

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

PERSONAL INTERVIEW II

SHS I.D.: |_I_|_D_|_N_|_O_|_|_|_|

SHS Family I.D.: |_F_|_A_|_M_|_I_|_D_|_|_|_|

BASIC INFORMATION:1. Gender: Male |__| 1 Female |__| 2 INT15_52. Date of Birth: |__|_|_|/|__|_|_|/|__|_|_|_|_| INT15_6
month day year3. What is your marital status? |__| INT15_7
Current

1 = Never married	5 = Widowed
2 = Currently married	6 = Adult roommate/partner/significant
3 = Divorced	other
4 = Separated	

Since we know the years of education may be a risk factor for some diseases, we need to ask about the years of education you have completed.

4. How many years of education have you completed? |__|_|_|_| INT15_35
0-12 = Vo-tech or years of school (Vo-tech/GED = 12)
14 = Junior college 16 = Bachelors
18 = Masters 19 = Law degree
20 = Doctorate 999 = Unknown**WEIGHT SATISFACTION:**5. Are you satisfied with your present weight? INT25_1Yes |__| 1 (**go to Q8**) No |__| 2 Unknown/unsure |__| 96. Do you want to lose or gain weight: Lose |__| 1 Gain |__| 2 INT25_2

7. How do you plan to do this? Less More No change

a) Eating |__| 1 |__| 2 |__| 3 INT25_3b) Physical activity |__| 1 |__| 2 |__| 3 INT25_4c) Medication Yes |__| 1 No |__| 2 INT25_5d) Other, specify: **INT25_7** Yes |__| 1 No |__| 2 INT25_6

8. How often did you drink diet drinks, like diet Coke, diet Pepsi, diet Dr. Pepper, diet lemonade or diet iced tea, etc., in the PAST WEEK? **(Please check only one.)** **INT25_8**
- | | | |
|------------------|--------------------------------|----------------------------------|
| 0 = Never | 3 = Three to four times a week | 6 = More than once a day |
| 1 = Once a week | 4 = Five to six times a week | 9 = Don't know or can't remember |
| 2 = Twice a week | 5 = Everyday | |

9. How often do you use artificial sweeteners to sweeten your drinks, such as coffee or tea? **(Please check only one.)** **INT25_9**
- 0 = Never **(go to Q11)** 1 = Occasionally 2 = Often 3 = Always

10. If you ever use artificial sweeteners, what type do you use? If uncertain of type, ask for packet color. **(Please check all that apply.)**
- a) Saccharin, such as Sweet 'N Low (usually in a pink packet) Yes 1 No 2 **INT25_10a**
- b) Sucralose, such as Splenda (usually in a yellow packet) Yes 1 No 2 **INT25_10b**
- c) Aspartame, such as Equal or NutraSweet (usually in a blue packet) Yes 1 No 2 **INT25_10c**
- d) Other, such as Cyclamate, Weight Watchers or Acesulfame Potassium, like Sunett Yes 1 No 2 **INT25_10d**
- e) Don't know, don't care Yes 1 No 2 **INT25_10e**

FAMILY INCOME:

11. Does your household income meet your family's needs?
 Yes 1 No 2 Unsure 9 **INT25_11**
12. Are you going to school? Yes 1 No 2 **INT25_12**
13. How many hours per week do you work at a job or jobs that pay you a salary or wage? *(Fill in number of hours)* **INT25_26**
14. Which of the following categories best describes your annual **household** income from all sources? *Please show a list.*
INT25_27
- | | | | | | |
|------------------|----------------------------|------------------|----------------------------|---------------------|----------------------------|
| Less than 5,000 | <input type="checkbox"/> 1 | 20,000 to 25,000 | <input type="checkbox"/> 5 | Don't know/not sure | <input type="checkbox"/> 9 |
| 5,000 to 10,000 | <input type="checkbox"/> 2 | 25,000 to 35,000 | <input type="checkbox"/> 6 | Refused | <input type="checkbox"/> 0 |
| 10,000 to 15,000 | <input type="checkbox"/> 3 | 35,000 to 50,000 | <input type="checkbox"/> 7 | | |
| 15,000 to 20,000 | <input type="checkbox"/> 4 | Over 50,000 | <input type="checkbox"/> 8 | | |

20. On the occasions that your smoking increased, how many total cigarettes do/did you smoke per day? |__| |__| |__| INT25_43
21. Do you smoke cigarettes now? Yes |__| 1 No |__| 2
(If No, go to Q23) INT25_30
22. If you currently smoke, would you like to change your smoking habit? INT25_44
Yes |__| 1 No |__| 2
(If No, go to Q23)
- a) If yes, would you prefer to... Yes No
- i) Reduce the number of cigarettes per day |__| 1 |__| 2 INT25_45
- ii) Switch to lower "tar" or "nicotine" cigarettes |__| 1 |__| 2 INT25_46
- iii) Use nicotine patch/chewing gum/medications |__| 1 |__| 2 INT25_47
- iv) Quit |__| 1 |__| 2 INT25_48
- v) Other, specify: INT25_50 |__| 1 |__| 2 INT25_49
23. Do you use chewing tobacco/snuff now? Yes |__| 1 No |__| 2 INT25_59
(If No, go to Q25)
24. If yes, how many times a day do you use it? INT2559A times/day (Enter 0 if less than once a day or use sporadically.)

PASSIVE SMOKING:

25. Whether or not you smoke, on the average, how many hours a day are you exposed to the smoke of others? |__| |__| |__| INT25_63
(If none fill in 0; enter 1 for 30 minutes or more, enter 0 if less than 30 minutes.)

ALCOHOL:

**PLEASE READ THE FOLLOWING TO THE PARTICIPANT:
ALCOHOL QUESTIONS**

The next few questions are about the use of wine, beer or liquor, including all kinds of alcoholic beverages. We are asking these questions about alcohol because we think alcohol consumption may be related to heart disease. We assure you that this information is strictly confidential and that we are not judging your drinking habits and do not intend to report them to anyone. GIVE DRINKS CHART TO PARTICIPANT. Sometimes it's hard to count drinks, so here is a chart to show you what we mean. REVIEW CHART WITH PARTICIPANT: READ IF NECESSARY.

One whole 12 ounces can of beer = 1 drink
A whole six-pack of beer = 6 drinks
One case of beer = 24 drinks
One quart of beer = 2.5 drinks
One pint of beer = 1.3 drinks
One 40 ounces of beer = 3.3 drinks
A glass (4 ounces) of wine = 1 drink
One pint (16 ounces) of wine = 4 drinks
One quart (32 ounces) of wine = 8 drinks
A shot or gulp of straight hard liquor, like whiskey = 1 drink
One pint (16 ounces) of hard liquor = 12 drinks
One quart (32 ounces) of hard liquor = 24 drinks
A full glass of a mixed drink, like everclear in punch = 1 drink

26. Have you ever consumed alcoholic beverages? INT25_64
 Yes 1 No 2 **(go to Q33)**
- a) If "YES," when was your last drink? *(Choose only one)* INT25_65
- 1 Within the last week
- 2 Within the last month
- 3 Within the last year. Number of months |_|_|_| INT25_66
- 4 More than a year ago **(go to Q33)**
27. How many alcoholic drinks do you have in a typical week? |_|_|_| INT25_67
28. How many days in a typical month do you have at least one drink?
(Indicate the number of days per month.) |_|_|_| INT25_68
29. On the days when you drink any liquor, beer or wine, about how many drinks do you have, on average? *(Indicate number of drinks per day.)* |_|_|_| INT25_69
 (# of Drinks)
30. When you drink more than your usual amount, how many **total** drinks do you have? |_|_|_| INT25_70
 (# of Drinks)
- a) How many times in a month? |_|_|_| INT25_71
 (# Times/Month)

31. 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.*) |__|__|__| INT25_73
32. How many times during the **PAST YEAR** did you have 5 or more drinks on an occasion? |__|__|__| INT25_74

PERCEIVED STRESS

In the past month, how often have you (Q33-39):

- | | Not at all | Rarely | Sometimes | Often | Most of the time | Not Sure | |
|--|------------|--------|-----------|-------|------------------|----------|----------|
| 33. been upset because of something that happened unexpectedly? | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 9 | INT25_75 |
| 34. felt nervous or "stressed"? | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 9 | INT25_76 |
| 35. dealt with irritating life hassles? | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 9 | INT25_77 |
| 36. felt that things were going your way? | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 9 | INT25_78 |
| 37. felt unable to control irritations in your life? | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 9 | INT25_79 |
| 38. of things? | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 9 | INT25_80 |
| 39. felt difficulties or problems were piling up so high that you could not handle them? | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 9 | INT25_81 |
| 40. On the average, how much time per day do you watch TV? | | | | | __ __ : __ __ | | INT25_82 |
| | | | | | hours minutes | | |

ADMINISTRATIVE INFORMATION:

41. How reliable was the participant in completing the questionnaire?
- Very reliable |__| 1 Reliable |__| 2 Unreliable |__| 3 **INT25_83**
- Very unreliable |__| 4 Uncertain |__| 5
425. Did the participant complete **ALL** or **PART** of the interview? **INT_STAT**
- Yes, completed **ALL** or **PART** of the interview |__| 1
- No, refused **ALL** questions |__| 2
43. Interviewer code: |__|__|__| **INT_CODE**
44. Interview date: |__|__|/|__|__|/|__|__|__|__| **INT_DATE**
- month day year

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

MEDICAL HISTORY

SHS I.D.: |_I_|_D_|_N_|_O_|_|_|_|_|

SHS Family I.D.: |_F_|_A_|_M_|_I_|_D_|_|_|_|_|

IS THE PARTICIPANT FEMALE?

Yes |_|_| 1

No |_|_| 2

GENDER**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?”

1. a) High blood pressure?

Yes |_|_| 1 No |_|_| 2 Only during pregnancy |_|_| 3 Unknown |_|_| 9 **MED5_1**

b) If “YES,” how old were you when you were first told by a medical person that you had high blood pressure (for women, not during pregnancy)?

Indicate the actual age. Don’t know = 999 |_|_|_|_| **MED5_2**

c) If “YES,” are you taking any medication to control your blood pressure?

Yes |_|_| 1 No |_|_| 2 Unknown |_|_| 9 **MED5_2A**

YES

NO

UNKNOWN

2. Arthritis?

|_|_| 1 |_|_| 2 |_|_| 9 **MED5_3**

3. Any fractures associated with brittle bone disease or osteoporosis?

|_|_| 1 |_|_| 2 |_|_| 9 **MED5_4**a) If “YES,” where? _____ **MED5_4A**

4. Rheumatic heart disease?

|_|_| 1 |_|_| 2 |_|_| 9 **MED5_5**

5. Gallstones?

|_|_| 1 |_|_| 2 |_|_| 9 **MED5_6**

6. Cancer, including leukemia and lymphoma?

|_|_| 1 |_|_| 2 |_|_| 9 **MED5_7**a) If “YES,” specify type of cancer: _____ **MED5_7A**

HEART PROBLEMS:

12. Have you had a heart catheterization? Yes 1 No 2 Unknown 9 **MED5_29**

(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.)

a) If "YES," when and where (*most recent*)? / / **MED5_29D**
month day year

i) hospital/clinic: _____ **MED5_29P**

13. Have you ever had an angioplasty (balloon, PCTA or Stent procedure)?

Yes 1 No 2 Unknown 9 **MED5_30**

a) If "YES," when and where (*most recent*)? / / **MED5_30D**
month day year

i) hospital/clinic: _____ **MED5_30P**

14. Have you ever had a diagnostic exercise test or Chemical Stress test to check your heart?

Yes 1 No 2 Unknown 9 **MED5_31**

a) If "YES," when and where? / / **MED5_31D**
month day year

i) hospital/clinic: _____ **MED5_31P**

Has a doctor ever told you that you had any of the following conditions?

*(If more than one episode, enter information for the **MOST RECENT.**)*

15. Congestive heart failure? Yes 1 No 2 Unknown 9 **MED5_32**

a) If "YES," when and where? / / **MED5_32D**
month day year

i) hospital/clinic: _____ **MED5_32P**

b) If "YES," do you still have heart failure now? Yes 1 No 2 Unknown 9 **MED5_32N**

iii) Pacemaker? Yes 1 No 2 Unknown 9 **MED5_40**

If "YES," when and where (*most recent*)? /||/|||| **MED5_40D**
month day year

hospital/clinic: _____ **MED5_40P**

iv) Other? Yes 1 No 2 **MED5_41**

If "YES," when and where (*most recent*)? ||/|||/|||| **MED5_41D**
month day year

Please specify: _____ **MED5_41A**

hospital/clinic: _____ **MED5_41P**

20. Are you taking aspirin daily to prevent a heart attack or a stroke? **MED5_42**

Yes 1 No 2 Unknown 9

ADMINISTRATIVE INFORMATION:

21. Did the participant complete **ALL** or **PART** of the interview? **MED_STAT**

Yes, completed **ALL** or **PART** of the interview 1

No, refused **ALL** questions 2

IS THE PARTICIPANT **FEMALE**? **GENDER**

Yes 1 (*GO TO REPRODUCTION AND HORMONE USE*)

No 2 (*GO TO ROSE QUESTIONNAIRE*)

22. Interviewer code: ||| **INT_CODE**

23. Interview date: ||/|||/|||| **INT_DATE**
month day year

THE STRONG HEART STUDY V
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS
REPRODUCTION AND HORMONE USE (WOMEN ONLY)

SHS I.D.: | | | | | | | | |SHS Family I.D.: | | | | | | | | |

“The following questions are related to your childbearing history and childbearing organs.”

(For Q1 – Q4, use 999 for Unknown.)

1. How many times have you been pregnant (gravidity)? | | | |**REP5_1**
(If never pregnant, go to Q12.)
2. How many of your pregnancies resulted in a live birth (parity)? | | | |**REP5_2**
3. How many living children do you have? | | | |**REP5_3**
4. How many pregnancies did you lose (including miscarriage or stillbirth)? | | | |**REP5_4**

Preeclampsia (pree-i-CLAMP-see-ah), also called toxemia, is a condition that typically starts after the 20th week of pregnancy and is related to increased blood pressure and protein in the mother’s urine.

5. Did you develop hypertension during your first pregnancy?
 Yes | | 1 No | | 2 Not sure | | 3 **REP5_43**
6. During that (first) pregnancy, were you told you had preeclampsia, toxemia or protein in your urine? *(If BOTH Q5 and Q6 are NO go to Q8.)*
 Yes | | 1 No | | 2 **REP5_44**
7. How many weeks pregnant were you when you were first diagnosed with hypertension or preeclampsia *(full term pregnancy is about 40 weeks, use 999 for unknown)?*
 | | | | **REP5_45**
8. Approximately how many cigarettes/day did you smoke during your pregnancy *(enter “0” if you did not smoke, use 999 for unknown)?*
 | | | | **REP5_46**
9. Did you have preeclampsia, toxemia, or both hypertension and protein in your urine in one or more subsequent pregnancies?
 Yes | | 1 No | | 2 Not sure | | 3 **REP5_47**
10. Did you ever have eclampsia, i.e. a seizure (convulsion or “fit”) along with hypertension during a pregnancy or around the time of delivery?
 Yes | | 1 No | | 2 Not sure | | 3 **REP5_48**
11. Did your mother or sister ever have preeclampsia?
 Yes | | 1 No | | 2 Not sure | | 3 **REP5_49**
12. Have you ever used birth control pills?
 Yes | | 1 No | | 2 Not sure | | 3 **REP5_5**
(If NO or NOT SURE, go to Q13.)

- a) Are you still using birth control pills? Yes 1 No 2 **REP5_6**
- b) How old were you when you started to use birth control pills?
Indicate the age in years. 999 = unknown |||**REP5_7**
- c) How many years altogether did you use them? ||**REP5_8**
*Specify the duration **in years**. 0 = less than 6 months, 1 = 6–12 months, 999 = unknown.*
13. Have you ever had a birth control implant (such as Norplant)?
- Yes 1 No 2 Not sure 3 **REP5_9**
(If NO or NOT SURE, go to Q14.)
- a) Are you still using a birth control implant? Yes 1 No 2 **REP5_10**
- b) How old were you when you started to use a birth control implant?
Indicate the age in years. 999 = unknown, can't remember ||| **REP5_11**
- c) How many years altogether did you use it? ||| **REP5_12**
*Specify the duration **in years**. 0 = less than 6 months, 1 = 6-12 months, 999 = unknown.*
14. Have you ever used birth control shots (such as Depo Provera)? **REP5_42**
- Yes 1 No 2 Not sure 3
(If NO or NOT SURE, go to Q15.)
- a) Are you still using birth control shots? Yes 1 No 2 **REP5_42A**
- b) How old were you when you started to use birth control shots?
Indicate the age in years. 999 = unknown, can't remember |||**REP5_42B**
- c) How many years altogether did you use them? |||**REP5_42C**
*Specify the duration **in years**. 0 = less than 6 months, 1 = 6-12 months, 999 = unknown.*
15. How old were you when you started to have regular menstrual cycles (periods)?
Indicate the age in years. 999 = unknown ||| **REP5_13**
16. Have your menstrual cycles (periods) stopped? Yes 1 No 2 **(go to Q17) REP5_14**
- a) If "YES," have they stopped for 12 months or more? Yes 1 No 2 **(go to Q17) REP5_15**
- i) How old were you when your periods stopped completely?
Indicate the age in years. 999 = unknown, can't remember ||| **REP5_16**

- ii) Did your periods stop naturally, or because of surgery or hormone use, or for some other reason?
- Natural 1 (**go to Q17**) REP5_17
- Surgery 2
- Hormonal 3 (**go to Q17**)
- Other, specify: _____ REP5_17A 4 (**go to Q17**)

- iii) If **SURGERY**, were both of your ovaries removed?
- Yes 1 No 2 Unknown 9 REP5_18

“ESTROGEN and PROGESTERONE are types of female hormones that may be taken for many reasons, including after a hysterectomy or menopause, to regulate your periods or for any other reasons.”

17. Except for birth control pills, have you ever taken estrogen – either pills, as a patch or by shot – for any reason?
- Yes 1 No 2 Not sure 3 REP5_19
(If **NO** or **NOT SURE**, go to Q25.)
18. How old were you when you started using estrogen? Indicate age in years. REP5_20
19. How many years altogether did you take estrogen? Specify duration in years. REP5_21
(If less than 3 months, record 0. If more than 3 months but less than 1 year, record 1.)
20. Do/Did you use estrogen for (answer all applicable)
- | | YES | NO | NOT SURE | |
|---|----------------------------|----------------------------|----------------------------|----------|
| a) post surgery (hysterectomy and removal of ovaries) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | REP5_22 |
| b) relief of menopause symptoms | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | REP5_23 |
| c) prevent bone loss | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | REP5_24 |
| d) protect against heart disease | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | REP5_25 |
| e) doctor's advice | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | REP5_26 |
| f) other: _____ REP5_26B | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | REP5_26A |
21. Do/Did you take progesterone in addition to, or in combination with, your estrogen treatment?
- Yes 1 No 2 Not sure 3 REP5_26C
22. What form of estrogen are you taking? Is it a pill, patch, shot or other type?
- pill 1 patch 2 shot 3 other 4 Not sure 5 REP5_27

23. Are you still taking estrogen? Yes 1 (*go to Q25*) No 2 (*go to Q24*) REP5_28
24. Why did you stop taking estrogen? YES NO UNKNOWN
- a) Caused bleeding 1 2 9 REP5_29
- b) Made breasts tender 1 2 9 REP5_30
- c) Made you feel bloated 1 2 9 REP5_31
- d) Made you feel "funny," didn't like the way you felt 1 2 9 REP5_32
- e) Do not like taking any medicines 1 2 9 REP5_33
- f) Too expensive 1 2 9 REP5_34
- g) Doctor's advice 1 2 9 REP5_35
- h) Concerned about long-term side effects 1 2 9 REP5_36
- i) Other: _____ REP5_37A 1 2 9 REP5_37
25. Other than in combination with estrogens, have you ever taken progesterone by itself for any reason?
 Yes 1 No 2 Not sure 3 REP5_38
 (*If NO or NOT SURE, go to Q29.*)
26. How old were you when you started using progesterone? *Indicate age in years.* ||| REP5_39
27. How many years altogether did you take progesterone? *Specify duration in years.* ||| REP5_40
 (*If less than 3 months, record 0. If more than 3 months, but less than 1 year, record 1.*)
28. Are you still taking progesterone? Yes 1 No 2 REP5_41

ADMINISTRATIVE INFORMATION:

29. Did the participant complete **ALL** or **PART** of the interview? REP_STAT
- Yes, completed **ALL** or **PART** of the interview 1
- No, refused **ALL** questions 2
30. Interviewer Code: ||| INT_CODE
31. Interview date: |||/|||/||||| INT_DATE
 month day year
-

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

ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

SHS I.D.: |_I_|_D_|_N_|_O_|_|_|_|_|

SHS Family I.D.: |_F_|_A_|_M_|_I_|_D_|_|_|_|_|

Chest Pain on Effort

1. Have you ever had any pain or discomfort in your chest? Yes |__|₁ **ROSE5_1**

No |__|₂ (**go to Q10**)

2. Do you get it when you walk uphill, upstairs or hurry? Yes |__|₁ **ROSE5_2**

No |__|₂ (**go to Q9**)

Never hurries or walks uphill or upstairs |__|₃

Unable to walk |__|₄ (**go to Q9**)

3. Do you get it when you walk at an ordinary pace on the level? Yes |__|₁ No |__|₂ **ROSE5_3**

4. What do you do if you get it while you are walking? Stop or slow down |__|₁ **ROSE5_4**

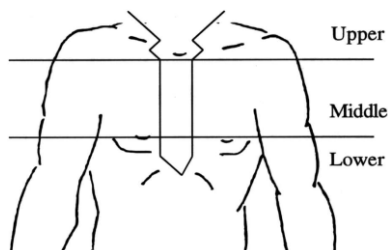
(Record "stop or slow down" if subject carries on after taking nitroglycerine.)

Carry on |__|₂ (**go to Q9**)

5. If you stand still, what happens to it? Relieved |__|₁ Not relieved |__|₂ (**go to Q9**) **ROSE5_5**

6. How soon? 10 minutes or less |__|₁ More than 10 minutes |__|₂ (**go to Q9**) **ROSE5_6**

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.)



Sternum (upper or middle) |__|₁ |__|₂ **ROSE5_7A**

Sternum (lower) |__|₁ |__|₂ **ROSE5_7B**

Left anterior chest |__|₁ |__|₂ **ROSE5_7C**

Left arm |__|₁ |__|₂ **ROSE5_7D**

Other: ROSE57EA |__|₁ |__|₂ **ROSE5_7E**

8. Do you feel it anywhere else? Yes |__|₁ No |__|₂ **ROSE5_8**

If "YES," record additional information : _____ **ROSE5_8A**

Possible Infarction

9. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

Yes |1 No |2 **ROSE5_9**

Intermittent Claudication

10. Do you get pain in either leg on walking?

Yes |1 **ROSE5_10**
 No |2 (*go to Q19*)
 Unable to walk |3 (*go to Q19*)

11. Does this pain ever begin when you are standing still or sitting?

Yes |1 (*go to Q19*) **ROSE5_11**
 No |2

12. In what part of your leg did you feel it?

Pain includes calf/calves |1 **ROSE5_12**

Pain does not include calf/calves |2

If calves not mentioned, ask: "Anywhere else?" *Please specify:*

ROSE512A

_____ (*go to Q19*)

13. Do you get it if you walk uphill or hurry?

Yes |1 **ROSE5_13**
 No |2 (*go to Q19*)
 Never hurries or walks uphill |3

14. Do you get it if you walk at an ordinary pace on the level?

Yes |1 No |2 **ROSE5_14**

15. Does the pain ever disappear while you are walking?

Yes |1 (*go to Q19*) No |2 **ROSE5_15**

16. What do you do if you get it when you are walking?

Stop or slow down |1 **ROSE5_16**

Carry on |2 (*go to Q19*)

17. What happens to it if you stand still?

Relieved |1 **ROSE5_17**

Not Relieved |2 (*go to Q19*)

18. How soon?

10 minutes or less |1

More than 10 minutes |2

ROSE5_18

ADMINISTRATIVE INFORMATION:

19. Did the participant complete **ALL** or **PART** of the interview?

RS5_STAT

Yes, completed **ALL** or **PART** of the interview |1

No, refused **ALL** questions |2

20. Interviewer code:

____|____|____| **INT_CODE**

21. Interview date:

____|____|/|____|____|/|____|____|____| **INT_DATE**
 month day year

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

PHYSICAL EXAMINATION

SHS I.D.: |_I_|_D_|_N_|_O_|_|_|_|_|

SHS Family I.D.: |_F_|_A_|_M_|_I_|_D_|_|_|_|_|

EXAMINATION OF EXTREMITIES FOR AMPUTATIONS

1. Are any extremities missing? Yes |__|₁ No |__|₂ (*go to Q2*) **EX5_9**

If "YES" to amputation, please code the cause of amputation:

1 = Diabetes

4 = Other, please specify

2 = Trauma

9 = Unknown

3 = Congenital

Extremities	Check if Missing	Cause	If Other, please specify
a) Right arm	EX5_10	EX5_11	EX5_11A _____
b) Right hand	EX5_12	EX5_13	EX5_13A _____
c) Right finger(s)	EX5_14	EX5_15 # missing	EX5_16 EX5_16A _____
d) Left arm	EX5_17	EX5_18	EX5_18A _____
e) Left hand	EX5_19	EX5_20	EX5_20A _____
f) Left finger(s)	EX5_21	EX5_22 # missing	EX5_23 EX5_23A _____
g) Right leg above knee	EX5_24	EX5_25	EX5_25A _____
h) Right leg below knee	EX5_26	EX5_27	EX5_27A _____
i) Right foot	EX5_28	EX5_29	EX5_29A _____
j) Right toe(s)	EX5_30	EX5_31 # missing	EX5_32 EX5_32A _____
k) Left leg above knee	EX5_33	EX5_34	EX5_34A _____
l) Left leg below knee	EX5_35	EX5_36	EX5_36A _____
m) Left foot	EX5_37	EX5_38	EX5_38A _____
n) Left toe(s)	EX5_39	EX5_40 # missing	EX5_41 EX5_41A _____

BLOOD PRESSURE

2. Right arm circumference, measured in centimeters (cm) |_|_|_|_| **EX5_42**
Midway between acromion and olecranon.

3. Cuff size (arm circumference in brackets) Pediatric (under 24cm) |__|1 **EX5_43**
 Regular arm (24 – 32cm) |__|2
 Large arm (33 – 41cm) |__|3
 Thigh (>41cm) |__|4

4. Pulse obliteration pressure |__|__|__| **EX5_44**

5. Seated Blood Pressure: **Systolic BP** **Diastolic BP**
- a) **First** Blood Pressure Measurement |__|__|__| **EX5_45** |__|__|__| **EX5_46**
- b) **Second** Blood Pressure Measurement |__|__|__| **EX5_47** |__|__|__| **EX5_48**
- c) **Third** Blood Pressure Measurement |__|__|__| **EX5_49** |__|__|__| **EX5_50**

6. Were the above blood pressures taken from RIGHT arm? Yes |__|1 **EX5_51**

No |__|2

Specify: _____ **EX5_51A**

7. Recorder ID (For the SHS staff who took BP): |__|__|__| **EX5_52**

ANTHROPOMETRIC MEASUREMENTS:

(Take off shoes and remove heavy objects from pockets.)

- | | METRIC SYSTEM
(centimeters/kilograms) | ENGLISH SYSTEM
(inches/pounds) |
|---|---|--|
| 8. Height (Standing) _____ | __ __ __ centimeters EX5_53 | __ __ __ inches EX5_54 |
| 9. Weight (Standing) _____ | __ __ __ kilograms EX5_55 | __ __ __ pounds EX5_56 |
| 10. Hip circumference (Standing) _____ | __ __ __ centimeters EX5_57 | __ __ __ inches EX5_58 |
| 11. Waist measurement at umbilicus (Supine) | __ __ __ centimeters EX5_59 | __ __ __ inches EX5_60 |

PEDAL PULSES AND EDEMA

- | | PRESENT | ABSENT | MISSING LIMBS | UNABLE TO ASSESS | |
|----------------------------------|--------------|------------|---------------|------------------|---------------|
| 12. Right posterior tibial pulse | __ 1 | __ 2 | __ 3 | __ 9 | EX5_61 |
| 13. Right dorsalis pedis pulse | __ 1 | __ 2 | __ 3 | __ 9 | EX5_62 |
| 14. Left posterior tibial pulse | __ 1 | __ 2 | __ 3 | __ 9 | EX5_63 |
| 15. Left dorsalis pedis pulse | __ 1 | __ 2 | __ 3 | __ 9 | EX5_64 |
| 16. Pedal edema | Absent __ 1 | Mild __ 2 | Marked __ 3 | | EX5_65 |

IMPEDANCE MEASUREMENT

17. a) Was impedance taken? Yes |1 **(go to b)** No |2 **EX5_66**

if No, due to:
(go to Q18)

Amputation |1 **EX5_66A**
Wound/dressing |2
Cast |3
Dialysis shunt |4
Refusal |8

b) Taken on right side? Yes |1 **(go to c)** No |2 **EX5_67**

if No, due to:

Amputation |1 **EX5_67A**
Wound/dressing |2
Cast |3
Dialysis shunt |4
Refusal |8

c) Resistance ||| **EX5_68**

d) Reactance ||| **EX5_69**

DOPPLER BLOOD PRESSURE

Doppler blood pressure is measured in the posterior tibial artery. If not audible, use dorsalis pedis. Use left arm if left arm was used for standard blood pressure reading.

0 = neither posterior tibial artery nor dorsalis pedis artery was audible.
888 = participant refuses or if blood pressure is not taken for a medical reason or amputation.
999 = unable to obliterate (over 250 mmHg).

	Right arm	Right ankle	Left ankle
18. a) First systolic B.P.	EX5_70	EX5_71	EX5_72
b) Second systolic B.P.	EX5_73	EX5_74	EX5_75
c) Location	Posterior tibial EX5_76 ₁	Posterior tibial EX5_77 ₁	
	Dorsalis pedis EX5_76 ₂	Dorsalis pedis EX5_77 ₂	

ADMINISTRATIVE INFORMATION

19. Did the participant complete **ALL** or **PART** of this examination? **EX5_STAT**

Yes, completed **ALL** or **PART** of the interview |1

No, refused **ALL** questions |2

20. Examiner code: ||| **INT_CODE**

21. Examination date: ||/|||/|||| **INT_DATE**
month day year

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

SAMPLE COLLECTION CHECKLIST

SHS I.D.: |_I_|_D_|_N_|_O_|_|_|_|

SHS Family I.D.: |_F_|_A_|_M_|_I_|_D_|_|_|_|

1. Fasting SureStep Flex System glucose result. 999 = *not done* |_|_|_|_| **GTT5_1**
2. Is **FASTING** blood sample taken?
- Yes, and participant has been fasting|_|_|1 **GTT5_2**
- Yes, but participant has NOT been fasting|_|_|2
- No, participant has not been fasting|_|_|3
- Other, specify: _____ **GTT5_2A** |_|_|4
- No, participant refused|_|_|8
3. When was the last time you ate? (*use military time*) |_|_|_|:|_|_|_| **GTT5_3**
4. Time of collection of fasting samples. (*use military time*) |_|_|_|:|_|_|_| **GTT5_4**
5. Is urine sample taken? Yes |_|_| 1 (**go to Q7**) No |_|_| 2 **GTT5_5**
6. If no, why?
- On dialysis|_|_|1 **GTT5_6**
- Cannot urinate|_|_|2
- Other, specify: _____ **GTT5_6A** |_|_|3
7. Time of collection of urine sample (*use military time*) |_|_|_|:|_|_|_| **GTT5_7**

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

CBC RESULTS

SHS I.D.: |_I_|_D_|_N_|_O_|_|_|_|_|

SHS Family I.D.: |_F_|_A_|_M_|_I_|_D_|_|_|_|_|

Each center's results may appear in different order. Please be careful when entering the results.

- | | | | |
|-----|---|---------------------|--------------|
| 1. | WBC (10 ⁹ /L or K/cmm or K/uL) | _ _ _ _ _ _ _ _ _ _ | WBC5 |
| 2. | RBC (10 ¹² /L or M/cmm or M/uL) | _ _ _ _ _ _ _ _ _ _ | RBC5 |
| 3. | HGB (g/dL) | _ _ _ _ _ _ _ _ _ _ | HGB5 |
| 4. | HCT (%) | _ _ _ _ _ _ _ _ _ _ | HCT5 |
| 5. | MCV (fL) | _ _ _ _ _ _ _ _ _ _ | MCV5 |
| 6. | MCH (pg) | _ _ _ _ _ _ _ _ _ _ | MCH5 |
| 7. | MCHC (g/dL) | _ _ _ _ _ _ _ _ _ _ | MCHC5 |
| 8. | RDW (%) | _ _ _ _ _ _ _ _ _ _ | RDW5 |
| 9. | Platelet count (PLT. 10 ⁹ /L or K/cmm or K/uL) | _ _ _ _ _ _ _ _ _ _ | PLT5 |
| 10. | MPV (fL) | _ _ _ _ _ _ _ _ _ _ | MPV5 |

DIFFERENTIAL

Each center's results may appear in different order. Please be careful when entering the results.

- | | | | |
|-----|-----------|---------------------|---------------|
| 11. | NEUT (%) | _ _ _ _ _ _ _ _ _ _ | NEUT5 |
| 12. | LYMPH (%) | _ _ _ _ _ _ _ _ _ _ | LYMPH5 |
| 13. | MONO (%) | _ _ _ _ _ _ _ _ _ _ | MONO5 |
| 14. | EOS (%) | _ _ _ _ _ _ _ _ _ _ | EOS5 |
| 15. | BASO (%) | _ _ _ _ _ _ _ _ _ _ | BASO5 |

ADMINISTRATIVE INFORMATION:

- | | | | | |
|-----|---------------------------------|-------------------------------|-----------------|-----------------|
| 16. | Did the participant have a CBC? | Yes __ 1 | No __ 2 | CBC_STAT |
| 17. | Completer code: | _ _ _ _ _ | INT_CODE | |
| 18. | Completion date: | _ _ _ _ / _ _ _ _ / _ _ _ _ _ | INT_DATE | |
| | | month | day | year |

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

QUALITY OF LIFE

SHS I.D.: |I|D|N|O|_|_|_|

SHS Family I.D.: |F|A|M|I|D|_|_|_|

How is this questionnaire administered? By interviewer |__|1 By self |__|2 Refused |__|8 **QUA5_0**

These next questions ask how you feel about your own health.

1. In general, would you say your health is? **(Please check only one.)**Excellent|__|1 **QUA5_1**

Very good|__|2

Good|__|3

Fair|__|4

Poor|__|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?**(Please check one number per line.)**

Yes, Limited <u>a Lot</u>	Yes, Limited <u>a Little</u>	No, Not Limited <u>at All</u>
---------------------------------	------------------------------------	-------------------------------------

2. **Moderate activities**, such as moving a table,
pushing a vacuum cleaner, bowling or
playing golf|__|1 |__|2 |__|3 **QUA5_4**

3. Climbing **several** flights of stairs (or climbing a hill)|__|1 |__|2 |__|3 **QUA5_6**

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?

(Please check one answer per line.)

<u>Yes</u>	<u>No</u>
------------	-----------

4. **Accomplished less** than you would like|__|1 |__|2 **QUA5_14**

5. Were limited in the kind of work or other activities|__|1 |__|2 **QUA5_15**

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)? (Please check one answer per line.)

<u>Yes</u>	<u>No</u>
------------	-----------

6. **Accomplished less** than you would like|__|1 |__|2 **QUA5_18**

7. Didn't do work or other activities as carefully as usual|__|1 |__|2 **QUA5_19**

8. During the PAST 4 WEEKS, how much did pain interfere with your normal work, (including both work outside the home and housework)?

(Please check one answer.)

- Not at all |__|1 QUA5_22
- Slightly |__|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...
(Please check one number per line.)

- | | All
of the
Time | Most
of the
Time | a Good
Bit of
the Time | Some
of the
Time | a Little
of the
Time | None
of the
Time | |
|--|-----------------------|------------------------|------------------------------|------------------------|----------------------------|------------------------|---------|
| 9. Have you felt calm and peaceful?..... | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 6 | QUA5_26 |
| 10. Did you have a lot of energy?..... | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 6 | QUA5_27 |
| 11. Did you feel downhearted
and blue? | __ 1 | __ 2 | __ 3 | __ 4 | __ 5 | __ 6 | QUA5_28 |
| 12. 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.)? | | | | | | | |

(Please check one number.)

- All the time |__|1 QUA5_32
- Most of the time |__|2
- Some of the time |__|3
- A Little of the time |__|4
- None of the time |__|5

ADMINISTRATIVE INFORMATION:

- 13. Interviewer/reviewer code: |__|__|__|__| INT_CODE
- 14. Interview/review date: |__|__|__|/|__|__|__|/|__|__|__|__|__| INT_DATE
month day year

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

CES-D SCALE

SHS I.D.: |I|D|N|O|_|_|_|

SHS Family I.D.: |F|A|M|I|D|_|_|_|

How is this questionnaire administered? By interviewer |_|_| 1 By self |_|_| 2 Refused |_|_| 8 **CES_STAT**

Here are some questions (Q1-Q20) 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.

During the past week . . .	Rarely or Not at ALL < 1 day 1	Some 1-2 days 2	Often 3-4 days 3	Most of the Time 5-7 days 4	Not Applicable 9	
1. I was bothered by things that don't usually bother me.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_1
2. I did not feel like eating; my appetite was poor.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_2
3. I felt that I could not shake the blues even with help from my family or friends.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_3
4. I felt that I was just as good as other people.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_4
5. I had trouble keeping my mind on what I was doing.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_5
6. I felt depressed	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_6
7. I felt that everything I did was an effort.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_7
8. I felt hopeful about the future.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_8
9. I thought my life had been a failure.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_9
10. I felt fearful.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_10
11. My sleep was restless.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_11
12. I was happy.	_ _ 1	_ _ 2	_ _ 3	_ _ 4	_ _ 9	CES5_12

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.

During the past week . . .	Rarely or Not at ALL < 1 day 1	Some 1-2 days 2	Often 3-4 days 3	Most of the Time 5-7 days 4	Not Applicable 9	
13. I talked less than usual.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_13
14. I felt lonely.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_14
15. People were unfriendly.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_15
16. I enjoyed life.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_16
17. I had crying spells.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_17
18. I felt sad.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_18
19. I felt that people disliked me.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_19
20. I felt like I couldn't do what I needed to do.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_20

During the past year . . .	Rarely or Not at ALL < 1 day 1	Some 1-2 days 2	Often 3-4 days 3	Most of the Time 5-7 days 4	Not Applicable 9	
21. I have felt depressed or sad.	__ 1	__ 2	__ 3	__ 4	__ 9	CES5_21

ADMINISTRATIVE INFORMATION:

22. Interviewer/reviewer code: |_|_|_|_| **INT_CODE**

23. Interview/review date: |_|_|/|_|_|/|_|_|_|_| **INT_DATE**
month day year

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

SOCIAL SUPPORT

SHS I.D.: |_I_|_D_|_N_|_O_|_|_|_|_|

SHS Family I.D.: |_F_|_A_|_M_|_I_|_D_|_|_|_|_|

How is this questionnaire administered? By interviewer |__| 1 By self |__| 2 Refused |__| 8 **AI5_STAT**

Next, we ask about how much support you get from your family and friends. Here is a list of Statements, which may or may not be true about you. For each statement, check the response that best describes you.

- | | | | |
|----|--|--|--------------|
| 1. | How often do you talk on the phone or get together with friends or relatives who do not live with you? | Every day __ 5 | AI5_1 |
| | | A few times a week __ 4 | |
| | | A few times a month __ 3 | |
| | | Once a month __ 2 | |
| | | Less than once a month, or __ 1 | |
| | | Never __ 0 | |
| | | NOT MUCH
AT ALL
1 | |
| | | SOME
2 | |
| | | A LOT
3 | |
| 2. | How much do your friends or relatives really care about you-- a lot, some, or not much at all? | __ 1 | AI5_2 |
| | | __ 2 | |
| | | __ 3 | |
| 3. | How much do they understand the way you feel about things? | __ 1 | AI5_3 |
| | | __ 2 | |
| | | __ 3 | |
| 4. | How much do they appreciate you? | __ 1 | AI5_4 |
| | | __ 2 | |
| | | __ 3 | |
| 5. | How much can you rely on them for help if you have a serious problem? | __ 1 | AI5_5 |
| | | __ 2 | |
| | | __ 3 | |
| 6. | How much can you talk to them about your worries? | __ 1 | AI5_6 |
| | | __ 2 | |
| | | __ 3 | |
| 7. | How much can you relax and be yourself around them? | __ 1 | AI5_7 |
| | | __ 2 | |
| | | __ 3 | |

		RARELY/ NEVER 0	SOMETIMES 1	OFTEN 2	
8.	How often do your friends or relatives make too many demands on you-- often, sometimes, rarely/ never?	__ 0	__ 1	__ 2	AI5_8
9.	How often do they argue with you?	__ 0	__ 1	__ 2	AI5_9
10.	How often do they criticize you?	__ 0	__ 1	__ 2	AI5_10
11.	How often do they let you down when you are counting on them?	__ 0	__ 1	__ 2	AI5_11
12.	How often do they get on your nerves?	__ 0	__ 1	__ 2	AI5_12
13.	How often do they drink or use drugs too much?	__ 0	__ 1	__ 2	AI5_13
Among the people you know, is there someone . . .			NO 0	YES 1	
14.	you can go with to play cards, or go to bingo, a powwow, or a community meeting?		__ 0	__ 1	AI5_14
15.	who would lend you money if you needed it in an emergency?		__ 0	__ 1	AI5_15
16.	who would lend you a car or drive you somewhere else if you really needed it?		__ 0	__ 1	AI5_16
17.	you could call who would bail you out if you were arrested and put in jail?		__ 0	__ 1	AI5_17
18.	you could count on to check in on you regularly?		__ 0	__ 1	AI5_18
19.	How isolated do you feel? . . .				
	Very isolated			__ 3	AI5_19
	Somewhat isolated			__ 2	
	Not very isolated at all			__ 1	

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

OTHER QUESTIONS ABOUT YOUR LIFE

SHS I.D.: |_I_|_D_|_N_|_O_|_|_|_|_|

SHS Family I.D.: |_F_|_A_|_M_|_I_|_D_|_|_|_|_|

How is this questionnaire administered? By interviewer |__| 1 By self |__| 2 Refused |__| 8 **OQL5_STAT**

A. Many people experience very frightening events sometime during their lives. Sometimes these experiences can upset them so much that their health suffers. The following six questions ask whether you have experienced such an event, and, if so, whether it has led to lasting problems. If you prefer not to answer a question, you can skip it.

1. Have you ever had an extremely frightening, traumatic or horrible experience like being a victim of a violent crime, seriously injured in an accident, being assaulted, seeing someone seriously injured or killed, or being a victim of a natural disaster?

Yes |__|1

No |__|2

OQL5_1**(If you answered "NO," go to section B.)****During the past month:**

2. Did you relive the traumatic experience through recurrent dreams, preoccupation or flashbacks?

Yes |__|1

No |__|2

OQL5_2

3. Did you seem less interested than usual in important things, feel "out of it," or did you have a hard time with your feelings or emotions?

Yes |__|1

No |__|2

OQL5_3

4. Did you have problems sleeping, concentrating, or having a short temper?

Yes |__|1

No |__|2

OQL5_4

5. Did you avoid any place or anything that reminded you of the original horrible event?

Yes |__|1

No |__|2

OQL5_5

6. Did you have some of the above problems for more than one month?

Yes |__|1

No |__|2

OQL5_6

- B. Sometimes people have worries they cannot control that affect their lives. The next three questions ask about such worries. If you prefer not to answer a question you can skip it.

During the past month:

7. Have you persistently worried about several different things, such as: work, school, family, money, and others? OQL5_7
- Yes |__|1 No |__|2
8. Did you find it difficult to control your worrying? OQL5_8
- Yes |__|1 No |__|2
9. Did your persistent worrying or nervousness cause problems with your work or your dealings with other people? OQL5_9
- Yes |__|1 No |__|2
- C. Many people find that spirituality or some form of religious practice is important to their health and well-being. Others are less concerned with such things. Next are some general questions about spirituality. If you ever feel that you would prefer not to answer a question, you can skip the question. Please check *one answer*.
10. How important is spirituality in your life? OQL5_10
- Very |__|1 Somewhat |__|2 Not very |__|3 Not at all |__|4
11. How often do you spend time on religious or spiritual practices? OQL5_11
- Every day Several From time Very rarely
or almost times to time, or
every day |__|1 a month |__|2 occasionally |__|3 not at all |__|4
- Do you have children?** OQL5_18
- Yes |__|1 No |__|2
(If "YES," go to Q12) **(If "NO," go to Q13)**
12. How important is it to you that your children participate in some kind of religious or spiritual practices? **After answering, go to Q14.** OQL5_12
- Very |__|1 Somewhat |__|2 Not very |__|3 Not at all |__|4
13. If you had children, how important would it be to you that they participate in some kind of religious or spiritual practices? OQL5_13
- Very |__|1 Somewhat |__|2 Not very |__|3 Not at all |__|4
14. How often do you seek comfort or guidance through religious or spiritual means? OQL5_14
- Often |__|1 Sometimes |__|2 Rarely |__|3 Never |__|4

- D. These next questions are about getting and controlling diabetes. If you prefer not to answer a question, you can skip it.

Please note: answer 15a and 15b if you do not have diabetes; answer 16a and 16b if you have diabetes.

Please answer if you DO NOT have diabetes:

15. a) I will probably get diabetes at some time in my life. **OQL5_15A**

Strongly agree |__|1 Somewhat agree |__|2 Somewhat disagree |__|3 Strongly disagree |__|4

- b) There is nothing I can do to prevent getting diabetes. **After answering, go to Q17.** **OQL5_15B**

Strongly agree |__|1 Somewhat agree |__|2 Somewhat disagree |__|3 Strongly disagree |__|4

Please answer if you DO have diabetes:

16. a) I was destined to get diabetes at some time in my life. **OQL5_16A**

Strongly agree |__|1 Somewhat agree |__|2 Somewhat disagree |__|3 Strongly disagree |__|4

- b) There was nothing I could do to prevent getting diabetes. **OQL5_16B**

Strongly agree |__|1 Somewhat agree |__|2 Somewhat disagree |__|3 Strongly disagree |__|4

Everyone, please answer:

17. Once someone develops diabetes, there is nothing that can be done to prevent it from getting worse.

OQL5_17

Strongly agree |__|1 Somewhat agree |__|2 Somewhat disagree |__|3 Strongly disagree |__|4

ADMINISTRATIVE INFORMATION:

18. Interviewer code: |__|__|__|__| **INT_CODE**

19. Interview date: |__|__|__|/|__|__|__|/|__|__|__|__| **INT_DATE**
month day year

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

PSYCHOSOCIAL CHECKLIST

SHS I.D.: |I|_|D|_|N|_|O|_|_|_|_|

SHS Family I.D.: |F|_|A|_|M|_|I|_|D|_|_|_|_|

Psychosocial questionnaires:

1. Did the participant finish **All** or **PART** of the psychosocial questionnaires? **PSY_STAT**

Yes |__|1 **(go to Q3)**No |__|2 **(go to Q2)**

2. Why were the psychosocial questionnaires not completed? **(check all that apply)**

Did not understand the questions |__|1 **PSY5_1**Did not have time to complete |__|2 **PSY5_2**Questions are inappropriate |__|3 **PSY5_3**Unable to answer |__|4 **PSY5_4**Other |__|5 **PSY5_5**List: _____ **PSY5_5A****ADMINISTRATIVE INFORMATION:**

3. Interviewer code: _____ **INT_CODE**

4. Interview date: _____ **INT_DATE**
month day year

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

DIRECTIONS TO PARTICIPANTS FOR USING THE PEDOMETER

The ACCUSPLIT Pedometer measures movement. You are being asked to wear this pedometer EVERY DAY for a seven-day period from _____ to _____. The pedometer is worn on the hip and should be clipped to the waistband of your pants/skirt, underwear, or belt. Most importantly, the pedometer must be worn in an upright position. Please keep the pedometer firmly against your body so it does not move around freely. **DO NOT LET THE PEDOMETER GET WET** by wearing it in the rain or while bathing or swimming. Please remember to reset the pedometer to "0" (zero) when you put it on in the morning and to record the number of steps from the pedometer in your activity record when you take it off at night.

If you have any questions, please contact _____ at _____.

Front View



Side View



SPECIFIC INSTRUCTIONS

1. Every morning, just before you put the pedometer on, push the *YELLOW* reset button so that the pedometer resets to "0".
2. Record the time that you attached the pedometer in your pedometer record. Make sure to indicate am or pm.
3. Wear the pedometer on your hip (please see pictures above), make sure to keep it upright, and make sure that it remains firmly in place against your body.
4. **Wear the pedometer ALL DAY except when bathing, swimming, or in the rain (unless the pedometer is protected by clothing and will not get wet). If you take off the pedometer for longer than 30 minutes, record the length of time it was off (minutes or hours) in your pedometer record.**
5. At bedtime, take off the pedometer. Record in your pedometer record (a) the number of steps taken on the pedometer, and (b) the time you removed your pedometer. Make sure to indicate am or pm.
6. Please do not touch the *YELLOW* reset button during the day or you will erase your activity numbers.
7. **Keep the cover closed or the pedometer will not record your activity.**
8. Do not wear the pedometer in a pants, coat, or shirt pocket. The pedometer will not work correctly.
9. Please bring back or mail to us, in the self-addressed stamped envelope, the pedometer record after you have completed your week.
10. Please keep the pedometer as a token of our appreciation for your participation in the Strong Heart Family Study.

Thank you very much for your time and effort.

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

MEDICATION CHECKLIST

SHS I.D.: |_|_|_|_|_|_|_|_|_|_|

SHS Family I.D.: |_|_|_|_|_|_|_|_|_|_|

MEDICATION RECEPTION

As you know, the Strong Heart Study will be describing prescription medications that its participants are using. We are particularly interested in medications your doctor prescribed for you that were filled by a pharmacist. These include pills, dermal patches, eye drops, creams, salves and injections. The letter you received about this appointment included a plastic medications bag for all your current medications and asked you to bring them to the clinic.

Have you brought that bag with you?

Yes |_|_|1

No |_|_|2 *(Make arrangements to obtain)*

Took no meds |_|_|3 *(go to Q3)*

Refused |_|_|4 *(Cite reasons for refusal in the space below)*

Reasons for refusal: _____ : Go to Q3

PRESCRIPTION MEDICATIONS

1. Copy the name of the medication, 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.)

2. On the average during the last two weeks, how many of these pills did you take a day/week/month?

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>	Number Prescribed <i>Circle: day, week, month</i>	PRN Medicine?
1. _____	_____	_____ D W M	Y N ___ D W M
2. _____	_____	_____ D W M	Y N ___ D W M
3. _____	_____	_____ D W M	Y N ___ D W M
4. _____	_____	_____ D W M	Y N ___ D W M
5. _____	_____	_____ D W M	Y N ___ D W M
6. _____	_____	_____ D W M	Y N ___ D W M
7. _____	_____	_____ D W M	Y N ___ D W M
8. _____	_____	_____ D W M	Y N ___ D W M

PRESCRIPTION MEDICATIONS (cont.)

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>	Number Prescribed <i>Circle: day, week, month</i>	PRN Medicine?
9. _____	_____	_____ D W M	Y N ___ D W M
10. _____	_____	_____ D W M	Y N ___ D W M
11. _____	_____	_____ D W M	Y N ___ D W M
12. _____	_____	_____ D W M	Y N ___ D W M
13. _____	_____	_____ D W M	Y N ___ D W M
14. _____	_____	_____ D W M	Y N ___ D W M
15. _____	_____	_____ D W M	Y N ___ D W M

Number unable to transcribe: _____

OVER-THE-COUNTER MEDICATIONS

3. Copy the name of the medication, 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.)
4. On the average during the last two weeks, how many of these pills did you take a day/week/month?

Medication Name <i>Print the first 20 letters. Please print clearly.</i>	Strength (mg) <i>Write the decimal as one of the digits.</i>	Circle: day week, month
1. _____	_____	_____ D W M
2. _____	_____	_____ D W M
3. _____	_____	_____ D W M
4. _____	_____	_____ D W M
5. _____	_____	_____ D W M
6. _____	_____	_____ D W M
7. _____	_____	_____ D W M
8. _____	_____	_____ D W M
9. _____	_____	_____ D W M

OVER-THE-COUNTER MEDICATIONS (cont.)

	Medication Name <i>Print the first 20 letters. Please print clearly.</i>	Strength (mg) <i>Write the decimal as one of the digits.</i>	<i>Circle: day week, month</i>
10.	_____	_____	_____ D W M
11.	_____	_____	_____ D W M
12.	_____	_____	_____ D W M
13.	_____	_____	_____ D W M
14.	_____	_____	_____ D W M
15.	_____	_____	_____ D W M

Comments: _____

ADMINISTRATIVE INFORMATION:

5. Interviewer code: _____

6. Interview date: _____
month day year

ANTHROPOMETRIC MEASUREMENTS:

	ENGLISH SYSTEM (inches/pounds)	METRIC SYSTEM (centimeters/kilograms)
7. Weight (Standing)	_ _ _ pounds SQC5_56	_ _ _ centimeters SQC5_55
8. Height (Standing)	_ _ _ inches SQC5_54	_ _ _ kilograms SQC5_53
9. Waist (Supine)	_ _ _ inches SQC5_60	_ _ _ centimeters SQC5_59
10. Hip Circumference (Standing)	_ _ _ inches SQC5_58	_ _ _ centimeters SQC5_57

IMPEDANCE MEASUREMENT:

11. a) Was impedance taken? Yes |_|_|1 (**go to b**) No |_|_|2 **SQC5_66**
- i) If "NO," due to: Amputation |_|_|1 Wound/dressing |_|_|2 Cast |_|_|3 Refusal |_|_|8 **SQC5_66A**
- b) Taken on RIGHT side? Yes |_|_|1 No |_|_|2 **SQC5_67**
- i) If "NO," due to: Amputation |_|_|1 Wound/dressing |_|_|2 Cast |_|_|3 Refusal |_|_|8 **SQC5_67A**
- c) Resistance |_|_|_| **SQC5_68** d) Reactance |_|_|_| **SQC5_69**

ADMINISTRATIVE INFORMATION:

12. Interviewer code: |_|_|_|_| **INT_CODE**
13. Interviewer date: |_|_|_|/|_|_|_|/|_|_|_|_|_| **INT_DATE**
month day year