

THE STRONG HEART STUDY II

CES-D SCALE

ID Number

IDNO

1. How is this questionnaire administered?
 1=By interviewer
 2=By self
 3=Refused

☐

CES1

Here are some questions (Q2-Q22) about your feelings during the past week. For each of the following statements, please respond as to whether you felt that way: Rarely or Not At All, Some of the time, Often, or Most of the time.

1	2	3	4	9
Rarely or Not At All (<1 day)	Some (1-2 days)	Often (3-4 days)	Most of the Time (5-7 days)	Not Applicable

During the past week . . .

- | | | |
|--|-------------------------------------|-------|
| 2. I was bothered by things that don't usually bother me. | <input type="checkbox"/> | CES2 |
| 3. I did not feel like eating; my appetite was poor. | <input type="checkbox"/> | CES3 |
| 4. I felt that I could not shake the blues even with help from my family or friends. | <input type="checkbox"/> | CES4 |
| 5. I felt that I was just as good as other people. | <input checked="" type="checkbox"/> | CES5 |
| 6. I had trouble keeping my mind on what I was doing. | <input type="checkbox"/> | CES6 |
| 7. I felt depressed. | <input type="checkbox"/> | CES7 |
| 8. I felt that everything I did was an effort. | <input type="checkbox"/> | CES8 |
| 9. I felt hopeful about the future. | <input checked="" type="checkbox"/> | CES9 |
| 10. I thought my life had been a failure. | <input type="checkbox"/> | CES10 |
| 11. I felt fearful. | <input type="checkbox"/> | CES11 |
| 12. My sleep was restless. | <input type="checkbox"/> | CES12 |
| 13. I was happy. | <input checked="" type="checkbox"/> | CES13 |
| 14. I talked less than usual. | <input type="checkbox"/> | CES14 |
| 15. I felt lonely. | <input type="checkbox"/> | CES15 |

For each of the following statements, please respond as to whether you felt that way: Rarely or Not At All, Some of the time, Often, or Most of the time.

1	2	3	4	9
Rarely or Not At All (<1 day)	Some (1-2 days)	Often (3-4 days)	Most of the Time (5-7 days)	Not Applicable

16. People were unfriendly.

☐ CES16

17. I enjoyed life.

☒ R CES17

18. I had crying spells.

☐ CES18

19. I felt sad.

☐ CES19

20. I felt that people disliked me.

☐ CES20

21. I felt like I couldn't do what I needed to do.

☐ CES21

For Question 22, please use the following scale

1	2	3	4	9
Rarely or Not At All	Some	Often	Most of the Time	Not Applicable

22. I have felt depressed or sad in this past year.

☐ CES22

23. Interviewer's code

☐ ☐ ☐ CES23

24. Date completed (mo/day/yr)

☐ ☐ / ☐ ☐ ☐ / ☐ ☐ DOC

APPENDIX 1 (b)

THE STRONG HEART STUDY II

Clinical Examination -- Checklist

Participant's name: PARNAME
Last First Middle

ID Number:

IDNO

Date:

mo		day		yr	

DATE

Items	If done, date and initial	
1. Consent Form Signed	<u>CDATE1</u>	
2. Medical Release Signed	<u>CDATE2</u>	
3. One Touch blood test, Reading _____	<u>CDATE3</u>	
4. ProAct/Reflotron (if done), Reading _____	<u>CDATE4</u>	
5. Fasting blood sample	<u>CDATE5</u>	
6. Glutol	<u>CDATE6</u>	
7. Urine sample	<u>CDATE7</u>	
8. Two-hour blood sample	<u>CDATE8</u>	
9. Skin test	<u>CDATE9</u>	
10. Personal interview forms	<u>CDATE10</u>	
11. Medical history form	<u>CDATE11</u>	
12. Medical chart review to identify morbidity cases	<u>CDATE12</u>	
13. ECG	<u>CDATE13</u>	
14. Impedance measurement	<u>CDATE14</u>	
15. Height and Weight	<u>CDATE15</u>	

16.	Abdominal, hip and arm circumferenc	<u>CDATE16</u>	<u> </u>
17.	Sitting blood pressure	<u>CDATE17</u>	<u> </u>
18.	Doppler blood pressure	<u>CDATE18</u>	<u> </u>
19.	Examination of lungs and vessels	<u>CDATE19</u>	<u> </u>
20.	Neuropathy tests	<u>CDATE20</u>	<u> </u>
21.	Echocardiogram	<u>CDATE21</u>	<u> </u>
22.	Gallbladder - ultrasound	<u>CDATE22</u>	<u> </u>
23.	Pulmonary function test	<u>CDATE23</u>	<u> </u>
24.	Dietary survey	<u>CDATE24</u>	<u> </u>
25.	Psychosocial questionnaire	<u>CDATE25</u>	<u> </u>
26.	Quality of life questionnaire	<u>CDATE26</u>	<u> </u>
27.	Payment or payment form	<u>CDATE27</u>	<u> </u>

THE STRONG HEART STUDY II

COOK MEDLEY

ID Number

IDNO

1. How is this questionnaire administered?

1=By interviewer

2=By self

3=Refused

☐

COOK1

These next questions (Q2-Q9) are about how you think about other people. Although we cannot really know what other people would think or do unless they tell us, we would like to know your opinion as to whether you think each of the following statements is "True" or "False".

0
False

1
True

2. No one cares much about what happens to me.

☐

COOK2

3. It is safer to trust nobody.

☐

COOK3

4. Most people would lie to get ahead.

☐

COOK4

5. Most people inwardly dislike putting themselves out to help other people.

☐

COOK5

6. Most people will use unfair means to gain an advantage rather than lose it.

☐

COOK6

7. Most people are honest mainly through fear of being caught.

☐

COOK7

8. I often wonder what hidden reason another person may have for doing something nice for me.

☐

COOK8

9. Most people make friends because friends are likely to be useful to them.

☐

COOK9

10. Interviewer's code

CODE

11. Date completed (mo/day/yr)

DOC

THE STRONG HEART STUDY II

CULTURAL FACTORS QUESTIONNAIRE

ID Number	<input type="text"/>	IDNO
Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SSN

1. How is this questionnaire administered? ☐ CUL1
 1=By interviewer
 2=By self
 3=Refused

The next several questions are about your own native lifestyle.

2. How much do you identify yourself with your own native culture? ☐ CUL2
 1 =Not At All
 2 =A Little
 3 =Some
 4 =A Lot

3. How much do you identify yourself with non-Indian culture? ☐ CUL3
 1 =Not At All
 2 =A Little
 3 =Some
 4 =A Lot

4. How comfortable do you feel in your own native culture? ☐ CUL4
 1 =Not At All
 2 =A Little
 3 =Some
 4 =A Lot

5. How comfortable do you feel in the non-Indian culture? ☐ CUL5
 1 =Not At All
 2 =A Little
 3 =Some
 4 =A Lot

6. Interviewer's code CODE

7. Date completed (mo/day/yr) / / DOC

THE STRONG HEART STUDY II

Diabetic Foot Screen

ID Number

IDNO

Name (First, Last) _____

IHS Chart Number

IHSNO

1. Is there a foot ulcer or a history of foot ulcer? (1=Yes 2=No)

☐

FOOT1

2. Are the nails thick, too long or overgrown? (1=Yes 2=No)

☐

FOOT2

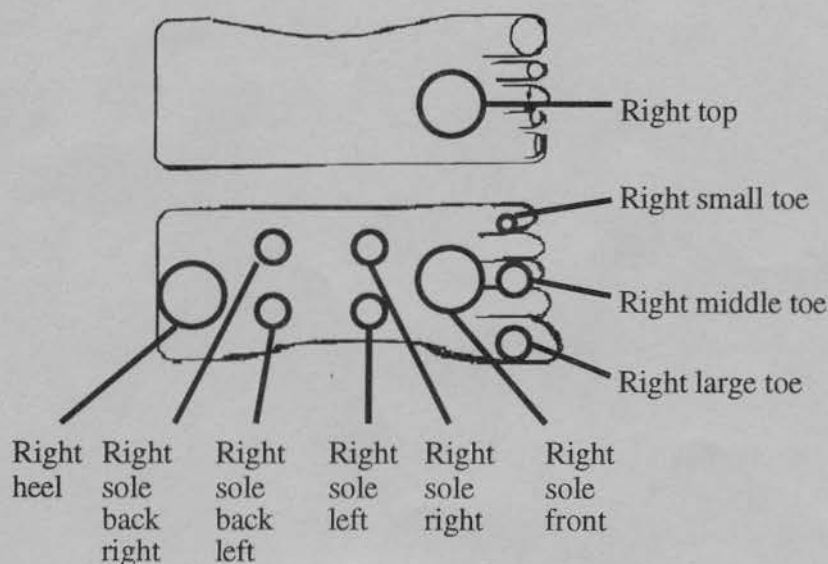
3. Is either foot numb? (1=Yes 2=No)

☐

FOOT3

4. Label: Sensory level with a "+" if the participant can feel the 10 gram filament and "-" if he/she cannot feel the 10 g filament. Test each site only once. Testing may not be accurate in areas where thick callous or bunion is present.

1=Positive 2=Negative



a. Right top

☐

FOOT4a

b. Right large toe

☐

FOOT4b

c. Right middle toe

☐

FOOT4c

d. Right small toe

☐

FOOT4d

e. Right sole front

☐

FOOT4e

f. Right sole right

☐

FOOT4f

g. Right sole left

☐

FOOT4g

h. Right sole back right

☐

FOOT4h

i. Right sole back left

☐

FOOT4i

j. Right heel

☐

FOOT4j

5. If the right foot has been amputated, conduct the exam on the left foot and make a note here: _____ (approx date of amputation).

6. RESULTS:

FOOT6b

Number of correct answers / Number of sites tested

7. Examined by: _____

FOOT7

8. Date examined

EXAM

mo

day

yr

DAY

THE STRONG HEART STUDY II
The George Washington University Medical Center
Gallbladder Ultrasonography - Radiologist's Form

Strong Heart Study ID Number

Last Name

Date of Examination (mo/day/yr)

1. Date of reading (mo/day/yr)

2. 1=First reading 2=Adjudication

☐

3. Radiologist ID number: 1=Dr. Hill 2=Others

☐

Initial: _____

Initial

4. Videocassette Number

5. Tape sequence Number

Findings of gallbladder

6. Adequacy of examination?

1=Adequate

2=Below standard

3=Inadequate

☐

7. Can gallbladder be observed?

1=Yes

2=No (*Skip to Question 16*)

☐

8. Were gallstones found?

1=Yes

2=No (Gallbladder visible, no echo clumps)

3=No conclusion (gallbladder clumps that shadow on only one view)

☐

9. If "YES," how many gallstones were there?

1=Single

2=Multiple

☐

10. Percentage of gallbladder filled with gallstones

1 = No gallstones

4 = > 50 %, but not filled

2 = <25 %

5 = Filled

3 = 25-50 %

☐

11. Was gallbladder wall calcified? (Dense shadowing from gallbladder wall, exclusive of gallstones) ☐
1=Yes 2=No
12. Were cholesterol polyps found? ☐
(Echogenic clumps attached to gallbladder wall without shadowing that do not move)
1=Yes 2=No
13. Was gallbladder sludge observed? ☐
(Echogenic clumps without shadowing that move)
1=Yes 2=No
14. Other gallbladder abnormality
- a. Gallbladder wall thickened (>3 mm) 1=Yes 2=No ☐
- b. Contracted gallbladder 1=Yes 2=No ☐
- c. Compatible with chronic cholecystitis. 1=Yes 2=No ☐
However, underlying gallbladder cancer can not be excluded.
- d. True polyp 1=Yes 2=No ☐
15. Certainty of gallbladder diagnoses: ☐
1=Certain 2=Uncertain
16. Comments? ☐
1=Yes 2=No

If "Yes," Comments:

Confirmed By: _____
Signature

GTT CHECKLIST

--	--	--

GTT2-2

- GTT 2-2a

~~GTT 2-3~~

GTT2-4

GTT2-5

GTT2-6

GTT2-7

□ GTT2-8a

☐ GTT2-8b

□ GTT2-8c

□ GTT2-8d

□ GTT2-9

~~GT2-10~~

GTT Checklist

THE STRONG HEART STUDY II

ISEL

ID Number

IDNO

1. How is this questionnaire administered?

1=By interviewer

2=By self

3=Refused

☐ ISEL1

This scale is an assessment of social support, and is made up of a list of statements, which may or may not be true about you. For each statement (Q2-Q21), answer as to whether it is 'Never True', 'Rarely True', 'Somewhat True', or 'Definitely True' for you.

0	1	2	3
Never True	Rarely True	Somewhat True	Definitely True

2. If I needed a quick emergency loan of \$30, there is someone I could get it from.

☐ ISEL2

3. There is at least one person I know, whose advice I really trust.

☐ ISEL3

4. If I needed help around the house (that is, with cleaning or making small repairs), I would have a hard time finding someone to help me without pay.

☐ ISEL4

5. If I wanted to go play bingo, go to a potluck or pow wow, or some other activity, I could easily find someone to go with me.

☐ ISEL5

6. I have a positive attitude about myself.

☐ ISEL6

7. When I need suggestions for how to deal with a personal worry or problem I know there is someone I can talk to.

☐ ISEL7

8. There are several people that I regularly enjoy spending leisure time with.

☐ ISEL8

9. There is really no one I can talk to about money problems.

☐ ISEL9

10. I have the confidence to do the things I want to do in my life.

☐ ISEL10

11. If I needed help in doing some errands, I could find someone to help me.

☐ ISEL11

12. I am a person of at least equal worth as other people.

☐ ISEL12

13. I know someone that I can talk with about my most private thoughts and feelings.

☐ ISEL13

14. If I needed a ride early in the morning, I would have a hard time finding anyone to take me.

☐ ISEL14

For each statement , answer as to whether it is 'Never True', 'Rarely True', 'Somewhat True', or 'Definitely True' for you.

0	1	2	3
Never True	Rarely True	Somewhat True	Definitely True

- | | | | |
|-----|--|---|--------|
| 15. | I often meet or talk with friends or members of my family. | <input type="checkbox"/> | ISEL15 |
| 16. | I am basically a good person. | <input type="checkbox"/> | ISEL16 |
| 17. | I often get invited to do things with others. | <input type="checkbox"/> | ISEL17 |
| 18. | I feel satisfied with the help I get in doing tasks around the house, taking care of errands, and getting rides. | <input type="checkbox"/> | ISEL18 |
| 19. | I feel satisfied with the amount of support I get with personal concerns. | <input type="checkbox"/> | ISEL19 |
| 20. | I feel satisfied with how often I talk to, or get together with family and friends. | <input type="checkbox"/> | ISEL20 |
| 21. | I feel satisfied with how I feel about myself. | <input type="checkbox"/> | ISEL21 |
| 22. | Interviewer's code | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | CODE |
| 23. | Date completed (mo/day/yr) | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: none; border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 5px;"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: none; border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 5px;"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | DOC |

APPENDIX 4 **THE STRONG HEART STUDY II** **MEDICAL HISTORY FORM**

ID Number:

IDNO

Social Security Number:

--	--	--	--	--	--	--	--

SSN

A. MEDICATIONS - Prescription and Over-the-Counter

1. **Medication Reception:** As you know, the Strong Heart Study will be describing all medications its participants are using, both prescription and over-the-counter. These include pills, dermal patches, eye drops, creams, salves, and injections, as well as vitamins, cold or allergy remedies, aspirin, and Tylenol. We have asked you to bring all your current medications. Have you brought them with you? Are these all the medications that you took in the last two weeks?

☐

MED1-1

1=Yes (*May I see them?*)

2=Took no medicines (*Go to Question 3*)

3=No (*Make arrangements to obtain or review Medical Record*)

9=Refused, give reasons: _____ (*Go to Question 3*)

2. Prescription Medications:

- 2a. *Copy the name of the medicine, the strength in milligrams (mg) and the total number of doses prescribed per day (week or month). (Include pills, dermal, patches, eye drops, creams, salves, and injections.)*

Medication Name	Strength(mg)	NDC Code	Class Code
<i>Print the first 20 letters only - please print clearly</i>	<i>write the decimal as one of the digits (For SHS Coordinating Center Use Only)</i>		
1 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-2	<input style="width: 100px;" type="text"/> MED1-3
2 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-4	<input style="width: 100px;" type="text"/> MED1-5
3 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-6	<input style="width: 100px;" type="text"/> MED1-7
4 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-8	<input style="width: 100px;" type="text"/> MED1-9
5 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-10	<input style="width: 100px;" type="text"/> MED1-11
6 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-12	<input style="width: 100px;" type="text"/> MED1-13
7 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-14	<input style="width: 100px;" type="text"/> MED1-15
8 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-16	<input style="width: 100px;" type="text"/> MED1-17
9 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-18	<input style="width: 100px;" type="text"/> MED1-19
10 <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> MED1-20	<input style="width: 100px;" type="text"/> MED1-21

11																																																											
12																																																											
13																																																											
14																																																											
15																																																											

Number unable to transcribe: ____

3. Over-the-Counter Medications:

3a. Do you take any over-the-counter medications?
 1=yes 2=No (Skip to next section)

☐
 MED1-33

3b. Copy the name of the medicine, the strength in milligrams (mg) and the total number of doses prescribed per day (week or month). (Include pills, dermal, patches, eye drops, creams, salves, and injections.)

	Medication Name <i>Print the first 20 letters only - please print clearly</i>	Strength(mg) <i>write the decimal as one of the digits</i>	NDC Code <i>(For SHS Coordinating Center Use Only)</i>	Class Code
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Number unable to transcribe: ____ MED1-54

Comments: _____

THE STRONG HEART STUDY II

MEDICAL HISTORY FORM

ID number:

 IDNO

Social Security Number:

-- SSN

B. MEDICAL CONDITIONS:

"Now I'd like to ask you some questions about medical problems. Has a medical person EVER told you that you had any of the following conditions?"

4. High blood pressure? ☐ MED2-1
1=yes 2=no 9=unknown

If "YES," how old were you when you were first told by a medical person that you had high blood pressure? *Indicate the actual age.* Don't know=99

 MED2-2

5. Arthritis? ☐ MED2-3
1=yes 2=no 9=unknown

6. Cancer, including leukemia and lymphoma? ☐ MED2-4
1=yes 2=no 9=unknown

If "YES," specify type of cancer: _____

7. Diabetes? ☐ MED2-5
1=yes 2=no 3=borderline 9=unknown

If "YES" or "BORDERLINE," do you still have it now?
1=yes 2=no 3=borderline 9=unknown

☐ MED2-6

How old were you when you were first told by a medical person that you had diabetes? *Indicate the actual age.* Don't know=99

 MED2-7

What type of treatment are you taking for your diabetes? (1 = yes, 2 = no)

- a. insulin ☐ MED2-8
- b. oral hypoglycemic agent ☐ MED2-9
- c. by dietary control ☐ MED2-1
- d. by exercise ☐ MED2-1
- e. do nothing ☐ MED2-1

8. Kidney failure? ☐ MED2-13
 1=yes 2=no 9=unknown
- If yes, do you still have it now? ☐ MED2-14
 1=yes 2=no 9=unknown
- How old were you when you were first told by a medical person that you had kidney failure? *Indicate the actual age.* Don't know=99 MED2-15
9. Renal dialysis? ☐ MED2-16
 1=yes 2=no 9=unknown
10. Kidney transplant? ☐ MED2-17
 1=yes 2=no 9=unknown
11. Cirrhosis of the liver? ☐ MED2-18
 1=yes 2=no 9=unknown
12. LUNG PROBLEMS ☐ MED2-19
- a. Emphysema? 1=yes 2=no 9=unknown ☐ MED2-20
- b. Hay fever? 1=yes 2=no 9=unknown ☐ MED2-21
- c. Chronic bronchitis? 1=yes 2=no 9=unknown ☐ MED2-22
- d. Asthma? 1=yes 2=no 9=unknown ☐ MED2-23
- If "YES" for asthma, do you still have it now? 1=yes 2=no 9=unknown ☐ MED2-24
13. Have you had a heart catheterization? ☐ MED2-25
 1=yes 2=no

A heart catheterization is a study in which a tube is inserted into the heart through the groin or arm to see how the heart works.

If "YES," which type of catheterization have you had and when?

- a. Angioplasty? (1=yes 2=no) ☐ MED2-25

If "YES," when and where?
 (record the most recent)

mo		day		yr			

hospital/clinic: _____

- b. Other, (1=yes 2=no) ☐ MED2-26

Specify: _____

If "YES," when and where?
 (record the most recent)

mo		day		yr			

hospital/clinic: _____

14. Have you ever had an exercise test or Treadmill test to check your heart? ☐ MED2-27
1=yes 2=no 9 = unknown

If "YES," when and where?
(record the most recent)

mo		day		yr	

hospital/clinic: _____

15. Have you had an electrocardiogram (ECG) taken since the last SHS examination? ☐ MED2-28
1=yes 2=no 9 = unknown

If "YES," when and where?
(record the most recent)

mo		day		yr	

hospital/clinic: _____

SINCE your last SHS exam, that is ____ (mo) ____ (yr), has a doctor told you that you had any of the following conditions ?

16. Heart failure ? 1=yes 2=no 9=unknown ☐ MED2-29

If "YES," when and where ? (If more than one episode since Exam I, enter information for THE FIRST ONE in the Exam I - Exam II interval)

mo		day		yr	

hospital/clinic: _____

If "YES," do you still have heart failure now ?
1=yes 2=no 9=unknown

☐ MED2-30

17. Heart attack ? 1=yes 2=no 9=unknown ☐ MED2-31

If "YES," when and where ? (If more than one episode since Exam I, enter information for THE FIRST ONE in the Exam I - Exam II interval)

mo		day		yr	

hospital/clinic: _____

18. Any other heart trouble ? ☐ MED2-32
1=yes 2=no 9=unknown

If "YES," specify type: _____

☐ MED2-33

If "YES," when and where ? (If more than one episode since Exam I, enter information for THE FIRST ONE in the Exam I - Exam II interval)

mo		day		yr	

hospital/clinic: _____

19. Stroke ?
1=yes 2=no 9=unknown

☐ MED2-33

If "YES," when and where ? (If more than one episode since Exam I, enter information for THE FIRST ONE in the Exam I - Exam II interval)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	

hospital/clinic: _____

20. Enter information for multiple events.

Reason: 1=Heart attack/heart surgery 2=Heart failure
 3=Other heart trouble 4= Stroke

Hospital/Clinic	Town/State	Date (mo/day/yr)	Reason
i.		/ /	MED2-34
ii.		/ /	MED2-35
iii.		/ /	MED2-36
iv.		/ /	MED2-37
v.		/ /	MED2-38

RESPIRATORY QUESTIONS

21. a. Do you usually have a cough? ☐ MED2-39
1=Yes 2=No (Skip to Question 23)
- b. Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week? ☐ MED2-40
1=Yes 2=No
- c. Do you usually cough at all on getting up, or first thing in the morning? ☐ MED2-41
1=Yes 2=No
- d. Do you usually cough like this on most days for 3 consecutive months or more during the year? ☐ MED2-42
1=Yes 2=No
- e. How long have you had this cough? years: months: MED2-44
22. Do you usually bring up phlegm from your chest when you cough? MED2-43 ☐ MED2-45
1=Yes 2=No

23. Does your chest ever sound wheezy or whistling :
- a. when you have a cold? (1=Yes 2=No) ☐ MED2-46
 - b. occasionally apart from colds? (1=Yes 2=No) ☐ MED2-47
 - c. most days? (1=yes 2=No) ☐ MED2-48
 - d. most nights? (1=Yes 2=No) ☐ MED2-49
24. Have you ever had an attack of wheezing that has made you feel short of breath?
1=Yes 2=No ☐ MED2-50
25. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?
1=Yes 2=No (*Go to Question 30*) 3=unable to walk (*Go to Question 30*) ☐ MED2-51
26. Do you have to walk slower than people of your age on the level because of breathlessness?
1=Yes 2=No ☐ MED2-52
27. Do you ever have to stop for breath when walking at your own pace on the level?
1=Yes 2=No ☐ Med 2-53
28. Do you ever have to stop for breath after walking about 100 yards (the length of a football field) or after a few minutes on the level?
1=Yes 2=No ☐ MED2-54
29. Are you too breathless to leave the house or breathless on dressing or undressing?
1=Yes 2=No ☐ MED2-55
30. Did you have any lung trouble before the age of 16?
1=Yes 2=No ☐ MED2-56
31. Have you ever been told you snore?
1=Yes 2=No ☐ MED2-57

IF THE PARTICIPANT IS MALE, GO TO ROSE QUESTIONNAIRE

IF THE PARTICIPANT IS FEMALE, GO TO NEXT PAGE AND CHECK HERE MC_____

REPRODUCTION AND HORMONE USE (WOMEN ONLY)

ID number:

 IDNO

"The following questions are related to your childbearing organs".

1. Did you breast feed your last child for at least one month ? ☐ REP2-1
1 = yes 2 = no 3 = never had a living baby

2. Have you ever been told that your blood sugar was high during any of the pregnancies ? ☐ REP2-2
1 = yes 2 = no 3 = never been pregnant

3. Have your menstrual cycles stopped permanently ? ☐ REP2-3
1 = yes 2 = no (*go to Question 6*)

4. How old were you when your periods stopped completely ? *Indicate the age in years.* REP2-4

5. Was your menopause natural or did you have surgery ? ☐ REP2-5
1 = Natural 2 = surgery

- If surgery, was only your uterus removed? (1=yes 2=no 9=unknown) ☐ REP2-6

6. Have you ever used birth control pills? ☐ REP2-7
1 = yes 2 = no

- "ESTROGEN is a female hormone that may be taken after a hysterectomy or menopause."

7. Except for birth control pills, have you ever taken estrogen (*either pills, as a patch or by shot*) for any reason? (Often called premarin: maybe either purplish brown or yellow football shaped pills once a day) ☐ REP2-8
1 = yes 2 = no (*go to next section*)

- a. If "YES," are you still taking estrogen? (1 = yes 2 = no) ☐ REP2-9

- b. Why do(did)you use estrogen ? (1 = yes 2 = no 9=unknown)

- i. post surgery (hysterectomy and removal of ovaries) ☐ REP2-10
- ii. relief of menopause symptoms ☐ REP2-11
- iii. prevent bone loss ☐ REP2-12
- iv. protect against heart disease ☐ REP2-13
- v. doctor's advice ☐ REP2-14

8. How old were you when you started using estrogen? *Indicate the age in years.* REP2-16

9. How many years altogether did you take estrogen? *Specify the duration in years.* REP2-17

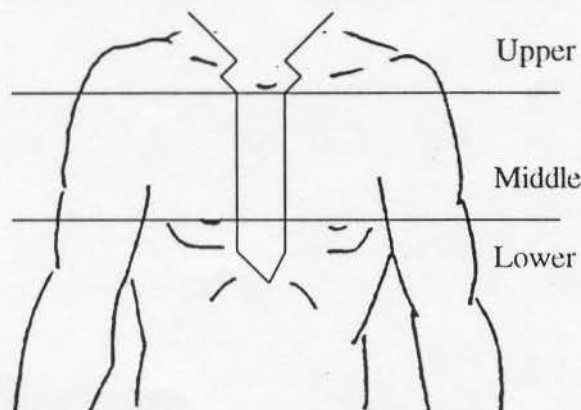
ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

ID number:

IDNO

Section A: Chest Pain on Effort

1. Have you ever had any pain or discomfort in your chest?
1 = yes 2 = no (go to Section C) ☐ ROSE21
2. Do you get it when you walk uphill, upstairs or hurry?
1 = Yes 2 = No (go to Section B)
3 = Never hurries or walks uphill or upstairs ☐ ROSE2-1
3. Do you get it when you walk at an ordinary pace on the level?
1 = Yes 2 = No ☐ ROSE2-2
4. What do you do if you get it while you are walking?
1 = Stop or slow down 2 = Carry on (go to Section B)
(Record "stop or slow down" if subject carries on after taking nitroglycerine.) ☐ ROSE2-3
5. If you stand still, what happens to it ?
1 = Relieved 2 = Not relieved (go to Section B.) ☐ ROSE2-4
6. How soon ?
1 = 10 minutes or less 2 = More than 10 minutes (go to Section B.) ☐ ROSE2-5
7. Will you show me where it was ? (Record all areas mentioned. Use the diagram below to show the location if participant cannot tell exactly.)
1 = yes 2 = no ☐ ROSE2-6



Sternum (upper or middle)

Sternum (lower)

Left anterior chest

Left arm

☐ ROSE2-7a

☐ ROSE2-7b

☐ ROSE2-7c

☐ ROSE2-7d

Other: _____

☐ ROSE2-7e

8. Do you feel it anywhere else ?
1 = Yes 2 = No
If "YES," record additional information : _____ ☐ ROSE2-8

Section B: Possible Infarction

9. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? ☐
1 = Yes 2 = No ROSE2-9

Section C: Intermittent Claudication

10. Do you get pain in either leg on walking ? ☐
1 = Yes 2 = No (Go to Question 19) ROSE2-10
11. Does this pain ever begin when you are standing still or sitting ? ☐
1 = Yes (Go to Question 19) 2 = No ROSE2-11
12. In what part of your leg did you feel it ? ☐
1 = Pain includes calf/calves
2 = Pain does not include calf/calves (Go to Question 19) ROSE2-12

If calves not mentioned, ask: Anywhere else and specify: _____

13. Do you get it if you walk uphill or hurry ? ☐
1 = Yes 2 = No (Go to Question 19)
3 = Never hurries or walks uphill ROSE2-13
14. Do you get it if you walk at an ordinary pace on the level ? ☐
1 = Yes 2 = No ROSE2-14
15. Does the pain ever disappear while you are walking ? ☐
1 = Yes (Go to Question 19) 2 = No ROSE2-15
16. What do you do if you get it when you are walking ? ☐
1 = Stop or slow down 2 = Carry on (Go to Question 19) ROSE2-16
17. What happens to it if you stand still ? ☐
1 = Relieved 2 = Not Relieved (go to Question 19) ROSE2-17
18. How soon ? ☐
1 = 10 minutes or less 2 = More than 10 minutes ROSE2-18

*** END OF ROSE QUESTIONNAIRE ***

19. Code number of person completing this form

20. Date of data collection

									code
									DOC
mo			day			yr			

**THE STRONG HEART STUDY II
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS**

**Morbidity Survey
Medical Records Abstract**

Medical charts (IHS and/or other community hospitals) of all Phase I patients reporting a heart attack, stroke, or other vascular event will be reviewed. These events include ICD-9 codes: 402, 410 to 414, 427,428,430-438, 518.4.

ID number:

IDNO

Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SSN

Were either of the following events diagnosed since January 1, 1989?

1. Possible Myocardial Infarction (events with codes 402, 410 to 414, 427,428, 518.4)? ☐ MRA1
1=yes, *fill out the NEWMI form for each event*
2=no.
2. Possible Stroke (events with codes 430-438)? ☐ MRA2
1=yes, *fill out the NEWSTROKE form for each event*
2=no.

IF THE ANSWERS OF 1 AND 2 ARE BOTH "NO", STOP HERE

Abstractor code

CODE

Date abstract completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	

DOC

THE STRONG HEART STUDY II CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

PERSONAL INTERVIEW FORM I

ID number:

IDNO

Community name:

COMNAME

Community Code:

CC

Social Security Number:

SSN

A. DEMOGRAPHIC INFORMATION:

1. What is your full name (*Last, middle, first*) and date of birth?

Last:

INT12-1

Middle:

int12-2

First:

INT12-3

Date of birth (mo/day/yr)

BIRTHDAY

2. To which IHS and non-IHS Hospital/Clinic do you usually go? *List the one they go to most often first. Give names and codes.*

Hospital

Chart number

IHS
(1=Yes, 2=No)

Hospital Code

a.

IHSN01

IHS1

INT12-4

b.

IHSN02

IHS2

INT12-5

c.

IHS3

INT12-6

d.

IHS4

INT12-7

e.

IHS5

INT12-8

f.

IHS6

INT12-30

3. What is your husband's/wife's name? (*If divorced or widowed, draw two lines over boxes*)

Last:

INT12-9

Middle:

INT12-10

First:

INT12-11

4. Did he/she also participate in the Strong Heart Study examination?
1=yes, 2=no ☐ INT12-12
5. Did any of your relatives also participate in the Strong Heart Study examination?
1=yes 2=no 9=unknown. If yes, please tell us his/her name:
- | Relatives | Name (<i>first, last</i>) | yes/no |
|----------------------|-----------------------------|-----------------------------------|
| Parents | _____ | <input type="checkbox"/> INT12-13 |
| Brother | _____ | <input type="checkbox"/> INT12-14 |
| Sister | _____ | <input type="checkbox"/> INT12-15 |
| Children | _____ | <input type="checkbox"/> INT12-16 |
| Other blood relative | _____ | <input type="checkbox"/> INT12-29 |
6. What is your current mailing address?
- a. Street/PO Box _____ INT12-17
- b. City/town _____ INT12-18
- c. County _____ INT12-19
- d. State and zip code _____ INT12-20 _____ INT12-21
7. What is your residential address? (*If different from mailing address*)
- a. Street Number _____ INT12-22
- b. City/town _____ INT12-23
- c. State and zip code _____ INT12-24 INT12-25
8. What is your home or evening telephone number and area code?
(*Draw line through boxes if no phone*) _____ INT12-26
9. What is your work or daytime telephone number and area code?(*Draw line through boxes if no phone or if it is the same as above*) _____ INT12-27
10. Where do you want your Strong Heart Study results sent? ☐ INT12-28

**THE STRONG HEART STUDY - PHASE II
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS**

PERSONAL INTERVIEW FORM II

ID number:

IDNO

Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SSN

11. What is your marital status?

INT22-1

Enter up to 3 options with the most recent one in the left most box.

1= never married 4= separated

2= currently married 5= widowed

3= divorced

6= POSSLQ (Person of Opposite Sex Sharing Living Quarters)

B. TOBACCO:

12. Do you smoke tobacco for ceremonial purposes ?

INT22-3

1 = yes 2 = no 9 = unknown

13. Do you smoke cigarettes now?

INT22-4

1= yes 2= no (*Skip to Question 20*)

14. On the average, how many cigarettes do you usually smoke a day?

INT22-5

Indicate the number of cigarettes smoked daily

00= Less than one cigarette per day

99= Unknown

15. Would you like to quit smoking cigarettes?

INT22-6

1=yes 2=no

16. Do you plan to make any changes in your smoking cigarettes habit in the next 12 months?

INT22-7

1=yes 2=no (*Skip to Question 17*)

If "YES," which of the following are you planning to do?

INT22-8

1=Quit completely

2=Try to quit

3=Cut down on number of cigarettes smoked

4=Switch to lower "tar" or "nicotine" cigarettes

5=Other, specify: _____

17. During the past year have you quit smoking cigarettes?

INT22-9

including short term attempts for one day

1=yes 2=no

If "YES," how many times in the past 12 months have you attempted to quit AND were able to stay off cigarettes for a week or more?

INT22-10

18. Has a doctor or health professional ever advised you to quit smoking cigarettes? ☐ INT22-11
1=yes 2=no
19. Have you participated in one or more quit smoking programs in the past 12 months? ☐ INT22-12
1=yes 2=no

CURRENT CIGARETTES SMOKERS SKIP TO WEIGHT CONTROL QUESTIONS

20. How many years ago did you quit smoking ? ☐☐ INT22-13
00 = never smoked 100 cigarettes during lifetime.
21. Did you quit smoking in the last 5 years? ☐ INT22-14
1=yes, 2=no (*skip to SECTION C*)

If quit in last 5 years ask:

- a. Before you quit, how many times did you attempt to quit and were able to stay off cigarettes for a week or more? ☐☐ INT22-15
- b. What was the main reason you quit? (*choose one only*) ☐ INT22-16
1=Doctor's advice 2=Health concerns
3=Expenses 4=Per family pressure
5=Other, specify: _____
- c. When you finally quit smoking, did you quit with outside help or on your own? ☐ INT22-17
1=with outside help, how: _____
2=on my own

C. WEIGHT CONTROL: The next few questions are about efforts to lose weight.

22. Are you now trying to lose weight : ☐ INT22-18
1 = yes 2 = no (*Go to Section D*)
8 = unknown/unsure 9 = refused
23. Are you eating fewer calories to lose weight ? ☐ INT22-19
1 = yes 2 = no 8 = unknown/unsure 9 = refused
24. Have you increased your physical activity to lose weight ? ☐ INT22-20
1 = yes 2 = no 8 = unknown/unsure 9 = refused
25. Has a doctor or health professional ever advised you to lose weight ? ☐ INT22-29
1=yes 2=no

- D. ALCOHOL:
"The next few questions are about the use of wine, beer, or liquor, including all kinds of alcoholic beverages".

READ THE FOLLOWING TO THE PARTICIPANT:

"We are asking these questions about alcohol, because we think alcohol consumption may be related to heart disease. We want to assure you that this information is strictly confidential and that we are not trying to judge your drinking habits and do not intend to report them to anyone."

26. How long ago did you last drink any kind of alcoholic beverage?
Indicate number of days, months, or years since their last drink.

Number of days _____
(if they drank today, fill in zero in days)

INT22-21

OR

Number of months _____
(if they drank this month, fill in zero in months)

INT22-22

OR

Number of years _____
(if they drank this year, fill in zero in years)

INT22-23

If NEVER DRANK ALCOHOL, fill in 88. If one or more years, skip to Question 32.

27. How many drinks of alcoholic beverages do you have in a typical week?
Enter 1 for occasional drinkers.

INT22-24

1 qt. of beer = 2.5 drinks

1 pt. of beer = 1.5 drinks

1 pt. of wine = 4 drinks

1 qt. of wine = 8 drinks

0.5 gal. of wine = 16 drinks

1 pt. of hard liquor = 12 drinks

One-fifth of hard liquor = 19 drinks

1 case of beer (12 oz. cans) = 24 drinks

6 pack of beer (12 oz. cans) = 6 drinks

*Add up the total number of drinks in a typical week and fill them in the box in Question 28.
Round up to nearest whole number if fraction is greater than or equal to 0.5.*

28. On how many days in a typical month do you have at least one drink?
Indicate number of days per month.

INT22-2

29. On the days when you drank any liquor, beer or wine, about how many drinks do you have on the average? *Indicate number of drinks per day.*

INT22-26

30. How many times during the past month did you have 5 or more drinks on an occasion?
Indicate times per month.. Enter zero if subject has quit drinking more than one month ago.

INT22-27

31. How many times during the past year did you have 5 or more drinks on an occasion? *Indicate times per year. Enter zero if subject has quit drinking more than one year ago.* INT22-28

E. PERCEIVED STRESS

In the **past month**, how often have you (*Questions 32-38*):
(1=Not at all 2=Rarely 3=Sometimes 4=Often 5=Most of the time)

32. been upset because of something that happened unexpectedly? INT22-30
33. felt nervous or "stressed"? INT22-31
34. dealt well with irritating life hassles? INT22-32
35. felt that things were going your way? INT22-33
36. felt unable to control irritations in your life? INT22-34
37. felt that you were on the top of things? INT22-35
38. felt difficulties or problems were piling up so high that you could not handle them? INT22-36

F. PHYSICAL ACTIVITY

39. Since the last SHS exam have you ever spent any time confined to a bed or chair for greater than one month as a result of an injury or an illness?
1=yes 2=no (*Go to Question 41*) INT22-37
40. If "Yes," how many **months** did confinement to a bed or chair last? INT22-38
41. Have you had any difficulty getting in or out of a bed or chair? (1=Yes, 2=No) INT22-39
42. During a typical day (including time spent both at work and at home), how long do you usually spend,
- a) sleeping at night? Hours: Minutes: INT22-42
- b) napping during the day? Hours: Minutes: INT22-43
- c) walking ? Hours: Minutes: INT22-44
- d) carry/lifting moderate or heavy loads (including children)? Hours: Minutes: INT22-45
43. Did you change your physical activity since the first Strong Heart exam ? INT22-46
1=yes 2=no
- If "Yes," 1=increased 2=decreased INT22-47

G. BOARDING SCHOOL

44. Did you ever attend boarding school?
1=Yes 2=No (*Skip to Question 46*)

☐ INT22-40

45. If "Yes," for how many years? (*Enter number of years*)
99=Not applicable

☐ ☐ INT22-41

H. DENTURE AND EATING PROBLEMS

46. How many natural teeth do you have?
1=all 2=most
3=some 4=none

☐ INT22-48

47. Describe how you eat (*Choose ONE*):
1=I use natural teeth to eat.
2=The natural teeth I have don't help me eat at all
3=I have natural teeth and a denture or partial. I use them both together to eat.
4=I use dentures to eat.
5=I chew with my gums.

☐ INT22-49

48. Rate your ability to chew food (*Choose ONE*)
1=Good 2=Fair 3=Poor

☐ INT22-50

I. FAMILY INCOME:

49. Which of the following categories best describes your annual **household** income from all sources? *Please show a list.*

☐ INT22-51

1= less than 5,000 6= 25,000 to 35,000
2= 5,000 to 10,000 7= 35,000 to 50,000
3= 10,000 to 15,000 8= over 50,000
4= 15,000 to 20,000 9= don't know/not sure
5= 20,000 to 25,000 0= refused

J. ADMINISTRATIVE INFORMATION:

50. How reliable was the participant in completing the questionnaire?
1= very reliable 4= very unreliable
2= reliable 5= uncertain
3= unreliable

☐ INT22-52

51. Interviewer

52. Date

☐ ☐ ☐ CODE
☐ ☐ / ☐ ☐ / ☐ ☐ DOC
mo day yr

THE STRONG HEART STUDY PHASE II

PHYSICAL EXAMINATION

ID number:

IDNO

Social Security Number:

--	--	--	--	--	--	--	--

SSN

Before examinations start, check TOBACCO AND CAFFEINE USE

"Tobacco, alcohol, caffeine and activity levels can change the results of the exams and laboratory tests we will do today. Because of this, we will ask you a few questions."

1. Have you smoked or used chewing tobacco or snuff within the last 4 hours ? ☐ EX2-1
 1= yes 2= no (*Skip to Question 2*)
- a. How long ago did you last smoke or last use chewing tobacco or snuff?
 Specify the lag by hours. ☐ EX2-2
- b. If less than an hour, specify the minutes. EX2-3
2. Did you consume more than 5 alcoholic drinks in the past 24 hours? (1=Yes, 2=No) ☐ EX2-5
3. Did you perform vigorous physical activity in the past 24 hours? (1=Yes, 2=No) ☐ EX2-6

"We are going to ask you not to smoke or use chewing tobacco until you have completed your visit with us today. We do this so that your test results are not affected by tobacco use. If you must use tobacco, please tell us that you did before you leave."

4. Have you had any coffee, tea, caffeinated soft drink or chocolate within the last 4 hours ? ☐ EX2-4
 1=yes 2=no (*Skip to Section I*)
- a. How long ago did you last have any coffee, tea, caffeinated soft drink or
 chocolate? Specify the lag by hours ☐ EX2-4A
- b. If less than an hour, specify the minutes EX2-4B

I. STANDING MEASUREMENT: With shoes removed, heavy articles from pockets removed, and participant standing, measurements should not be made over gown or scub suit. Fractions less than 0.5 will be omitted, and fractions greater than or equal to 0.5 will be rounded up to the next higher unit.

5. Height in CENTIMETERS (cm) (Optional: _____inches) EX2-7
6. Weight in KILOGRAMS(kg) (Optional: _____pounds) EX2-8
7. Hip circumference in CENTIMETERS (cm) (Optional: _____inches) EX2-9

II. SITTING MEASUREMENT

8. Right arm circumference, measured in centimeters (cm)
Midway between acromium and olecranon EX2-10
9. Cuff size (arm circumference in brackets)
1= Pediatric (under 24cm) 3= Large arm (33-41cm)
2= Regular arm (24-32cm) 4= Thigh (>41cm) EX2-11
10. Pulse obliteration pressure EX2-14
- A. FIRST BLOOD PRESSURE MEASUREMENT
(After 5 minutes in sitting position - right arm)
11. Systolic, Phase I - first sound EX2-15
12. Diastolic, Phase V - first silence in a series of at least two silences
(If Phase V did not appear, record Phase IV) EX2-16
- B. SECOND BLOOD PRESSURE MEASUREMENT *(after raising the arm for 5 seconds and resting it on the table for another 25 seconds)*
13. Systolic, Phase I - first sound EX2-17
14. Diastolic, Phase V - first silence in a series of at least two silences
(If Phase V did not appear, record Phase IV) EX2-18
- C. THIRD BLOOD PRESSURE MEASUREMENT *(after raising the arm for 5 seconds and resting it on the table for another 25 seconds)*
15. Systolic, Phase I - first sound EX2-19
16. Diastolic, Phase V - first silence in a series of at least two silences
(If Phase V did not appear, record Phase IV) EX2-20
17. Were the above blood pressures taken from LEFT arm because of missing right arm or some other reason ? EX2-21
1=yes, If yes, specify: _____
2=no
18. Recorder ID (For the SHS staff who took BPs): EX2-12
19. Time of day *(Please use military time, hour:minute)* : EX2-13

D. EXAMINATION OF THE CHEST

20. Examination of the lungs (Use the following codes to fill in the table)

1=clear
2=rales

3=rhonchi
4=both

LOCATION	Right Posterior Lung	Left Posterior Lung
Apex	EX2-26	EX2-29
Mid	EX2-27	EX2-30
Lower	EX2-28	EX2-31

E. EXAMINATION OF NECK VEINS, BRUITS (CAROTID)

21. a. Left (1=distended 2=flat) ☐ EX2-22
b. Right (1=distended 2=flat) ☐ EX2-23
22. a. Right carotid bruit (1=present 2=absent) ☐ EX2-24
b. Left carotid bruit (1=present 2=absent) ☐ EX2-25

III. SUPINE MEASUREMENTS

23. Right femoral bruit: 1=Present 2=Absent 3=Missing limbs ☐ EX2-72
24. Left femoral bruit: 1=Present 2=Absent 3=Missing limbs ☐ EX2-73
25. Waist measurement at umbilicus, in CENTIMETERS (cm) EX2-61
(Optional: _____ inches)
26. Evidence of chest surgery or chest deformity ? ☐ EX2-67
1=Yes 2=No (*Skip to Section A*)
- a. If "Yes," ask: "Did you have lung surgery?" ☐ EX2-83
1=Yes 2=No (*Skip to b*)
- If "Yes," when and where? EX2-84
mo day yr

hospital/clinic: _____

- If "Yes," what type of surgery? ☐ EX2-85
1=Lobe of lung removed
2=Entire lung removed
3=other, specify: _____

b. Did you have heart surgery? ☐ EX2-86
 1=Yes 2=No (skip to Section A)

If "Yes," which surgery have you had?

i. Bypass? 1=Yes 2=No ☐ EX2-87

If "Yes," when and where?
 (Record the most recent)

/ / EX2-88
 mo day yr

hospital/clinic _____

ii. Valvular repair/replacement? 1=Yes 2=No ☐ EX2-89

If "Yes," when and where?
 (Record the most recent)

/ / EX2-90
 mo day yr

hospital/clinic _____

iii. Pacemaker? 1=Yes 2=No ☐ EX2-91

If "Yes," when and where?
 (Record the most recent)

/ / EX2-92
 mo day yr

hospital/clinic _____

iv. Other? 1=Yes 2=No ☐ EX2-93

Specify: _____

If "Yes," when and where?
 (Record the most recent)

/ / EX2-94
 mo day yr

hospital/clinic _____

A. ECG AND IMPEDANCE MEASUREMENT

27. Electrocardiogram reading (preliminary reading from ECG machine) ☐ EX2-62

1= Normal 4= Otherwise normal
 2= Abnormal 9= Unclassified
 3= Borderline

28. Impedance measurement

a. Resistance EX2-63

b. Reactance EX2-64

c. Taken on left side because of amputation? (1=yes, 2=no) ☐ EX2-65

d. Not taken because of amputation (1=yes, 2=no) ☐ EX2-66

B. PEDAL PULSES AND EDEMA

For the following items (29 to 32), use the following codes for findings:

1=present, 2 = absent, 3 = missing limbs.

- | | | | |
|-----|---|--------|--------------------------|
| 29. | Right posterior tibial pulse | EX2-68 | <input type="checkbox"/> |
| 30. | Right dorsalis pedis pulse | EX2-69 | <input type="checkbox"/> |
| 31. | Left posterior tibial pulse | EX2-70 | <input type="checkbox"/> |
| 32. | Left dorsalis pedis pulse | EX2-71 | <input type="checkbox"/> |
| 33. | Pedal edema
(1=absent, 2=mild, 3=marked, above midpoint between malleolus and patella) | EX2-82 | <input type="checkbox"/> |

C. DOPPLER BLOOD PRESSURE

Doppler blood pressure is measured in the posterior tibial artery. If not audible, use dorsalis pedis. If neither is audible, record zero. Record 999 if participant refuses or if blood pressure is not taken for a medical reason or amputation. Record 888 if you cannot obliterate.

34. Right arm Doppler blood pressure - brachial artery
Use left arm if left arm was used for standard blood pressure reading.

- | | | | |
|----|--|--------|----------------------|
| a) | First systolic B.P. measurement | EX@-80 | <input type="text"/> |
| b) | Second systolic B.P. measurement (<i>no waiting time needed</i>) | EX2-81 | <input type="text"/> |

35. Right ankle Doppler blood pressure

- | | | | |
|----|--|--------|----------------------|
| a) | First systolic B.P. measurement | EX2-74 | <input type="text"/> |
| b) | Second systolic B.P. measurement (<i>no waiting time needed</i>) | EX2-75 | <input type="text"/> |
| c) | Location: 1=posterior tibial 2=dorsalis pedis | EX2-76 | <input type="text"/> |

36. Left ankle Doppler blood pressure

- | | | | |
|----|--|--------|----------------------|
| a) | First systolic B.P. measurement | EX2-77 | <input type="text"/> |
| b) | Second systolic B.P. measurement (<i>no waiting time needed</i>) | EX2-78 | <input type="text"/> |
| c) | Location: 1=posterior tibial 2=dorsalis pedis | EX2-79 | <input type="text"/> |

D. EXAMINATION OF EXTREMITIES FOR AMPUTATIONS

37. Are any extremities missing ?
 1=yes, *fill out the questions in the following table.*
 2=no, *skip to SECTION IV.*

EX2-32

☐

If "YES" to amputation , Code the cause of amputation:

1 = Diabetes

4 = Other, please specify

2 = Trauma

9 = Unknown

3 = Congenital

Extremities	Yes / No	Cause	Comment
a. Right arm	EX2-33	EX2-34	
b. Right hand	EX2-35	EX2-36	
c. Right finger(s)	EX2-37	EX2-38	
How many:	EX2-39 <input type="checkbox"/>		
d. Left arm	EX2-40	EX2-41	
e. Left hand	EX2-42	EX2-43	
f. Left fingers	EX2-44	EX2-45	
How many:	EX2-46 <input type="checkbox"/>		
g. Right leg above knee	EX2-47	EX2-48	
h. Right leg below knee	EX2-49	EX2-50	
i. Right foot/toes	EX2-51	EX2-52	
How many:	EX2-53 <input type="checkbox"/>		
j. Left leg above knee	EX2-54	EX2-55	
k. Left leg below knee	EX2-56	EX2-57	
l. Left foot/toe	EX2-58	EX2-59	
How many:	EX2-60 <input type="checkbox"/>		

IV. ADMINISTRATIVE INFORMATION

38. Code number of person completing this form

CODE

39. Date of data collection

 / /

mo

day

yr

DOC

THE STRONG HEART STUDY II

Quality of Life¹

ID Number:

IDNO

Social Security Number:

SSN

How is this questionnaire administered? (1=By interviewer, 2=By self, 3=Refused)

QUA0

1. In general, would you say your health is:

(Circle One Number)

- Excellent..... 1
- Very good..... 2
- Good 3
- Fair..... 4
- Poor 5

2. Compared to one year ago, how would you rate your health in general now?

(Circle One Number)

QUA1

- Much better now than one year ago 1
- Somewhat better now than one year ago..... 2
- About the same 3
- Somewhat worse now than one year ago 4
- Much worse now than one year ago 5

The following items are about activities you might do during a typical day. Does **your health now** limit you in these activities? If so, how much?

(Circle One Number on Each Line)

- | | Yes,
Limited
a Lot | Yes,
Limited
a Little | No,
Not Limited
at All | |
|--|--------------------------|-----------------------------|------------------------------|------|
| 3. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports | 1 | 2 | 3 | QUA3 |
| 4. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 | 2 | 3 | QUA4 |
| 5. Lifting or carrying groceries | 1 | 2 | 3 | QUA5 |
| 6. Climbing several flights of stairs | 1 | 2 | 3 | QUA6 |
| 7. Climbing one flight of stairs | 1 | 2 | 3 | QUA7 |
| 8. Bending, kneeling, or stooping | 1 | 2 | 3 | QUA8 |

1. Questions adopted from the RAND 36-Item Health Survey 1.0.

		(Circle One Number on Each Line)		
		Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
9.	Walking more than a mile	1	2	3 QUA9
10.	Walking several blocks	1	2	3 QUA10
11.	Walking one block	1	2	3 QUA11
12.	Bathing or dressing yourself	1	2	3 QUA12

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

		(Circle One Number on Each Line)	
		<u>Yes</u>	<u>No</u>
13.	Cut down the amount of time you spent on work or other activities.....	1	2 QUA13
14.	Accomplished less than you would like.....	1	2 QUA14
15.	Were limited in the kind of work or other activities.....	1	2 QUA15
16.	Had difficulty performing the work or other activities (for example, it took extra effort).....	1	2 QUA16

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

		(Circle One Number on Each Line)	
		<u>Yes</u>	<u>No</u>
17.	Cut down the amount of time you spent on work or other activities	1	2 QUA17
18.	Accomplished less than you would like.....	1	2 QUA18
19.	Didn't do work or other activities as carefully as usual.....	1	2 QUA19
20.	During the past 4 weeks , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?		

(Circle One Number)	
Not at all.....	1 QUA20
Slightly	2
Moderately	3
Quite a bit.....	4
Extremely	5

21. How much **bodily** pain have you had during the **past 4 weeks**?

QUA21

(Circle One Number)

- None..... 1
- Very mild..... 2
- Mild 3
- Moderate..... 4
- Severe..... 5
- Very severe..... 6

22. During the **past 4 weeks**, how much did pain interfere with your normal work (including both work outside the home and housework)?

QUA22

(Circle One Number)

- Not at all 1
- A little bit 2
- Moderately 3
- Quite a bit 4
- Extremely..... 5

These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks** (Circle One Number on Each Line)

		All of the <u>Time</u>	Most of the <u>Time</u>	A Good Bit of <u>the Time</u>	Some of the <u>Time</u>	A Little of the <u>Time</u>	None of the <u>Time</u>	
23.	Did you feel full of pep?	1	2	3	4	5	6	QUA23
24.	Have you been a very nervous person?	1	2	3	4	5	6	QUA24
25.	Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6	QUA25
26.	Have you felt calm and peaceful?	1	2	3	4	5	6	QUA26
27.	Did you have a lot of energy?.....	1	2	3	4	5	6	QUA27
28.	Have you felt downhearted and blue?	1	2	3	4	5	6	QUA28
29.	Did you feel worn out?	1	2	3	4	5	6	QUA29
30.	Have you been a happy person?	1	2	3	4	5	6	QUA30
31.	Did you feel tired?.....	1	2	3	4	5	6	QUA31

32. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

QUA32

(Circle One Number)

- | | |
|---------------------------|---|
| All of the time..... | 1 |
| Most of the time | 2 |
| Some of the time..... | 3 |
| A little of the time..... | 4 |
| None of the time..... | 5 |

How TRUE or FALSE is each of the following statements for you?

(Circle One Number on Each Line)

- | | Definitely
<u>True</u> | Mostly
<u>True</u> | Don't
<u>Know</u> | Mostly
<u>False</u> | Definitely
<u>False</u> | |
|---|---------------------------|-----------------------|----------------------|------------------------|----------------------------|-------|
| 33. I seem to get sick a little easier than other people..... | 1 | 2 | 3 | 4 | 5 | QUA33 |
| 34. I am as healthy as anybody I know..... | 1 | 2 | 3 | 4 | 5 | QUA34 |
| 35. I expect my health to get worse..... | 1 | 2 | 3 | 4 | 5 | QUA35 |
| 36. My health is excellent..... | 1 | 2 | 3 | 4 | 5 | QUA36 |

37. Interviewer's code

CODE

38. Date (mo/day/yr)

/ /
mo day yr DATE

THE STRONG HEART STUDY II

RISK FACTOR KNOWLEDGE QUESTIONS

ID Number

IDNO

1. How is this questionnaire administered?
 1=By interviewer
 2=By self
 3=Refused

☐ RISK1

This is a list of things which may or may not affect a person's chances of getting heart disease. After you read each one, answer as to how much you think it affects a person's chances of getting heart disease.

0
Does Not
Increase Risk

1
Increases
Risk

9
Don't Know
/Not Sure

2. Cigarette Smoking?

☐ RISK2

3. High Cholesterol?

☐ RISK3

4. High Blood Pressure?

☐ RISK4

5. Diabetes?

☐ RISK5

6. Worry, Anxiety, or Stress?

☐ RISK6

7. Being very overweight?

☐ RISK7

8. Eating a diet high in animal fat?
 (For example, foods that contain red meat, cheese, butter, lard, etc.)

☐ RISK8

9. Family history of heart disease?

☐ RISK9

10. Not exercising regularly?

☐ RISK10

11. Interviewer's code

CODE

12. Date completed (mo/day/yr)

// DOC

THE STRONG HEART STUDY II

SPIELBERGER - AX

ID Number

IDNO

1. How is this questionnaire administered?
 1=By interviewer
 2=By self
 3=Refused

☐ SPIEL1

A number of statements which people have used to describe themselves when they feel angry or furious are given below (Q2-Q21). Please read each statement and then indicate how often you feel or act in the manner described when you are angry.

1
Rarely
or Never

2
Sometimes

3
Often
or Always

4
Almost
Always

When I feel angry . . .

2. I control my temper.
3. I express my anger.
4. I keep my feelings to myself.
5. I make threats I don't really mean to carry out.
6. I withdraw from people when I'm angry.
7. I give people "the silent treatment" when I'm angry.
8. I make hurtful remarks to others.
9. I keep my cool.
10. I do things like slam doors when I'm angry.
11. I boil inside, but I don't show it.
12. I argue with others.
13. I hold grudges that I don't tell anyone about.
14. I strike out (emotionally or physically) at whatever makes me angry.

☐ SPIEL2
☐ SPIEL3
☐ SPIEL4
☐ SPIEL5
☐ SPIEL6
☐ SPIEL7
☐ SPIEL8
☐ SPIEL9
☐ SPIEL10
☐ SPIEL11
☐ SPIEL12
☐ SPIEL13
☐ SPIEL14

Please read each statement and then indicate how often you feel or act in the manner described when you are angry.

1
Rarely
or Never

2
Sometimes

3
Often
or Always

4
Almost
Always

15. I am more critical of (judge or find fault with) others than I let people know.

☐ SPIEL15

16. I get angrier than I usually admit.

☐ SPIEL16

17. I calm down faster than most other people.

☐ SPIEL17

18. I say mean things.

☐ SPIEL18

19. I am irritated (frustrated, annoyed) much more than people are aware of.

☐ SPIEL19

20. I lose my temper.

☐ SPIEL20

21. If someone bothers (frustrates, irritates) me, I am likely to tell him/her.

☐ SPIEL21

22. Interviewer's code

☐☐☐ CODE

23. Date completed (mo/day/yr)

☐☐/☐☐/☐☐ DOC

THE STRONG HEART STUDY II **PHYSICAL EXAMINATION -- QC DUPLICATE MEASUREMENT**

Standing and Sitting Measurement

ID number:

IDNO

Social Security Number:

--

SSN

I. STANDING MEASUREMENT: With shoes removed, heavy articles from pockets removed, and participant standing, measurements should not be made over gown or scrub suit. Fractions less than 0.5 will be omitted, and fractions greater than or equal to 0.5 will be rounded up to the next higher unit.

1. Height in CENTIMETERS (cm)

POC01

2. Weight in KILOGRAMS (kg)

POC02

3. Hip circumference, in CENTIMETERS (cm)

POC03

II. SITTING MEASUREMENT

4. Right arm circumference, measured in CENTIMETERS (cm)
Midway between acromium and olecranon

POC04

5. Cuff size (arm circumference in brackets)

POC05

1= Pediatric (under 24cm)

3= Large arm (33-41cm)

2= Regular arm (24-32cm)

4= Thigh (>41cm)

6. Pulse obliteration pressure

POC08

A. FIRST BLOOD PRESSURE MEASUREMENT
(After 5 minutes in sitting position - right arm)

7. Systolic, Phase I - first sound

POC09

8. Diastolic, Phase V - first silence in a series of at least two silences
(If Phase V did not appear, record Phase IV)

POC10

B. SECOND BLOOD PRESSURE MEASUREMENT *(after raising the arm for 5 seconds and resting it on the table for another 25 seconds)*

9. Systolic, Phase I - first sound

POC11

10. Diastolic, Phase V - first silence in a series of at least two silences
(If Phase V did not appear, record Phase IV)

POC12

C. **THIRD BLOOD PRESSURE MEASUREMENT** (after raising the arm for 5 seconds and resting it on the table for another 25 seconds)

11. Systolic, Phase I - first sound

--	--	--

POC13

12. Diastolic, Phase V - first silence in a series of at least two silences
(If Phase V did not appear, record Phase IV)

--	--	--

POC14

13. Were the above blood pressures taken from LEFT arm because of missing right arm or some other reason ?

--

POC15

1=yes, If yes, specify _____
2=no

14. Recorder ID:

--	--	--

POC06

15. Time of day (Please use military time, hour:minute)

		:		
--	--	---	--	--

POC07

16. Date of data collection

		/			/		
mo			day			yr	

DOC

THE STRONG HEART STUDY PHASE II PHYSICAL EXAMINATION -- QC DUPLICATE MEASUREMENT

Supine Measurement

ID number:

IDNO

Social Security Number:

--	--	--	--	--	--	--	--

SSN

I. SUPINE MEASUREMENT

1. Waist measurement at umbilicus, in centimeters (cm)

POC2-1

2. Impedance measurement

a. Resistance

POC2-2a

b. Reactance

POC2-2B

c. Taken on left side because of amputation? (1=yes, 2=no)

POC2-2C

d. Not taken because of amputation (1=yes, 2=no)

POC2-2D

DOPPLER BLOOD PRESSURE

Doppler blood pressure is measured in the posterior tibial artery. If not audible, use dorsalis pedis. If neither is audible, record zero. Record 999 if participant refuses or if blood pressure is not taken for a medical reason or amputation. Record 888 if you cannot obliterate.

3. Right ankle Doppler blood pressure

a) First systolic B.P. measurement

POC2-3A

b) Second systolic B.P. measurement (*no waiting time needed*)

POC2-3B

c) Location: 1=posterior tibial 2=dorsalis pedis

POC2-3C

4. Left ankle Doppler blood pressure

a) First systolic B.P. measurement

POC2-4A

b) Second systolic B.P. measurement (*no waiting time needed*)

POC2-4B

c) Location: 1=posterior tibial 2=dorsalis pedis

POC2-4C

For item 5, use left arm if left arm is used for standard blood pressure reading.

5. Right arm Doppler blood pressure - brachial artery

a) First systolic B.P. measurement

--	--	--

POC2-5A

b) Second systolic B.P. measurement (*no waiting time needed*)

--	--	--

POC2-5B

II. ADMINISTRATIVE INFORMATION

6. Code number of person completing this form

--	--	--

CODE

7. Date of data collection

--	--

mo

--	--

day

--	--

yr

DOC

THE STRONG HEART STUDY II

TUBERCULOSIS AND COCCIDIOIDOMYCOSIS TUBERCULIN SKIN TEST AND COCCI SKIN TEST

ID Number

IDNO

A. TUBERCULOSIS AND TUBERCULIN SKIN TEST

1. History of Active Tuberculosis and Tuberculin Skin Test

a. History of TB by medical record review :

☐ TB1

1=Yes

2=No

3=Medical record not available or complete 4=Uncertain

b. History of TB by personal interview, "Did a medical person ever tell you that you had active tuberculosis?"

☐ TB2

1=Yes

2=No

3=Uncertain

c. If "Yes" in a or b, "what was the year of diagnosis?"

Fill in year of diagnosis, 99=unknown. Skip to Section 4.

TB3

d. If "No" or "Uncertain" in a or b, ask participant: "Have you ever had a positive TB skin test?"

☐ TB4

1=Yes

2=No

3=Uncertain

Verify PPD results in medical record and fill out Section 2 below.

2. Results of tuberculin test - Recorded from chart review

a. Date of last test

/ / TB5
mo day yr

b. If available, record induration (in mm). if not recorded, draw one line through the boxes.

TB6

Comments regarding previous PPD testing: _____

c. Interpretation:

1=Positive (≥ 10 mm or PPD positive) (Go to section 4)

2=Negative (< 10 mm or PPD negative)

3=Uncertain (PPD not read)

☐ TB7

If unable to verify positive results, offer to repeat PPD

If "Positive" in Medical Records, go to B if in AZ, or to next section if in OK or N/SD.

3. Results of Tuberculin Test - OFFER AS PART OF SHS TO PARTICIPANTS WHO HAVE NO HISTORY OF TB AND NEGATIVE PPD TEST OVER 2 YEARS AGO OR POSITIVE OR UNCERTAIN PPD HISTORY WITH NO MEDICAL RECORD VERIFICATION

- a. Did participant refuse the TB skin test? 1=YES, 2=NO
If participant refused TB skin test, GO TO Section B.

☐ TB8

1st TB test:

- b. Date of administration (left arm preferred)

/ / TB9
mo day yr

Initial site given right arm _____

left arm _____

- c. Induration in mm. If unable to read skin test fill in 99. ^{TB10}

TB11

TB12

If <10mm induration, repeat PPD 7 days after the first test unless participant had negative skin test within the last 2 years..

- d. Reading date

/ / TB13
mo day yr

- e. Reader's initials: _____

2nd TB test (To be given at least 1 week after the first test):

- b. Date of administration (left arm preferred)

/ / TB14
mo day yr

Initial site given right arm _____

left arm _____

- c. Induration in mm. If unable to read skin test fill in 99. ^{TB15}

TB16

TB17

- d. Reading date

/ / TB18
mo day yr

- e. Reader's initials: _____

4. If PPD is positive or history of TB is positive, did participant complete preventive therapy or curative therapy? (*Adequate preventive treatment is at least 6 months of INH. Adequate curative treatment is at least 6 months with 2 or more TB medication*)
 1=Yes 2=No (Complete a & b) 9=Uncertain

☐ TB19

- a. If no, would participant be willing to take preventive therapy prescribed by a medical professional?
 1=Yes 2=No 9=Uncertain

☐ TB20

- b. Referral written for service unit follow-up?
 1=Yes 2=No

☐ TB21

If PPD is positive and the patient never completed preventive therapy or was never adequately treated for active TB, refer for evaluation by TB control program if he/she is willing to take preventive therapy. A chest x-ray is indicated before starting a patient on preventive therapy but is not indicated for asymptomatic patients who have completed preventive therapy or therapy for active TB or for those who refuse preventive therapy, unless symptoms of TB develop.

5. Coder

CODE

6. Date completed

/ / DOC
 mo day yr

B. Coccidioidomycosis and Cocci Skin Test (Arizona participants only)1. Results of cocci test - *Recorded from chart review*

a. Date of last test

mo		day		yr	

COC1

b. If available, record induration (in mm). if not recorded, draw one line through the boxes.

--	--

COC2

Comments regarding previous cocci testing: _____

c. Interpretation:

1=Positive (≥ 10 mm or cocci positive)2=Negative (< 10 mm or cocci negative)

3=Uncertain (cocci not read)

--

COC3

2. History of coccidioidomycosis by medical record review

1=Yes

2=No

3=Medical record not available or complete 4=Uncertain

--

COC4

3. Has a medical person ever told you that you had Valley Fever?

1=YES

2=NO

9=Unknown/Uncertain

--

COC5

*Offer cocci skin test to participants who have no history of coccidioidomycosis or Vally Fever and negative cocci skin test over 2 years ago.*4. Is Cocci skin test given? (*Right arm preferred*)

1=Yes

2=No

3=Refused

--

COC6

If "YES," Administration Date

mo		day		yr	

COC7

Initial site given:

right arm COC8 left arm COC9

5. Induration of cocci skin test (in mm).

--	--

COC10

6. Reading Date

mo		day		yr	

COC11

7. Reader's initials: _____

Participants with history of Vally Fever or positive cocci skin tests should be advised to seek medical care if they develop fever, cough or other pulmonary symptoms. No other specific treatment is indicated.

8. Coder

--	--	--

CODE

9. Date completed (mo/day/yr)

mo		day		yr	

DOC

THE STRONG HEART STUDY II

Ultrasonographer Data Form

Strong Heart Study ID Number	<input type="text"/>	SHSID
Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SSN
Date of Examination (mo/day/yr)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXAM DAY

1. Ultrasonographer ID Number ULT 1
2. Videocassette Number ULT 2
3. Tape sequence Number ULT 3
4. Have you ever been told that you had gallstones?
1=Yes 2=No 9=Unknown ULT 4
5. Have you ever had gallbladder surgery?
1=Yes 2=No 9=Unknown ULT 5
6. Including your last meal and any snacks, at what time did you last have anything to eat?
Military Time: : ULT 6
Day: 1 = Today 2=Yesterday ULT 7
7. Time now (*please use military time*) (hh:mm) : ULT 9
8. Presence of surgical scar
 - a. Right upper quadrant 1=Yes 2=No ULT 8A
 - b. Epigastrium or periumbilical area 1=Yes 2=No ULT 8B
 - c. Laparoscopic scars 1=Yes 2=No ULT 8C

Ultrasonographic Findings

9. Portal vein at liver hilum on transverse scan? ☐ ULT 10
 1=Yes 2=No 9=Unable to observe
10. Liver margin on longitudinal scan? ☐ ULT 11
 1=Yes 2=No 9=Unable to observe
11. Intrahepatic right portal vein on longitudinal scan? ☐ ULT 12
 1=Yes 2=No 9=Unable to observe
12. Anterior gallbladder wall thickness in mm (on longitudinal scan) ☐ ULT 13
If unable to observe, fill in 99.
13. Can gallbladder be observed? ☐ ULT 15
 1=Yes 2=No (Skip to Question 20)
14. Were gallstones found? ☐ ULT 16
 1=Yes (Echogenic clumps with shadowing in 2 views)
 2=No (Gallbladder visible, no echo clumps)
 3=No conclusion (Gallbladder clumps that shadow on only one view)
15. If "YES," how many gallstones were there? ☐ ULT 17
 1=Single 2=Multiple
16. Measurement of largest echo clump (in mm) ULT 21
Fill in 0 if no clump was found, 99 if unable to observe.
17. Was gallbladder wall calcified? (Dense shadowing from gallbladder wall, exclusive of gallstones) ☐ ULT 18
 1=Yes 2=No
If "Yes," attach still image and send with video tape.
18. Were cholesterol polyps found? ☐ ULT 19
 (Echogenic clumps attached to gallbladder wall without shadowing that do not move)
 1=Yes 2=No
19. Was gallbladder sludge observed? ☐ ULT 20
 (Echogenic clumps without shadowing that move)
 1=Yes 2=No

20. Were any other abnormal findings identified?
1=Normal 2=Abnormal

☐ ULT 27

If "Abnormal," describe: _____

21. Results of Examination:
1=Test done 2=Test incomplete 3=Test not done

☐ ULT 28

22. Reasons Test Incomplete or Not Done
1=Ultrasound malfunction
2=VCR malfunction
3=Insufficient time
4=Examinee refused or uncooperative
5=Examinee medically excluded by staff for safety
6=Examinee unable to physically cooperate
7=Positive history of gallbladder surgery and visible right upper quadrant scar

☐ ULT 29

23. Comments?
1=Yes 2=No

☐ COM.

If "Yes," Comments: _____
