at any time during the past year.

DERMATOLOGY

At any time during the past year have you had:

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

64. Frequent skin boils or abscesses? ()

65. Jaundice or yellow discoloration of your skin or eyes? ()

66. Unexplained darkening of your skin? ()

67. An abnormal increased growth of dark hair at your temples (the area of your face above your cheekbones and just next to your eyes)? ()

INSTRUCTION TO INTERVIEWER:

68. Please further characterize any positive dermatologic findings with regard to symptom severity, duration, and association with other symptoms (free text):

EYE, EARS, AND NOSE

At any time during the past year have you had:

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

69. A sudden partial or complete loss of vision? ()

70. The experience of looking at a single object and seeing two? (When not under the influence of alcohol or drugs)? ()

71. Extreme pain when you looked at a bright light? ()

72. A constant ringing, pulsating or roaring sound in one or both ears which interfered with your daily routine? ()

73. A severe spinning sensation (when not under the influence of alcohol or drugs)? ()

74. A nose bleed that you could not stop? ()

INSTRUCTION TO INTERVIEWER:

75. Please further characterize any positive eye, ear, nose or throat findings with regard to symptom severity, duration, and association with other symptoms (free text):

RESPIRATORY

At any time during the past year have you had:

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

76. Shortness of breath while at rest (other than just after exercise)? ()

77. A persistent cough? ()

If q77 = 2, go to q78, else go to q79.

78. Did you bring up phlegm with the cough? ()

79. A coughing spell brought on by exercise or cold air? ()

80. Sudden attacks of wheezing? ()

81. An episode of coughing up blood? ()

INSTRUCTION TO INTERVIEWER:

82. Please further characterize any positive respiratory findings with regard to symptom severity, duration, and association with other symptoms (free text):

CARDIOVASCULAR

At any time during the past year have you had:

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

83. Pain or pressure in your chest when you walked fast or walked up hill?
()

84. An unexplained episode of your heart beating rapidly or pounding in your chest? ()

85. An episode of fainting or losing consciousness? ()

86. Middle of the night awakening because of difficulty breathing? ()

87. Severe pain or cramping in one or both calf muscles brought on by walking a short distance and relieved by rest? ()

88. Please further characterize any positive cardiovascular findings with regard to symptom severity, duration, and association with other symptoms (free text):

GASTROINTESTINAL

At any time during the past year have you had:

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

89. A loss of appetite lasting more than two weeks? ()
90. A rapid unexplained weight loss of more than 10 pounds? ()
91. Unexplained difficulty swallowing food? ()
92. Recurrent abdominal pain in the same location? ()
93. Vomiting up blood? ()
94. A bloody or tar-like black stool? ()
95. Abnormally frequent or loose stools? ()

INSTRUCTION TO INTERVIEWER:

96. Please further characterize any positive gastrointestinal findings with regard to symptom severity, duration, and association with other symptoms (free text):

HEMATOLOGY-ONCOLOGY

At any time during the past year have you had:

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

97. A tendency to bleed or bruise very easily? ()
98. Enlarged or swollen lymph nodes (glands) in your underarms or groin? ()

INSTRUCTION TO INTERVIEWER:

99. Please further characterize any positive hematology-oncology findings with regard to symptom severity, duration, and association with other symptoms (free text):

GENITOURINARY

At any time during the past year have you had:

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

100. Unexplained frequent urination? ()
101. A loss of control of your bladder? ()
102. Consistent interruption of your sleep because of a need to urinate? ()
103. Difficulty starting to urinate? ()
104. A weak, dribbling urinary stream? ()
105. A full bladder but were unable to urinate? ()
106. Blood in your urine? ()
107. A discharge from your penis? ()
108. Any sores, growths, or warts on your penis? ()
109. A swelling of your testicles or scrotum? ()
110. Persistent difficulty in getting a satisfactory erection for sexual purposes? ()
111. Any persistent difficulty in getting a satisfactory ejaculation? ()

INSTRUCTION TO INTERVIEWER:

112. Please further characterize any positive genitourinary findings with regard to symptom severity, duration, and association with other symptoms (free text):

NEUROLOGY

At any time during the past year have you had:

- | | |
|---------|----------------|
| 1 = NO | 8 = DON'T KNOW |
| 2 = YES | 9 = REFUSED |

113. Unusually frequent or severe headaches? ()

If q113 = 2, go to q114, else go to q115.

114. Did you have nausea or vomiting with the headaches? ()

115. Difficulty maintaining your balance? ()

116. Paralysis involving one or more limbs? ()

117. A seizure or convulsion? ()

118. An unusual memory loss or period of confusion? ()

119. Numbness of your arms or legs? ()

If q119 = 2, go to q120, else go to q124.

INSTRUCTION TO INTERVIEWER:

Probe for "dead-asleep numbness" ("prickling-asleep numbness" should be recorded under "tingling", next symptom). Record "no" if numbness is clearly due to either sitting or lying too long in one position and the symptom disappears after a few minutes. Include hands as part of arms and feet as part of legs.

Now I would like to ask you a few questions about the location, severity, and duration of your numbness.

120. In the past year, which limb or limbs have been affected by the numbness? ()

- | | |
|-----------------------------|--------------------------------|
| 1 = Both legs and both arms | 5 = One arm only |
| 2 = Both legs only | 6 = Other combination of limbs |
| 3 = Both arms only | 8 = Don't know |
| 4 = One leg only | 9 = Refused |

121. Thinking back to the time when you first felt the numbness, which limb or limbs were affected? ()

- | | |
|--------------------|----------------|
| 1 = Same as now | 8 = Don't know |
| 2 = Fewer than now | 9 = Refused |
| 3 = More than now | |

122. For about how many years have you had the numbness?

(_)(_) = Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused

123. Have you ever consulted a doctor about the numbness? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

124. At any time during the past year have you had a tingling sensation in your arms and legs? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

If q124 = 2, go to q125, else go to q129.

INSTRUCTION TO INTERVIEWER:

Probe for "pins and needles" or "prickling-asleep" sensation. Record "no" if tingling is clearly due to either sitting or lying too long in one position and the symptom disappears after a few minutes. Include hands as part of arms and feet as part of legs.

125. Now I would like to ask you a few questions about the location, severity, and duration of your tingling. In the past year, which limb or limbs have been affected by the tingling? ()

1 = Both legs and both arms
2 = Both legs only
3 = Both arms only
4 = One leg only
5 = One arm only
6 = Other combination of limbs
8 = Don't know
9 = Refused

126. Thinking back to the time when you first felt the tingling, which limb or limbs were affected? ()

1 = Same as now
2 = Fewer than now
3 = More than now
8 = Don't know
9 = Refused

127. For about how many years have you had the tingling?

(_)(_) = Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused

128. Have you ever consulted a doctor about the tingling? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

129. At any time during the past year have you had a burning sensation in your arms or legs? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

If q129 = 2, go to q130, else go to q134.

130. Now I would like to ask you a few questions about the location, severity, and duration of your burning sensation. In the past year, which limb or limbs have been affected by the burning sensation? ()

1 = Both legs and both arms
2 = Both legs only
3 = Both arms only
4 = One leg only
5 = One arm only
6 = Other combination of limbs
8 = Don't know
9 = Refused

131. Thinking back to the time when you first felt the burning sensation, which limb or limbs were affected? ()

1 = Same as now
2 = Fewer than now
3 = More than now
8 = Don't know
9 = Refused

INSTRUCTION TO INTERVIEWER:

If not currently symptomatic, probe for limb or limbs affected when most recently symptomatic.

132. For about how many years have you had the burning sensation?

()() = Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused

133. Have you ever consulted a doctor about the burning sensation? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

134. At any time during the past year have you had weakness such that you needed help getting out of a chair? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

If q134 = 2, go to q135, else go to q138.

INSTRUCTION TO INTERVIEWER:

Record "no" if weakness is clearly attributable to musculoskeletal trauma, e.g., pulled muscle, sprained joint, or fractured bone.

135. In the past year, which part or parts of your body have been affected by weakness? ()

- 1 = Weak all over body
- 2 = Both legs and both arms only
- 3 = Upper and lower limbs on one side only
- 4 = Both lower limbs only
- 5 = Both upper limbs only
- 6 = Other
- 8 = Don't know
- 9 = Refused

136. For about how many years have you had your weakness?

()() = Enter number of years

- 77 = Less than one year
- 88 = Don't know
- 99 = Refused

137. Have you ever consulted a doctor about your weakness? ()

- 1 = NO
- 2 = YES
- 8 = DON'T KNOW
- 9 = REFUSED

138. At any time in the past year have you had finger or hand weakness so that it was difficult for you to button your shirt or unscrew tops from jars? ()

- 1 = NO
- 2 = YES
- 8 = DON'T KNOW
- 9 = REFUSED

If q138 = 2, go to q139, else go to q142.

INSTRUCTION TO INTERVIEWER:

Record "no" if weakness is clearly attributable to musculoskeletal trauma, e.g., pulled muscle, sprained joint, or fractured bone.

139. In the past year, which side of your body has been affected by your finger or hand weakness? ()

- 1 = Right
- 2 = Left
- 3 = Both
- 8 = Don't Know
- 9 = Refused

140. For about how many years have you had your weakness?

()() = Enter number of years

77 = Less than one year

88 = Don't know

99 = Refused

141. Have you ever consulted a doctor about your weakness? ()

1 = NO

8 = DON'T KNOW

2 = YES

9 = REFUSED

142. At any time during the past year have you had persistent twitching or rippling of muscles in your arms or legs while you were at rest? ()

1 = NO

8 = DON'T KNOW

2 = YES

9 = REFUSED

If q142 = 2, go to q143, else go to q147.

INSTRUCTION TO INTERVIEWER:

Record "no" for muscle cramps and stiffness.

143. In the past year, which limb or limbs of your body have been affected by twitching? ()

1 = Both legs and both arms

5 = One arm only

2 = Both legs only

6 = Other combination of limbs

3 = Both arms only

8 = Don't know

4 = One leg only

144. Thinking back to the time when you first felt the twitching, which limb or limbs were affected? ()

1 = Same as now

8 = Don't know

2 = Fewer than now

9 = Refused

3 = More than now

145. For about how many years have you had the twitching?

()() = Enter number of years

77 = Less than one year

88 = Don't know

99 = Refused

146. Have you ever consulted a doctor about the twitching? ()

1 = NO

8 = DON'T KNOW

2 = YES

9 = REFUSED

INSTRUCTION TO INTERVIEWER:

147. Please further characterize any positive neurologic findings with regard to symptom severity, duration, and association with other symptoms (free text):

RHEUMATOLOGY

At any time during the past year have you had:

- 1 = NO
- 2 = YES
- 8 = DON'T KNOW
- 9 = REFUSED

148. Persistent pain or stiffness in your neck lasting more than two weeks? ()

149. Low back pain that interfered with your daily activities? ()

150. Pain, stiffness or swelling of any of your joints, other than your back or neck, lasting more than two weeks? ()

If q150 = 2, go to q151, else go to q152.

151. Which joint or joints have been affected?

Record up to ten joints:

() () ()	() () ()
() () ()	() () ()
() () ()	() () ()
() () ()	() () ()
() () ()	() () ()

- | | |
|-----------------------------------|------------------------|
| 101 = Right shoulder | 106 = Right hip |
| 201 = Left shoulder | 206 = Left hip |
| 301 = Both shoulders | 306 = Both hips |
| 102 = Right elbow | 107 = Right knee |
| 202 = Left elbow | 207 = Left knee |
| 302 = Both elbows | 307 = Both knees |
| 103 = Right wrist | 108 = Right ankle |
| 203 = Left wrist | 208 = Left ankle |
| 303 = Both wrists | 308 = Both ankles |
| 104 = Right fingers & thumb | 109 = Right toes |
| 204 = Left fingers & thumb | 209 = Left toes |
| 304 = Fingers & thumb, both sides | 309 = Toes, both sides |

105 = Right jaw joint
205 = Left jaw joint
305 = Both jaw joints

110 = Other joint,

Please specify: _____
(LIMIT OF 30 CHARACTERS)

INSTRUCTION TO INTERVIEWER:

152. Please further characterize any positive rheumatologic findings with regard to symptom severity, duration, and association with other symptoms (free text):

153. This completes the review of systems portion of the questionnaire. Do you have any other current symptoms or health problems not mentioned? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

If YES, specify _____

SECTION F. FAMILY HISTORY

The next questions are about possible medical conditions of your immediate family, that is, your mother, father, sisters, and brothers.

154. Has any member of your immediate family ever had:

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

Diabetes ()
Hypertension or high blood pressure ()
Stomach or duodenal ulcer ()
Asthma ()

155. Did any member of your immediate family have a heart attack when they were younger than age 45? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

156. Did either of your parents have alcoholism or an alcohol problem? ()

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED

SECTION G. OCCUPATION

Now I would like to ask you a few questions about your work history.

157. Are you currently working for pay either full or part time? ()

- 1 = NO
- 2 = YES
- 9 = REFUSED

If q157 = 2, go to 158, else go to q164.

158. Is that full time or part time work? ()

- 1 = Full time
- 2 = Part time
- 3 = Multiple jobs (if mentions more than one job)

159. Now I need to know about the kind of work you do

What is your job title: _____
(Record job title, limit of 40 characters. If more than one job, record full time or most frequent part time job.)

160. What kind of business or industry is that in - what do they make or do at the place where you work?

Record business or industry (Limit of 40 characters):

161. Is this job the one you have held the longest? ()

- 1 = NO
- 2 = YES

If q161 = 2, go to q171, else go to 162.

162. What kind of job have you held the longest - what was your job title?

Record job title (Limit of 40 characters):

163. What kind of business or industry was that in - what did they make or do at the place where you worked?

Record type of business or industry

Go to q171.

164. Are you now disabled, on strike, laid off, looking for work, or something else? (If multiple response, code lowest number). ()

- | | |
|---------------|----------------------|
| 1 = Disabled | 4 = Looking for work |
| 2 = On strike | 5 = Something else |
| 3 = Laid off | 9 = Refused |

165. When did you last work at a full time civilian job?

Enter month of termination (Range 1-12)

If "NEVER", enter 99 and go to q175. _____

Enter last 2 digits of year of termination. _____

166. What kind of job did you last have? What was your job title? Record job title

167. What kind of business or industry was that in - what did they make or do at the place where you worked?

Record type of business or industry

168. Was that the job you held for the longest time? ()

- 1 = NO
2 = YES

If q168 = 2, go to q171, else go to q169.

169. What kind of work did you do for the longest time? - What was your job title? Record job title:

170. What kind of business or industry was that in - what do they make or do at the place where you worked? Record type of business or industry:

Go to q171.

171. In the job you have had the longest, were you regularly exposed to fumes, dusts, gases, metals, or chemicals of any kind? ()

- | | |
|---------|----------------|
| 1 = NO | 8 = DON'T KNOW |
| 2 = YES | 9 = REFUSED |

If q171 = 2, go to q172, else go to q173.

172. What specific material or materials have you been exposed to in that job?
(LIMIT EACH NAME TO 30 CHARACTERS)

173. In any job, were you regularly exposed to fumes, dusts, gas, metals, or chemicals of any kind? ()

1 = NO

2 = YES

8 = DON'T KNOW

9 = REFUSED

If q173 = 2, go to q174, else go to q175.

174. What specific material or materials have you been exposed to in that job?
(LIMIT EACH NAME TO 30 CHARACTERS)

SECTION H. HABITS

Now I would like to ask you a few questions about the use of wine, beer, or liquor - all kinds of alcoholic beverages.

175. On the average, how many days per month do you drink alcoholic beverages? ()()

Enter number of days (Range 00-31)

88 = Don't know

99 = Refused

Probe for best estimate.

If q175 = 00, go to q179, else go to q176.

176. A drink is 1 can or bottle of beer, 1 glass of wine, or 1 cocktail or shot of liquor. On the days that you drink, how many drinks do you have per day on the average? () ()

Enter number of drinks (Range 01-50)

88 = Don't know 99 = Refused

Probe for best estimate.

177. How many times during the past four weeks did you have 5 or more drinks on an occasion? () ()

Enter number of times (Range 00-30)

88 = Don't know 99 = Refused

Probe for best estimate.

178. During the past four weeks, how many times have you driven when you've had perhaps too much to drink? () ()

Enter number of times (Range 00-30)

88 = Don't know 99 = Refused

Probe for best estimate.

Now some questions about cigarette smoking:

179. Have you ever smoked cigarettes regularly, that is, at least one a day? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q179 = 2, go to q180, else go to q186.

180. Do you now smoke cigarettes regularly, that is, at least one a day? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

If q180 = 1, go to q183; if 2, go to q181. If 8 or 9, go to q186.

181. On the average, how many cigarettes a day do you currently smoke? () ()

Enter number of cigarettes (Range 00-80)

88 = Don't know 99 = Refused

Probe for best estimate.

182. How many years altogether have you been a regular cigarette smoker?

()() = Number of years 88 = Don't know
77 = Less than 1 year 99 = Refused

Go to q186.

183. How long has it been since you quit?

()() = Number of years 88 = Don't know
77 = Less than 1 year 99 = Refused

184. On the average, how many cigarettes a day did you smoke when you were a regular smoker? Enter number of cigarettes. ()()

88 = Don't know 99 = Refused

Probe for best estimate.

185. How many years altogether were you a regular smoker?

()() = Number of years 88 = Don't know
77 = Less than 1 year 99 = Refused

Now I would like to ask you a few questions about use of drugs without a doctor's prescription:

186. In the past year have you smoked marijuana or hashish? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

187. In the past year have you used cocaine? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

188. In the past year have you injected heroin or "shot up" any drugs into your veins? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

189. In the past year have you used any other drugs to "get high" or alter your mood? ()

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED

If q189 = 2, go to q190, else go to q191.

190. What drug or drugs have you used?
(LIMIT EACH NAME TO 15 CHARACTERS)

Specify drug: _____

191. Have you ever talked with a health or mental health professional about an
alcohol or drug problem? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

192. Have you ever been admitted to a treatment program for an alcohol or drug
problem? ()

1 = NO
2 = YES

8 = DON'T KNOW
9 = REFUSED

THIS CONCLUDES THE MEDICAL HISTORY QUESTIONNAIRE.

EVALUATION REPORT

QUESTIONS FOR THE INTERVIEWER TO BE COMPLETED AFTER THE EXAMINEE DEPARTS.

1. Was the respondent's cooperation: ()

- 1 = VERY GOOD
- 2 = GOOD
- 3 = FAIR
- 4 = POOR

2. The quality of the interview was: ()

- 1 = UNSATISFACTORY
- 2 = QUESTIONABLE
- 3 = GENERALLY RELIABLE
- 4 = HIGH QUALITY

3. The main reason for the unsatisfactory or questionable quality was that the respondent: ()()

- 01 = WAS ILL OR DISABLED
- 02 = SPOKE ENGLISH POORLY
- 03 = WAS EVASIVE OR SUSPICIOUS
- 04 = WAS BORED OR UNINTERESTED
- 05 = WAS UPSET OR DEPRESSED BY THE TOPIC
- 06 = WAS INTOXICATED
- 07 = HAD POOR HEARING OR SPEECH
- 08 = WAS CONFUSED BY FREQUENT INTERRUPTIONS
- 09 = WAS INSUFFICIENTLY KNOWLEDGEABLE
- 10 = WAS MENTALLY DISTURBED
- 11 = SOMETHING ELSE

SPECIFY: _____

4. Are there specific questions for which the examinee had trouble responding? ()

- 1 = NO
- 2 = YES

If "yes", specify which question(s) _____

II. Medical Examination Forms

H. Nerve Conduction Velocity Examination

1. Exam Code : N/C/O/I (0001-0004)
:
2. Participant ID : / / / / / / / / (0005-0011)
:
3. Participant's Name _____ :
:
4. Date Month : / / (0012-0013)
:
Day : / / (0014-0015)
:
Year : / / (0016-0017)
:
5. Time Started Hour : / / (0018-0019)
:
Min : / / (0020-0021)
:
6. Employee ID : / / / / / / / / (0022-0025)
:
7. Examination Status : / / (0026)
:
1=complete
2=sick
3=terminated
4=physically impaired
7=other
8=don't know
9=refused
:
:
A. MEDIAN NERVE :
:
8. MOTOR - DISTAL STIMULATION :
Onset latency (msec) : / / / . / / / (0027-0030)
9996=none detectable
9997=not applicable
9998=don't know
9999=refused
:
:
9. MOTOR - DISTAL STIMULATION :
Amplitude (uV) : / / / / / / / / (0031-0035)
Range: 0400 uV - 25000 uV
99996=none detectable
99997=not applicable
99998=don't know
99999=refused
:
:
:

10. MOTOR - PROXIMAL STIMULATION :
 Onset latency (msec) : / (0036-0039)
 9996=none detectable :
 9997=not applicable :
 9998=don't know :
 9999=refused :
 :

11. MOTOR - DISTANCE BETWEEN
 STIMULATION SITES (mm) : (0040-0042)
 996=none detectable :
 997=not applicable :
 998=don't know :
 999=refused :
 :

12. MOTOR - CONDUCTION VELOCITY :
 (Not keypunched, :
 meters/sec) :
 Range: 20m/s - 70m/s :
 96=none detectable :
 97=not applicable :
 98=don't know :
 99=refused :
 :

13. SENSORY - DISTAL STIMULATION :
 Onset latency (msec) : / (0043-0046)
 9996=none detectable :
 9997=not applicable :
 9998=don't know :
 9999=refused :
 :

14. SENSORY - DISTAL STIMULATION :
 Amplitude (uV) : / / / (0047-0051)
 Range: 00.500uV - 48.000uV :
 99996=none detectable :
 99997=not applicable :
 99998=don't know :
 99999=refused :
 :

15. SENSORY - PROXIMAL
 STIMULATION :
 Onset latency (msec) : / (0052-0055)
 9996=none detectable :
 9997=not applicable :
 9998=don't know :
 9999=refused :
 :

16. SENSORY - DISTANCE BETWEEN
 STIMULATION SITES (mm) : (0056-0058)
 996=none detectable :
 997=not applicable :
 998=don't know :
 999=refused :
 :

17. SENSORY - DISTANCE BETWEEN :
DISTAL :
STIMULATING SITE AND : (0059-0061)
ACTIVE ELECTRODE :
996=none detectable :
997=not applicable :
998=don't know :
999=refused :
:

18. SENSORY - DISTAL CONDUCTION :
VELOCITY :
(Not keypunched, :
meters/sec) :
Range: 20m/s - 70m/s :
96=none detectable :
97=not applicable :
98=don't know :
99=refused :
:

19. SENSORY - PROXIMAL :
CONDUCTION VELOCITY :
(Not keypunched, :
meters/sec) :
Range: 20m/s - 70m/s :
96=none detectable :
97=not applicable :
98=don't know :
99=refused :
:

B. ULNAR NERVE :
:

20. SENSORY - DISTAL STIMULATION :
Onset latency (msec) : . (0062-0065)
9996=none detectable :
9997=not applicable :
9998=don't know :
9999=refused :
:

21. SENSORY - DISTAL STIMULATION :
Amplitude (uV) : . (0066-0070)
Range: 00.500uV - 48.000uV :
99996=none detectable :
99997=not applicable :
99998=don't know :
99999=refused :
:

22. SENSORY - DISTANCE BETWEEN :
DISTAL STIMULATING SITE :
AND ACTIVE ELECTRODE (mm) : (0071-0073)
996=none detectable :
997=not applicable :
998=don't know :
999=refused :
:

23. SENSORY - DISTAL CONDUCTION :
VELOCITY :
(Not keypunched, :
meters/sec) :
Range: 20m/s - 70m/s :
96=none detectable :
97=not applicable :
98=don't know :
99=refused :
:

C. PERONEAL NERVE :
:

24. MOTOR - DISTAL STIMULATION :
Onset latency (msec) : . (0074-0077)
9996=none detectable :
9997=not applicable :
9998=don't know :
9999=refused :
:

25. MOTOR - DISTAL STIMULATION :
Amplitude (uV) : (0078-0082)
Range: 0400 uV - 25000 uV :
99996=none detectable :
99997=not applicable :
99998=don't know :
99999=refused :
:

26. MOTOR - PROXIMAL STIMULATION :
Onset latency (msec) : . (0083-0086)
9996=none detectable :
9997=not applicable :
9998=don't know :
9999=refused :
:

27. MOTOR - DISTANCE BETWEEN :
STIMULATION SITES (mm) : (0087-0089)
996=none detectable :
997=not applicable :
998=don't know :
999=refused :
:


```

28. MOTOR - CONDUCTION VELOCITY :
    (Not keypunched,           :
     meters/sec)                :
    Range: 20m/s - 70m/s        :
    96=none detectable          :
    97=not applicable            :
    98=don't know                :
    99=refused                    :
    :                               :
D. SURAL NERVE                :
    :                               :
29. SENSORY - DISTAL STIMULATION :
    Onset latency (msec)        :     .     (0090-0093)
    9996=none detectable        :
    9997=not applicable          :
    9998=don't know             :
    9999=refused                 :
    :                               :
30. SENSORY- DISTAL STIMULATION :
    Amplitude (uV)              :     .     (0094-0098)
    Range: 00.500uV - 36.000uV :
    99996=none detectable       :
    99997=not applicable         :
    99998=don't know            :
    99999=refused                :
    :                               :
31. SENSORY - DISTANCE BETWEEN :
    DISTAL STIMULATING          :
    SITE AND ACTIVE              :      (0099-0101)
    ELECTRODE (mm)               :
    996=none detectable          :
    997=not applicable           :
    998=don't know               :
    999=refused                   :
    :                               :
32. SENSORY - DISTAL CONDUCTION :
    VELOCITY                     :
    (Not keypunched, meters/sec):
    Range: 20m/s - 70m/s        :
    96=none detectable          :
    97=not applicable            :
    98=don't know                :
    99=refused                    :
    :                               :

```


38. LOWER LIMB - UPPER-CALF	:	<u> </u> / <u> </u> / <u> </u> .	(0113-0115)
(degrees C.)	:		
	:		
Range: 30.0 C. - 36.9 C.	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
39. IF PROXIMAL MOTOR AMPLITUDE	:	<u> </u>	(0116)
(FOR NO. 9 AND/OR 25)	:		
	:		
1=median nerve only	:		
2=peroneal nerve only	:		
3=median and peroneal	:		
nerves	:		
6=none detectable	:		
7=not applicable (distal	:		
amplitude at both sites)	:		

II. Medical Examination Forms

I. Neurological Examination

Participant ID#: _____ Participant's Name: _____

2) Exam Date: _____

3) Start Time: _____ Physician ID: _____

4) Examination Status: _____ (1 = Complete; 2 = Partially Complete;
9 = Refused)

A: CRANIAL NERVES

RT LT

5) _____ 6) _____ SMELL (1-Normal; 2-Abnormal; 3-Don't Know; Missing)
7) _____ 8) _____ VISUAL FIELD (1-Normal; 2-Abnormal)

If ABNORMAL, indicate quadrant.

9) RT _____

10) LT _____

11) _____ 12) _____ OPTIC DISC (1-Normal; 2-Atrophy; 3-Papilledema;
4-Other-Specify)

13) RT _____

14) LT _____

15) _____ 16) _____ PUPIL SIZE (MM)

17) _____ 18) _____ LIGHT REACTION (1-Normal; 2-Sluggish; 3-None)

19) _____ 20) _____ PTOSIS (1-Absent; 2-Partial; 3-Complete)

21) _____ 22) _____ OCULAR MOBILITY (1-Normal; 2-Strabismus;
3-Dysmetria; 4-Nerve/Muscle/Gaz:
Paresis 5-Other-Specify)

23) RT _____

24) LT _____

25) _____ 26) _____ NYSTAGMUS (1-None; 2-Horizontal; 3-Vertical;
4-Rotary; 5-Other-Specify)

27) RT _____

28) LT _____

29) _____ JAW STRENGTH (1-Normal; 2-Weak RT; 3-Weak LT;
4-Both Weak RT & LT; 5-Other-Specify)

SPECIFY: _____

30) _____ JAW JERK (1-Normal; 2-Increased)

31) _____ FACIAL PAIN PERCEPTION (1-Normal; 2-Abnormal)

If ABNORMAL, then (1-Normal; 2-Increased; 3-Decreased;
4-Absent; 5-Other-Specify)

32) _____ 33) _____ OPHTHALMIC

34) _____ 35) _____ MAXILLARY

36) _____ 37) _____ MANDIBULAR

SPECIFY: _____

38) _____ 39) _____ CORNEAL REFLEX (1-Normal; 2-Decreased;
3-Absent; 4-Other-Specify)

40) RT _____

41) LT _____

42) _____ 43) _____ FACIAL MUSCLES (1-Normal; 2-Upper Motor Neuron Weakness;
3-Lower Motor Neuron Weakness;
4-Tics; 5-Chorea;
6-Other-Specify)

SPECIFY: _____

44) _____ 45) _____ PALATE MOTION WITH PHONATION
(1-Normal; 2-Absent; 3-Deviates Right;
4-Deviates Left; 5-Palatal Myoclonus;
6-Other-Specify)

SPECIFY: _____

46) _____ GAG REFLEX (1-Normal; 2-Dep. Rt; 3-Dep. Lt;
4-Both Rt & Lt; 5-Other-Specify)

SPECIFY: _____

- 47) _____ 48) _____ ACCESSORY NERVES (1-Normal; 2-Weak SCM; 3-Weak Trap;
4-Both Weak; 5-Other-Specify)
- 49) _____ RT _____
- 50) _____ LT _____
- 51) _____ 52) _____ TONGUE MOTION (1-Normal; 2-Weakness right side of tongue;
3-Weakness left side of tongue;
4-Other-Specify)
- 53) _____ RT _____
- 54) _____ LT _____
- 55) _____ OTHER CRANIAL CONDITION (1-Absent; 2-Present)
If PRESENT, specify.

SPECIFY: _____

B. MOTOR SYSTEMS

RT LT

- 1) _____ AMPUTATION LOSSES (1-No; 2-Yes)
If YES, indicate (1-No; 2-RT; 3-LT; 4-Both)
- | | | | |
|----------|---------|----------|-------|
| 2) _____ | HAND | 3) _____ | ARM |
| 4) _____ | FINGERS | 5) _____ | LEG |
| 6) _____ | FOOT | 7) _____ | OTHER |

SPECIFY _____

- 8) _____ GAIT (1-Normal; 2-Abnormal)
If ABNORMAL, then (1-Absent; 2-Present)
- 9) _____ 10) _____ HEMIPARETIC
- 11) _____ 12) _____ SPASTIC
- 13) _____ 14) _____ ATAXIC
- 15) _____ 16) _____ PARKINSONIAN
- 17) _____ 18) _____ FOOT DROP

SPECIFY: _____

- 19) _____ 20) _____ ARM SWING (1-Normal; 2-Reduced; 3-Other-Specify)
- 21) _____ RT _____
- 22) _____ LT _____
- 23) _____ TANDEM GAIT (1-Normal; 2-Abnormal)
- 24) _____ STATION (Eyes Open) (1-Normal; 2-Abnormal)
- 25) _____ STATION (Eyes Closed) (1-Normal; 2-Abnormal)
- 26) _____ ABNORMAL CONSISTENCY (1-Absent; 2-Present)
If PRESENT, then (1-Absent; 2-Present)
- 27) _____ 28) _____ HAND
- 29) _____ 30) _____ ARM
- 31) _____ 32) _____ LEG
- 33) _____ TRUNK
- 34) _____ NECK
- 35) _____ MUSCLE "TONE" (1-Normal; 2-Abnormal)
If ABNORMAL, then (1-Normal; 2-Rigid; 3-Spastic;
4-Chorea; 5-Athetosis)
- 36) _____ 37) _____ HAND
- 38) _____ 39) _____ ARM
- 40) _____ 41) _____ LEG
- 42) _____ TRUNK
- 43) _____ NECK
- 44) _____ ATROPHY (1-Absent; 2-Present)
If PRESENT, then 1-Absent; 2-Present
- 45) _____ 46) _____ HAND
- 47) _____ 48) _____ ARM
- 49) _____ 50) _____ LEG
- 51) _____ TRUNK
- 52) _____ NECK

STRENGTH (1-Normal; 2-Decreased)

- 53) ___ 54) ___ DELTOIDS
- 55) ___ 56) ___ BICEPS
- 57) ___ 58) ___ TRICEPS
- 59) ___ 60) ___ WRIST EXT
- 61) ___ 62) ___ GRIP
- 63) ___ 64) ___ FINGER ABDUCTORS
- 65) ___ 66) ___ HIP FLEXORS
- 67) ___ 68) ___ KNEE EXT
- 69) ___ 70) ___ KNEE FLEXOR
- 71) ___ 72) ___ DORSIFLEXORS
- 73) ___ 74) ___ PLANTAR FLEXOR
- 75) ___ 76) ___ TOE EXT
- 77) ___ 78) ___ TREMORS-ARM (1-None; 2-Parkinsonian; 3-Essential;
4-Cere.; 5-Anxiety; 6-Other-Specify)
- 79) RT _____
- 80) LT _____
- 81) ___ FINGER - NOSE ATAXIA (1-None; 2-Right;
3-Left; 4-Both RT & LT)
- 82) ___ HAND PRONATION/SUPINATION (1-Normal; 2-RT Abnormal;
3-LT Abnormal; 4-Both
Abnormal)
- 83) ___ HEEL - SHIN ATAXIA (1-None; 2-Right; 3-Left;
4-Both RT & LT)
- 84) ___ FINGER TAPPING (1-Normal; 2-RT Abnormal;
3-LT Abnormal; 4-Both Abnormal)
- 85) ___ ARM DRIFT (1-None; 2-Right; 3-Left; 4-Both)
- 86) ___ EXCESS REBOUND (1-None; 2-Right; 3-Left;
4-Both RT & LT)

87) _____ SPEECH (1-Normal; 2-Dysarthric; 3-Aphasic;
4-Stammer/Stutter; 5-Other-Specify)

SPECIFY: _____

88) _____ OTHER MOTOR CONDITION (1-Absent; 2-Present)

If PRESENT, specify below:

C. REFLEXES (1-Absent; 2-Hypo; 3-Normal; 4-Hyper; 5-Unsustained
Clonus; or 6-Sustained Clonus)

RT LT

1) _____ 2) _____ BICEPS

3) _____ 4) _____ TRICEPS

5) _____ 6) _____ KNEE

7) _____ 8) _____ ANKLE

9) _____ 10) _____ PLANTAR RESPONSE (1-Normal; 2-Reversed;
3-Absent; 4-Other-Specify)

11) _____ RT _____

12) _____ LT _____

RT LT

13) _____ OTHER REFLEX CONDITION (1-Absent; 2-Present)

If PRESENT, then specify

D. PERIPHERAL SENSORY TESTING

PINPRICK (1-Normal; 2-Absent; 3-Not applicable due to
missing limbs; 4-Not Done)

ARMS

RT LT

PROXIMAL

1) _____ 2) _____ DORSAL
3) _____ 4) _____ VENTRAL

DISTAL

5) _____ 6) _____ DORSAL
7) _____ 8) _____ VENTRAL

LEGS

RT LT

PROXIMAL

9) _____ 10) _____ DORSAL
11) _____ 12) _____ VENTRAL
LEGS

RT LT

DISTAL

13) _____ 14) _____ DORSAL
15) _____ 16) _____ VENTRAL

VIBRATORY SENSATION (1-Normal; 2-Decreased; 3-Absent; 4-Not applicable due to missing limb; 5-Not Done)

LATERAL MALLEOLUS

RT LT

17) _____ 18) _____

PATELLA

RT LT

19) _____ 20) _____

SENSORY EXTINCTION (1-None; 2-Right is not perceived; 3-Left is not perceived; 4-Right and Left are not consistently perceived.

21) _____ Face

22) ____ Arm

23) ____ Legs

24) ____ Visual Field

____ TIME COMPLETE
COMMENTS TO DIAGNOSTICIAN (FREE TEXT)

II. Medical Examination Forms

J. Pulmonary Function Examination

1. EXAM CODE	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0001-(0004)	
2. Participant ID	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0005-(0011)	
3. Participant's Name _____	:			
4. Date	Month	:	<u> </u> / <u> </u>	(0012-(0013)
	Day	:	<u> </u> / <u> </u>	(0014-(0015)
	Year	:	<u> </u> / <u> </u>	(0016-(0017)
5. Time Started	Hour	:	<u> </u> / <u> </u>	(0018-(0019)
	Min	:	<u> </u> / <u> </u>	(0020-(0021)
6. Technician ID	:	<u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>	(0022-(0025)	
7. Examination Status	:	<u> </u>	(0026)	
1=complete	:			
2=sick	:			
3=terminated	:			
4=physically impaired	:			
7=other	:			
8=don't know	:			
9=refused	:			
<hr/>				
8. SVC - Actual (liters)	:	<u> </u> / <u> </u> / <u> </u> . <u> </u> / <u> </u> / <u> </u>	(0027-(0030)	
9997=not applicable	:			
9998=don't know	:			
9999=refused	:			
9. FVC - Actual (liters)	:	<u> </u> / <u> </u> / <u> </u> . <u> </u> / <u> </u> / <u> </u>	(0031-(0034)	
9997=not applicable	:			
9998=don't know	:			
9999=refused	:			

10. FEV1 - Actual (liters)	:	<u> </u> / <u> </u> .	(0035-0038)
9997=not applicable	:		
9998=don't know	:		
9999=refused	:		
	:		
11. FEV1/FVC (ratio)	:	<u> </u> / <u> </u> .	(0039)-0042)
9997=not applicable	:		
9998=don't know	:		
9999=refused	:		
	:		
12. PEF - Actual (liters/sec)	:	<u> </u> / <u> </u> .	(0043-0046)
9997=not applicable	:		
9998=don't know	:		
	:		
13. MMEF - Actual (liters/sec)	:	<u> </u> / <u> </u> .	(0047-0050)
9997=not applicable	:		
9998=don't know	:		
9999=refused	:		
	:		
14. MMIF - Actual (liters/sec)	:	<u> </u> / <u> </u> .	(0051-0054)
9997=not applicable	:		
9998=don't know	:		
9999=refused	:		
	:		
15. ADEQUATE EFFORT	:	<u> </u>	(0055)
1=yes	:		
2=no	:		

II. Medical Examination Forms

K. Peripheral Vascular Examination (Doppler)

1. EXAM CODE	:	<u> P/V/Q/I </u>	(0001--0004)
	:		
2. PARTICIPANT ID	:	<u> / / / / / / / / </u>	(0005--0011)
	:		
3. Participant's Name _____	:		
	:		
4. Date	Month	: <u> / / </u>	(0012--0013)
		:	
	Day	: <u> / / </u>	(0014--0015)
		:	
	Year	: <u> / / </u>	(0016--0017)
		:	
5. Time Started	Hour	: <u> / / </u>	(0018--0019)
		:	
	Min	: <u> / / </u>	(0020--0021)
		:	
6. Technician ID	:	<u> / / / / </u>	(0022--0025)
	:		
7. Examination Status	:	<u> / </u>	(0026)
	:		
1=complete	:		
2=sick	:		
3=terminated	:		
4=physically impaired	:		
7=other	:		
8=don't know	:		
9=refused	:		
	:		
	:		
8. RADIAL PULSE MORPHOLOGY - RT	:	<u> / </u>	(0027)
	:		
1=normal	:		
2=monophasic	:		
3=absent pulse	:		
7=not applicable	:		
8=don't know	:		
9=refused	:		

9. RADIAL PULSE MORPHOLOGY - LT : $\overline{\square}$ (0028)
 :
 1=normal :
 2=monophasic :
 3=absent pulse :
 7=not applicable :
 8=don't know :
 9=refused :
 :
10. DORSALIS PEDIS MORPHOLOGY - RT : $\overline{\square}$ (0029)
 :
 1=normal :
 2=monophasic :
 3=absent pulse :
 7=not applicable :
 8=don't know :
 9=refused :
 :
11. DORSALIS PEDIS MORPHOLOGY - LT : $\overline{\square}$ (0030)
 :
 1=normal :
 2=monophasic :
 3=absent pulse :
 7=not applicable :
 8=don't know :
 9=refused :
 :
12. POSTERIOR TIBIAL MORPHOLOGY - RT : $\overline{\square}$ (0031)
 :
 1=normal :
 2=monophasic :
 3=absent pulse :
 7=not applicable :
 8=don't know :
 9=refused :
 :
13. POSTERIOR TIBIAL MORPHOLOGY - LT : $\overline{\square}$ (0032)
 :
 1=normal :
 2=monophasic :
 3=absent pulse :
 7=not applicable :
 8=don't know :
 9=refused :

14. RESTING ARM PRESSURE - RT	: <u> </u>	(0033-0035)
	:	
Range: 050 - 350	:	
997=not applicable	:	
998=don't know	:	
999=refused	:	
	:	
	:	
15. RESTING ARM PRESSURE - LT	: <u> </u>	(0036-0038)
	:	
Range: 050 - 350	:	
997=not applicable	:	
998=don't know	:	
999=refused	:	
	:	
	:	
16. VERIFICATION - RT ARM PRESSURE	: <u> </u>	(0039-0041)
	:	
Range: 050 - 350	:	
997=not applicable	:	
998=don't know	:	
999=refused	:	
	:	
	:	
17. VERIFICATION - LT ARM PRESSURE	: <u> </u>	(0042-0044)
	:	
Range: 050 - 350	:	
997=not applicable	:	
998=don't know	:	
999=refused	:	
	:	
	:	
18. RESTING ANKLE PRESSURE - RT	: <u> </u>	(0045-0047)
	:	
Range: 050 - 350	:	
997=not applicable	:	
998=don't know	:	
999=refused	:	
	:	
	:	
19. RESTING ANKLE PRESSURE - LT	: <u> </u>	(0048-0050)
	:	
Range: 050 - 350	:	
997=not applicable	:	
998=don't know	:	
999=refused	:	

20. VERIFICATION - RT ANKLE PRESSURE	:	<u> </u>	(0051-0053)
Range: 050 - 350	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
21. VERIFICATION - LT ANKLE PRESSURE	:	<u> </u>	(0054-0056)
Range: 050 - 350	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
22. RESTING PRESSURE INDEX - RT	:		
(Not keypunched)	:		
Range: 0.50 - 2.59	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
23. RESTING PRESSURE INDEX - LT	:		
(Not keypunched)	:		
Range: 0.50 - 2.59	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
24. MAXIMAL BRACHIAL PRESSURE - RT	:	<u> </u>	(0057-0059)
Range: 050 - 350	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
25. MAXIMAL BRACHIAL PRESSURE - LT	:	<u> </u>	(0060-0062)
Range: 050 - 350	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		

26. IMMEDIATE POST OCCLUSION ANKLE	:		
PRESSURE - RT	:	<u>////</u>	(0065-0065)
	:		
Range: 050 - 350	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
27. IMMEDIATE POST OCCLUSION ANKLE	:		
PRESSURE - LT	:	<u>////</u>	(0066-0068)
	:		
Range: 050 - 350	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
28. HYPEREMIC INDEX - RT	:		
(Not keypunched)	:		
	:		
Range: 0.50 - 2.59	:		
997=not applicable	:	_____	
998=don't know	:		
999=refused	:		
	:		
29. HYPEREMIC INDEX - LT	:		
(Not keypunched)	:		
	:		
Range: 0.50 - 2.59	:		
997=not applicable	:	_____	
998=don't know	:		
999=refused	:		
	:		
30. ANKLE PRESSURE, ONE MINUTE POST	:		
OCCLUSION - RT	:	<u>////</u>	(0069-0071)
	:		
Range: 050 - 350	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		
	:		
31. ANKLE PRESSURE, ONE MINUTE POST	:		
OCCLUSION - LT	:	<u>////</u>	(0072-0074)
	:		
Range: 050 - 350	:		
997=not applicable	:		
998=don't know	:		
999=refused	:		

32. RECOVERY INDEX - RT	:
(Not keypunched)	:
	:
Range: 0.50 - 2.59	:
997=not applicable	:
998=don't know	_____:
999=refused	:
	:
	:
33. RECOVERY INDEX - LT	:
(Not keypunched)	:
	:
Range: 0.50 - 2.59	:
997=not applicable	:
998=don't know	_____:
999=refused	:
	:

II. Medical Examination Forms

L. Quantitative Peripheral Sensory Examination-Vibration Test (QPSI)

1. EXAM CODE : /0/1/0/1/ (0001-0004)
2. Participant ID : / / / / / / / / (0005-0011)
3. Participant's Name _____ :
4. Date Month : / / / (0012-0013)
Day : / / / (0014-0015)
Year : / / / (0016-0017)
5. Time Started Hour : / / / (0018-0019)
Min : / / / (0020-0021)
6. Technician ID : / / / / / (0022-0025)
7. Examination Status : / / (0026)
1=Complete 7=Other
2=Sick 8=Don't Know
3=Terminated 9=Refused
4=Physically impaired
INDEX FINGER
8. Side Tested : / / (0027)
1=Right GO TO question 9
2=Left GO TO question 9
7=Not Applic. SKIP TO question 29
8=Don't Know GO TO question 9
9=Refused SKIP TO question 29
FIVE LOWEST VOLTAGE SETTINGS OF
CORRECT CHOICES (questions 9-18)
9. Lowest - Switch Setting : / / (0028)
1=High
2=Low
8=Don't Know
10. Lowest - Voltage (volts) : / / / (0029-0:30)
98=Don't Know

- | | | | |
|---------------------------------------|---|-----------|-------------|
| 11. Second Lowest - Switch Setting | : | <u> </u> | (0031) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 12. Second Lowest - Voltage (volts) | : | <u> </u> | (0032-0033) |
| 98=Don't Know | : | | |
| 13. Third Lowest - Switch Setting | : | <u> </u> | (0034) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 14. Third Lowest - Voltage (volts) | : | <u> </u> | (0035-0036) |
| 98=Don't Know | : | | |
| 15. Fourth Lowest - Switch Setting | : | <u> </u> | (0037) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 16. Fourth Lowest - Voltage (volts) | : | <u> </u> | (0038-0039) |
| 98=Don't Know | : | | |
| 17. Fifth Lowest - Switch Setting | : | <u> </u> | (0040) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 18. Fifth Lowest - Voltage (volts) | : | <u> </u> | (0041-0042) |
| 98=Don't Know | : | | |
| VOLTAGE SETTINGS Of FIVE | | | |
| INCORRECT CHOICES (questions 19-28) | | | |
| 19. First Incorrect - Switch Setting | : | <u> </u> | (0043) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 20. First Incorrect - Voltage (volts) | : | <u> </u> | (0044-0045) |
| 98=Don't Know | : | | |

21. Second Incorrect - Switch Setting	:	<u> </u>	(0046)
1=High	:		
2=Low	:		
8=Don't Know	:		
22. Second Incorrect - Voltage (volts)	:	<u> </u>	(0047-0048)
98=Don't Know	:		
23. Third Incorrect - Switch Setting	:	<u> </u>	(0049)
1=High	:		
2=Low	:		
8=Don't Know	:		
24. Third Incorrect - Voltage (volts)	:	<u> </u>	(0050-0051)
98=Don't Know	:		
25. Fourth Incorrect - Switch Setting	:	<u> </u>	(0052)
1=High	:		
2=Low	:		
8=Don't Know	:		
26. Fourth Incorrect - Voltage (volts)	:	<u> </u>	(0053-0054)
98=Don't Know	:		
27. Fifth Incorrect - Switch Setting	:	<u> </u>	(0055)
1=High	:		
2=Low	:		
8=Don't Know	:		
28. Fifth Incorrect - Voltage (volts)	:	<u> </u>	(0056-0057)
98=Don't Know	:		
<u>GREAT TOE</u>	:		
29. Side Tested	:	<u> </u>	(0058)
1=Right	:		
2=Left	:		
7=Not Applic.	:		
8=Don't Know	:		
9=Refused	:		
GO TO question 30	:		
GO TO question 30	:		
SKIP TO END	:		
GO TO question 30	:		
SKIP TO END	:		