THE STRONG HEART STUDY II

CES-D SCALE

ID Number

---

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.

<table>
<thead>
<tr>
<th>Rarely or Not At All (1-2 days)</th>
<th>Some (3-4 days)</th>
<th>Often (5-7 days)</th>
<th>Most of the Time</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

During the past week . . .

2. I was bothered by things that don't usually bother me.

 CES2

3. I did not feel like eating; my appetite was poor.

 CES3

4. I felt that I could not shake the blues even with help from my family or friends.

 R CES4

5. I felt that I was just as good as other people.

 CES5

6. I had trouble keeping my mind on what I was doing.

 CES6

7. I felt depressed.

 R CES7

8. I felt that everything I did was an effort.

 R CES8

9. I felt hopeful about the future.

 R CES9

10. I thought my life had been a failure.

 CES10

11. I felt fearful.

 CES11

12. My sleep was restless.

 R CES12

13. I was happy.

 R CES13

14. I talked less than usual.

 CES14

15. I felt lonely.

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

16. People were unfriendly.
17. I enjoyed life.
18. I had crying spells.
19. I felt sad.
20. I felt that people disliked me.
21. I felt like I couldn't do what I needed to do.

For Question 22, please use the following scale

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

22. I have felt depressed or sad in this past year.
23. Interviewer's code
24. Date completed (mo/day/yr)
# THE STRONG HEART STUDY II

## Clinical Examination -- Checklist

### Participant's name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ID Number:</th>
<th>IDNO</th>
<th>Date:</th>
<th>mo</th>
<th>day</th>
<th>yr</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Items</th>
<th>If done, date and initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consent Form Signed</td>
<td>CDATE1</td>
</tr>
<tr>
<td>2. Medical Release Signed</td>
<td>CDATE2</td>
</tr>
<tr>
<td>3. One Touch blood test, Reading</td>
<td>CDATE3</td>
</tr>
<tr>
<td>4. ProAct/Reflotron (if done), Reading</td>
<td>CDATE4</td>
</tr>
<tr>
<td>5. Fasting blood sample</td>
<td>CDATE5</td>
</tr>
<tr>
<td>6. Glutol</td>
<td>CDATE6</td>
</tr>
<tr>
<td>7. Urine sample</td>
<td>CDATE7</td>
</tr>
<tr>
<td>8. Two-hour blood sample</td>
<td>CDATE8</td>
</tr>
<tr>
<td>9. Skin test</td>
<td>CDATE9</td>
</tr>
<tr>
<td>10. Personal interview forms</td>
<td>CDATE10</td>
</tr>
<tr>
<td>11. Medical history form</td>
<td>CDATE11</td>
</tr>
<tr>
<td>12. Medical chart review to identify morbidity cases</td>
<td>CDATE12</td>
</tr>
<tr>
<td>13. ECG</td>
<td>CDATE13</td>
</tr>
<tr>
<td>14. Impedance measurement</td>
<td>CDATE14</td>
</tr>
<tr>
<td>15. Height and Weight</td>
<td>CDATE15</td>
</tr>
<tr>
<td></td>
<td>Test Description</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>16.</td>
<td>Abdominal, hip and arm circumference</td>
</tr>
<tr>
<td>17.</td>
<td>Sitting blood pressure</td>
</tr>
<tr>
<td>18.</td>
<td>Doppler blood pressure</td>
</tr>
<tr>
<td>19.</td>
<td>Examination of lungs and vessels</td>
</tr>
<tr>
<td>20.</td>
<td>Neuropathy tests</td>
</tr>
<tr>
<td>21.</td>
<td>Echocardiogram</td>
</tr>
<tr>
<td>22.</td>
<td>Gallbladder - ultrasound</td>
</tr>
<tr>
<td>23.</td>
<td>Pulmonary function test</td>
</tr>
<tr>
<td>24.</td>
<td>Dietary survey</td>
</tr>
<tr>
<td>25.</td>
<td>Psychosocial questionnaire</td>
</tr>
<tr>
<td>26.</td>
<td>Quality of life questionnaire</td>
</tr>
<tr>
<td>27.</td>
<td>Payment or payment form</td>
</tr>
</tbody>
</table>
1. How is this questionnaire administered?
   1=By interviewer
   2=By self
   3=Refused

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".

<table>
<thead>
<tr>
<th></th>
<th>False</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. No one cares much about what happens to me.
3. It is safer to trust nobody.
4. Most people would lie to get ahead.
5. Most people inwardly dislike putting themselves out to help other people.
6. Most people will use unfair means to gain an advantage rather than lose it.
7. Most people are honest mainly through fear of being caught.
8. I often wonder what hidden reason another person may have for doing something nice for me.
9. Most people make friends because friends are likely to be useful to them.
10. Interviewer’s code
11. Date completed (mo/day/yr)
### THE STRONG HEART STUDY II

#### CULTURAL FACTORS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>ID Number</th>
<th>IDNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>SSN</td>
</tr>
</tbody>
</table>

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

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

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

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

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

6. Interviewer’s code

7. Date completed (mo/day/yr)
THE STRONG HEART STUDY II

Diabetic Foot Screen

ID Number

Name (First, Last) __________________________ IHS Chart Number ______________________

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

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

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

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
   b. Right large toe
   c. Right middle toe
   d. Right small toe
   e. Right sole front
   f. Right sole right
   g. Right sole left
   h. Right sole back right
   i. Right sole back left
   j. Right heel

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:

   Number of correct answers __________________________ __________________________

   Number of sites tested __________________________ __________________________

7. Examined by: __________________________

8. Date examined __________________________
**THE STRONG HEART STUDY II**  
The George Washington University Medical Center  
Gallbladder Ultrasonography - Radiologist's Form

<table>
<thead>
<tr>
<th>Strong Heart Study ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Examination (mo/day/yr)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of reading (mo/day/yr)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. Date of reading (mo/day/yr)
2. 1=First reading 2=Adjudication
3. Radiologist ID number: 1=Dr. Hill 2=Others

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
THE STRONG HEART STUDY II

GTT CHECKLIST

ID number: IDNO

Center: ____________________________

1. Fasting One Touch glucose result. If not done, draw two lines across the boxes.

2. Is blood sample taken?
   1 = yes, and participant has been fasting,
   2 = yes, but participant has NOT been fasting,
   3 = no, participant is on renal dialysis,
   4 = no, participant has had a kidney transplant,
   5 = no, participant has not been fasting,
   6 = participant refused,
   7 = other, specify: ____________________________

   If blood sample is NOT taken because of dialysis/transplantation or refusal, are tubes of blood for DNA and RBC typing taken?
   1 = yes 2 = no

3. When was the last time you ate

4. Time of collection of fasting samples

5. Time the 75 gram glucose beverage was consumed

6. Time of collection of urine sample

7. Time of 2-hr blood sample

8. The participant did not have GTT because of: Check the appropriate answer(s)
   a. diabetes, on insulin treatment
   b. diabetes, on oral agent
   c. One Touch > 225 mg/dl
   d. refusal to have GTT done

9. Has the participant vomited after the glucose beverage was given?
   (1 = yes 2 = no)

   If yes, when? (Indicate the time)

Comments: ____________________________

__________________________________________________________________________

Strong Heart Study II 10/01/93

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

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.

<table>
<thead>
<tr>
<th></th>
<th>Never True</th>
<th>Rarely True</th>
<th>Somewhat True</th>
<th>Definitely True</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>If I needed a quick emergency loan of $30, there is someone I could get it from.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>There is at least one person I know, whose advice I really trust.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>I have a positive attitude about myself.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>When I need suggestions for how to deal with a personal worry or problem I know there is someone I can talk to.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>There are several people that I regularly enjoy spending leisure time with.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>There is really no one I can talk to about money problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I have the confidence to do the things I want to do in my life.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>If I needed help in doing some errands, I could find someone to help me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I am a person of at least equal worth as other people.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I know someone that I can talk with about my most private thoughts and feelings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>If I needed a ride early in the morning, I would have a hard time finding anyone to take me.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For each statement, answer as to whether it is 'Never True', 'Rarely True', 'Somewhat True', or 'Definitely True' for you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. I often meet or talk with friends or members of my family.</td>
<td>3</td>
</tr>
<tr>
<td>16. I am basically a good person.</td>
<td>3</td>
</tr>
<tr>
<td>17. I often get invited to do things with others.</td>
<td>3</td>
</tr>
<tr>
<td>18. I feel satisfied with the help I get in doing tasks around the house, taking care of errands, and getting rides.</td>
<td>3</td>
</tr>
<tr>
<td>19. I feel satisfied with the amount of support I get with personal concerns.</td>
<td>3</td>
</tr>
<tr>
<td>20. I feel satisfied with how often I talk to, or get together with family and friends.</td>
<td>3</td>
</tr>
<tr>
<td>21. I feel satisfied with how I feel about myself.</td>
<td>3</td>
</tr>
<tr>
<td>22. Interviewer's code</td>
<td>0</td>
</tr>
<tr>
<td>23. Date completed (mo/day/yr)</td>
<td>0</td>
</tr>
</tbody>
</table>
APPENDIX 4
THE STRONG HEART STUDY II
MEDICAL HISTORY FORM

ID Number: 
Social Security Number: 

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?

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.)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>NDC Code</th>
<th>Class Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print the first 20 letters only - please print clearly</td>
<td>write the decimal as one of the digits (For SHS Coordinating Center Use Only)</td>
<td>MED1-2</td>
<td>MED1-3</td>
</tr>
<tr>
<td>MED1-4</td>
<td>MED1-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED1-6</td>
<td>MED1-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED1-8</td>
<td>MED1-9</td>
<td></td>
<td></td>
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<tr>
<td>MED1-10</td>
<td>MED1-11</td>
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<td></td>
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<tr>
<td>MED1-12</td>
<td>MED1-13</td>
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<td>MED1-15</td>
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<td>MED1-19</td>
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</tr>
<tr>
<td>MED1-20</td>
<td>MED1-21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. **Over-the-Counter Medications:**

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

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.)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>NDC Code</th>
<th>Class Code</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td></td>
<td>MED1-34</td>
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<td>MED1-40</td>
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<tr>
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<td>MED1-52</td>
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<tr>
<td>20</td>
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<td></td>
<td>MED1-53</td>
</tr>
</tbody>
</table>

Number unable to transcribe: ________ MED1-54

Comments: ________________________________________________

__________________________________________________________

__________________________________________________________

--- Strong Heart Study II 10/20/93 ---

--- MEDHX - Medications ---
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?
   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

5. Arthritis?
   1=yes  2=no  9=unknown

6. Cancer, including leukemia and lymphoma?
   1=yes  2=no  9=unknown
   If "YES," specify type of cancer: ________________________________

7. Diabetes?
   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
   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
   What type of treatment are you taking for your diabetes?  (1 = yes,  2 = no)
   a. insulin
   b. oral hypoglycemic agent
   c. by dietary control
   d. by exercise
   e. do nothing
8. Kidney failure?
   1=yes  2=no  9=unknown

   If yes, do you still have it now?
   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

9. Renal dialysis?
   1=yes  2=no  9=unknown

10. Kidney transplant?
    1=yes  2=no  9=unknown

11. Cirrhosis of the liver?
    1=yes  2=no  9=unknown

12. **LUNG PROBLEMS**
    a. Emphysema?
       1=yes  2=no  9=unknown
    b. Hay fever?
       1=yes  2=no  9=unknown
    c. Chronic bronchitis?
       1=yes  2=no  9=unknown
    d. Asthma?
       1=yes  2=no  9=unknown

       If “YES” for asthma, do you still have it now?
       1=yes  2=no  9=unknown

13. Have you had a heart catheterization?
    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)

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

      hospital/clinic: ____________________________

   b. Other, (1=yes 2=no)

      Specify: ____________________________

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

      hospital/clinic: ____________________________
14. Have you ever had an exercise test or Treadmill test to check your heart?
1=yes 2=no 9=unknown
If "YES," when and where?
(record the most recent)
hospital/clinic:

15. Have you had an electrocardiogram (ECG) taken since the last SHS examination?
1=yes 2=no 9=unknown
If "YES," when and where?
(record the most recent)
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
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)
hospital/clinic:
If "YES," do you still have heart failure now? 1=yes 2=no 9=unknown

17. Heart attack? 1=yes 2=no 9=unknown
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)
hospital/clinic:

18. Any other heart trouble? 1=yes 2=no 9=unknown
If "YES," specify type: ____________________________
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)
hospital/clinic:
19. Stroke?
1=Yes  2=No  9=Unknown
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)

[Date: Month/Day/Year]

Hospital/clinic:

20. Enter information for multiple events.

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

<table>
<thead>
<tr>
<th>Hospital/Clinic</th>
<th>Town/State</th>
<th>Date (mo/day/yr)</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
<td></td>
<td>MED2-34</td>
</tr>
<tr>
<td>ii.</td>
<td></td>
<td></td>
<td>MED2-35</td>
</tr>
<tr>
<td>iii.</td>
<td></td>
<td></td>
<td>MED2-36</td>
</tr>
<tr>
<td>iv.</td>
<td></td>
<td></td>
<td>MED2-37</td>
</tr>
<tr>
<td>v.</td>
<td></td>
<td></td>
<td>MED2-38</td>
</tr>
</tbody>
</table>

RESPIRATORY QUESTIONS

21. a. Do you usually have a cough?
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?
1=Yes  2=No

c. Do you usually cough at all on getting up, or first thing in the morning?
1=Yes  2=No

d. Do you usually cough like this on most days for 3 consecutive months or more during the year?
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?
1=Yes  2=No
23. Does your chest ever sound wheezy or whistling:
   a. when you have a cold? (1=Yes 2=No)
   b. occasionally apart from colds? (1=Yes 2=No)
   c. most days? (1=Yes 2=No)
   d. most nights? (1=Yes 2=No)

24. Have you ever had an attack of wheezing that has made you feel short of breath?
   1=Yes 2=No

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)

26. Do you have to walk slower than people of your age on the level because of breathlessness?
   1=Yes 2=No

27. Do you ever have to stop for breath when walking at your own pace on the level?
   1=Yes 2=No

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

29. Are you too breathless to leave the house or breathless on dressing or undressing?
   1=Yes 2=No

30. Did you have any lung trouble before the age of 16?
   1=Yes 2=No

31. Have you ever been told you snore?
   1=Yes 2=No

IF THE PARTICIPANT IS MALE, GO TO ROSE QUESTIONNAIRE
IF THE PARTICIPANT IS FEMALE, GO TO NEXT PAGE AND CHECK HERE
REPRODUCTION AND HORMONE USE (WOMEN ONLY)

ID number: ____________________________

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

1. Did you breastfeed your last child for at least one month?  
   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?  
   1 = yes  2 = no  3 = never been pregnant

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

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

5. Was your menopause natural or did you have surgery?  
   1 = Natural  2 = surgery
   If surgery, was only your uterus removed? (1=yes  2=no  9=unknown)

6. Have you ever used birth control pills?  
   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)  
   1 = yes  2 = no (go to next section)
   a. If "YES," are you still taking estrogen? (1 = yes  2 = no)
   b. Why do(did) you use estrogen? (1 = yes  2 = no  9 = unknown)
      i. post surgery (hysterectomy and removal of ovaries)
      ii. relief of menopause symptoms
      iii. prevent bone loss
      iv. protect against heart disease
      v. doctor's advice

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

9. How many years altogether did you take estrogen? Specify the duration in years.
### ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

#### ID number:

#### 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)

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

3. Do you get it when you walk at an ordinary pace on the level?
   - 1 = Yes
   - 2 = No

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.)*

5. If you stand still, what happens to it?
   - 1 = Relieved
   - 2 = Not relieved (go to Section B.)

6. How soon?
   - 1 = 10 minutes or less
   - 2 = More than 10 minutes (go to Section B.)

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

   ![Diagram of chest showing areas](chart)

   - **Upper**: Sternum (upper or middle)
   - **Middle**: Sternum (lower)
   - **Lower**: Left anterior chest
   - **Other**: ____________________________

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

---

Strong Heart Study II 8/01/93
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

Section C: Intermittent Claudication

10. Do you get pain in either leg on walking?
    1 = Yes  2 = No (Go to Question 19)

11. Does this pain ever begin when you are standing still or sitting?
    1 = Yes (Go to Question 19)  2 = No

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)

   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

14. Do you get it if you walk at an ordinary pace on the level?
    1 = Yes  2 = No

15. Does the pain ever disappear while you are walking?
    1 = Yes (Go to Question 19)  2 = No

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)

17. What happens to it if you stand still?
    1 = Relieved  2 = Not Relieved (Go to Question 19)

18. How soon?
    1 = 10 minutes or less  2 = More than 10 minutes

*** END OF ROSE QUESTIONNAIRE ***

19. Code number of person completing this form

20. Date of data collection

Strong Heart Study II 8/01/93
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.

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)?
   - 1=yes, fill out the NEWMI form for each event
   - 2=no.

2. Possible Stroke (events with codes 430-438)?
   - 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

Date abstract completed

ID number:
Social Security Number:
### A. DEMOGRAPHIC INFORMATION:

1. **What is your full name (Last, middle, first) and date of birth?**
   - **Last:**
   - **Middle:**
   - **First:**
   - **Date of birth (mo/day/yr):**

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.
     - b.
     - c.
     - d.
     - e.
     - f.

3. **What is your husband's/wife's name? (If divorced or widowed, draw two lines over boxes)**
   - **Last:**
   - **Middle:**
   - **First:**
4. Did he/she also participate in the Strong Heart Study examination? 1=Yes, 2=No

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:

<table>
<thead>
<tr>
<th>Relatives</th>
<th>Name (first, last)</th>
<th>yes/no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other blood relative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. What is your current mailing address?
   a. Street/PO Box
   b. City/town
   c. County
   d. State and zip code

7. What is your residential address? (If different from mailing address)
   a. Street Number
   b. City/town
   c. State and zip code

8. What is your home or evening telephone number and area code? (Draw line through boxes if no phone)

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)

10. Where do you want your Strong Heart Study results sent? 1=Your current mailing address (Q6) 2=Other, specify:

The address to which the SHS results should be sent:

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt.#</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State - Zip Code</td>
</tr>
</tbody>
</table>
THE STRONG HEART STUDY - PHASE II
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS
PERSONAL INTERVIEW FORM II

ID number:

Social Security Number:

11. What is your marital status?
Enter up to 3 options with the most recent one in the left most box.
1= never married
2= currently married
3= divorced
4= separated
5= widowed
6= POSSLQ (Person of Opposite Sex Sharing Living Quarters)

B. TOBACCO:

12. Do you smoke tobacco for ceremonial purposes?
1 = yes
2 = no
9 = unknown

13. Do you smoke cigarettes now?
1 = yes
2 = no (Skip to Question 20)

14. On the average, how many cigarettes do you usually smoke a day?
00 = Less than one cigarette per day
99 = Unknown

15. Would you like to quit smoking cigarettes?
1 = yes
2 = no

16. Do you plan to make any changes in your smoking cigarettes habit in the next 12 months?
1 = yes
2 = no (Skip to Question 17)

If "YES," which of the following are you planning to do?
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?
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?
18. Has a doctor or health professional ever advised you to quit smoking cigarettes?
   1=yes 2=no

19. Have you participated in one or more quit smoking programs in the past 12 months?
   1=yes 2=no

**CURRENT CIGARETTES SMOKERS SKIP TO WEIGHT CONTROL QUESTIONS**

20. How many years ago did you quit smoking?
   00 = never smoked 100 cigarettes during lifetime.

21. Did you quit smoking in the last 5 years?
   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?

   b. What was the main reason you quit? (choose one only)
   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?
   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:
   1 = yes 2 = no (Go to Section D)
   8 = unknown/unsure 9 = refused

23. Are you eating fewer calories to lose weight?
   1 = yes 2 = no 8 = unknown/unsure 9 = refused

24. Have you increased your physical activity to lose weight?
   1 = yes 2 = no 8 = unknown/unsure 9 = refused

25. Has a doctor or health professional ever advised you to lose weight?
   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)
   OR
   Number of months ________________
   (if they drank this month, fill in zero in months)
   OR
   Number of years ________________
   (if they drank this year, fill in zero in years)
   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.*

   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.*

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.*

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.*
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.

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?

33. felt nervous or “stressed”?

34. dealt well with irritating life hassles?

35. felt that things were going your way?

36. felt unable to control irritations in your life?

37. felt that you were on the top of things?

38. felt difficulties or problems were piling up so high that you could not handle them?

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)

40. If “Yes,” how many months did confinement to a bed or chair last?

41. Have you had any difficulty getting in or out of a bed or chair? (1=Yes, 2=No)

42. During a typical day (including time spent both at work and at home), how long do you usually spend,

  a) sleeping at night?
  b) napping during the day?
  c) walking?
  d) carry/lifting moderate or heavy loads (including children)?

  Hours: [ ] Minutes: [ ]

43. Did you change your physical activity since the first Strong Heart exam?

1=yes 2=no

If “Yes,” 1=increased 2=decreased
G. BOARDING SCHOOL

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

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

H. DENTURE AND EATING PROBLEMS

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

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.

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

I. FAMILY INCOME:

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

51. Interviewer

52. Date

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? 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.
   b. If less than an hour, specify the minutes.

2. Did you consume more than 5 alcoholic drinks in the past 24 hours? (1=Yes, 2=No)

3. Did you perform vigorous physical activity in the past 24 hours? (1=Yes, 2=No)

"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? 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
   b. If less than an hour, specify the minutes

1. 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)

6. Weight in KILOGRAMS(kg) (Optional: _________ pounds)

7. Hip circumference in CENTIMETERS (cm) (Optional: _________ inches)
II. **SITTING MEASUREMENT**

8. Right arm circumference, measured in centimeters (cm)  
   *Midway between acromium and olecranon*  

9. Cuff size (arm circumference in brackets)  
   1= Pediatric (under 24cm)  
   2= Regular arm (24-32cm)  
   3= Large arm (33-41cm)  
   4= Thigh (>41cm)  

10. Pulse obliteration pressure

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

11. Systolic, Phase I - first sound  

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

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  

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

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  

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

17. Were the above blood pressures taken from LEFT arm because of missing right arm or some other reason?  
   1=yes, If yes, specify: ____________________________  
   2=no

18. Recorder ID (For the SHS staff who took BPs):

19. Time of day *(Please use military time, hour:minute)*
D. EXAMINATION OF THE CHEST

20. Examination of the lungs (Use the following codes to fill in the table)
   1=clear  3=rhonchi
   2=rales   4=both

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Right Posterior Lung</th>
<th>Left Posterior Lung</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apex</td>
<td>EX2-26</td>
<td>EX2-29</td>
</tr>
<tr>
<td>Mid</td>
<td>EX2-27</td>
<td>EX2-30</td>
</tr>
<tr>
<td>Lower</td>
<td>EX2-28</td>
<td>EX2-31</td>
</tr>
</tbody>
</table>

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) (Optional: ______inches) □ Ex2-61

26. Evidence of chest surgery or chest deformity? 1=Yes 2=No (Skip to Section A) □ Ex2-67

   a. If “Yes,” ask: “Did you have lung surgery?”
      1=Yes 2=No (Skip to b) □ Ex2-83

      If “Yes,” when and where?
      hospital/clinic: ____________________________ □ Ex2-84

      If “Yes,” what type of surgery?
      1=Lobe of lung removed
      2=Entire lung removed
      3=other, specify: ____________________________ □ Ex2-85

Strong Heart Study II 10/20/93

PHYSICAL EXAM
b. Did you have heart surgery?  
1=Yes  2=No (skip to Section A)

If “Yes,” which surgery have you had?

i. Bypass? 1=Yes 2=No

If “Yes,” when and where?  
(Record the most recent)  
hospital/clinic

ii. Valvular repair/replacement? 1=Yes 2=No

If “Yes,” when and where?  
(Record the most recent)  
hospital/clinic

iii. Pacemaker? 1=Yes 2=No

If “Yes,” when and where?  
(Record the most recent)  
hospital/clinic

iv. Other? 1=Yes 2=No

Specify: -------------------------

If “Yes,” when and where?  
(Record the most recent)  
hospital/clinic

A. ECG AND IMPEDANCE MEASUREMENT

27. Electrocardiogram reading  
(preliminary reading from ECG machine)  
1= Normal  2= Abnormal  3= Borderline  4= Otherwise normal  9= Unclassified

28. Impedance measurement

a. Resistance  

b. Reactance  

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

d. Not taken because of amputation  
(1=yes, 2=no)
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  
30. Right dorsalis pedis pulse  
31. Left posterior tibial pulse  
32. Left dorsalis pedis pulse  
33. Pedal edema  
   (1 = absent, 2 = mild, 3 = marked, above midpoint between malleolus and patella)

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

35. Right ankle Doppler blood pressure
   a) First systolic B.P. measurement  
   b) Second systolic B.P. measurement (no waiting time needed)  
   c) Location: 1 = posterior tibial 2 = dorsalis pedis

36. Left ankle Doppler blood pressure
   a) First systolic B.P. measurement  
   b) Second systolic B.P. measurement (no waiting time needed)  
   c) Location: 1 = posterior tibial 2 = dorsalis pedis
**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.

If "YES" to amputation, Code the cause of amputation:
   1 = Diabetes
   2 = Trauma
   3 = Congenital
   4 = Other, please specify
   9 = Unknown

<table>
<thead>
<tr>
<th>Extremities</th>
<th>Yes/No</th>
<th>Cause</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Right arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Right hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Right finger(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EX2-39</td>
</tr>
<tr>
<td>d. Left arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Left hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Left fingers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EX2-46</td>
</tr>
<tr>
<td>g. Right leg above knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Right leg below knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Right foot/toes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EX2-53</td>
</tr>
<tr>
<td>j. Left leg above knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Left leg below knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Left foot/toe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many:

**IV. ADMINISTRATIVE INFORMATION**

38. Code number of person completing this form

39. Date of data collection

*Strong Heart Study II 10/20/93*
THE STRONG HEART STUDY II

Quality of Life

ID Number: 

Social Security Number: 

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

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) 
   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? 

<table>
<thead>
<tr>
<th>(Circle One Number on Each Line)</th>
<th>Yes, Limited a Lot</th>
<th>Yes, Limited a Little</th>
<th>No, Not Limited at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Lifting or carrying groceries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Climbing one flight of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Bending, kneeling, or stooping</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1. Questions adopted from the RAND 36-Item Health Survey 1.0.
<table>
<thead>
<tr>
<th></th>
<th>Walking more than a mile</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Walking several blocks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Walking one block</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Bathing or dressing yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>Cut down the amount of time you spent on work or other activities</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Accomplished less than you would like</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Were limited in the kind of work or other activities</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Had difficulty performing the work or other activities (for example, it took extra effort)</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)?

<table>
<thead>
<tr>
<th></th>
<th>Cut down the amount of time you spent on work or other activities</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Accomplished less than you would like</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Didn't do work or other activities as carefully as usual</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|   | 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? |   |
|---|-----------------------------------------------------------------|
| 20|                                                                  |

<table>
<thead>
<tr>
<th></th>
<th>(Circle One Number)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strong Heart Study II 10/20/93</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|   | Quality of Life                                                 |   |   |   |   |   |

|   | Quality of Life                                                 |   |   |   |   |   |
21. How much bodily pain have you had during the past 4 weeks?  

(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)?  

(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)

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

Strong Heart Study II 10/20/93

Quality of Life
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.)?  

(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)  

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

37. Interviewer's code  

38. Date (mo/day/yr)
**THE STRONG HEART STUDY II**

**RISK FACTOR KNOWLEDGE QUESTIONS**

<table>
<thead>
<tr>
<th>ID Number</th>
<th>IDNO</th>
</tr>
</thead>
</table>

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

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.

<table>
<thead>
<tr>
<th>Does Not Increase Risk</th>
<th>Increases Risk</th>
<th>Don't Know /Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

2. Cigarette Smoking?
3. High Cholesterol?
4. High Blood Pressure?
5. Diabetes?
6. Worry, Anxiety, or Stress?
7. Being very overweight?
8. Eating a diet high in animal fat? (For example, foods that contain red meat, cheese, butter, lard, etc.)
9. Family history of heart disease?
10. Not exercising regularly?
11. Interviewer’s code
12. Date completed (mo/day/yr)
1. How is this questionnaire administered?
   1=By interviewer
   2=By self
   3=Refused

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.

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

<table>
<thead>
<tr>
<th></th>
<th>Rarely or Never</th>
<th>Sometimes</th>
<th>Often or Always</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>I am more critical of (judge or find fault with) others than I let people know.</td>
<td>SPIEL15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I get angrier than I usually admit.</td>
<td>SPIEL16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I calm down faster than most other people.</td>
<td>SPIEL17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I say mean things.</td>
<td>SPIEL18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>I am irritated (frustrated, annoyed) much more than people are aware of.</td>
<td>SPIEL19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I lose my temper.</td>
<td>SPIEL20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>If someone bothers (frustrates, irritates) me, I am likely to tell him/her.</td>
<td>SPIEL21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Interviewer’s code</td>
<td>CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Date completed (mo/day/yr)</td>
<td>DOC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strong Heart Study II  8/25/93

Psychosocial Factors - AX
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.

1. Height in CENTIMETERS (cm)  
2. Weight in KILOGRAMS (kg)  
3. Hip circumference, in CENTIMETERS (cm) 

II. SITTING MEASUREMENT

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

5. Cuff size (arm circumference in brackets)  
   1= Pediatric (under 24cm)  
   2= Regular arm (24-32cm)  
   3= Large arm (33-41cm)  
   4= Thigh (>41cm) 

6. Pulse obliteration pressure

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

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

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

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

13. Were the above blood pressures taken from LEFT arm because of missing right arm or some other reason?
   1=yes, If yes, specify ______________________
   2=no

14. Recorder ID:

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

16. Date of data collection
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)

2. Impedance measurement
   a. Resistance
   b. Reactance
   c. Taken on left side because of amputation? (1=yes, 2=no)
   d. Not taken because of amputation (1=yes, 2=no)

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
   b) Second systolic B.P. measurement (no waiting time needed)
   c) Location: 1=posterior tibial 2=dorsalis pedis

4. Left ankle Doppler blood pressure
   a) First systolic B.P. measurement
   b) Second systolic B.P. measurement (no waiting time needed)
   c) Location: 1=posterior tibial 2=dorsalis pedis

Strong Heart Study II 10/20/93  QC Supine Measurement
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
   b) Second systolic B.P. measurement (no waiting time needed)

II. ADMINISTRATIVE INFORMATION

6. Code number of person completing this form
7. Date of data collection
THE STRONG HEART STUDY II

TUBERCULOSIS AND COCCIDIOIDOMYCOSIS
TUBERCULIN SKIN TEST AND COCCI SKIN TEST

ID Number

A. TUBERCULOSIS AND TUBERCULIN SKIN TEST

1. History of Active Tuberculosis and Tuberculin Skin Test

   a. History of TB by medical record review:
      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?"
      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.

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

   b. If available, record induration (in mm). If not recorded, draw one line through the boxes.
      Comments regarding previous PPD testing: ____________________________

   c. Interpretation:
      1=Positive (≥10mm or PPD positive) (Go to section 4)
      2=Negative (<10mm or PPD negative)
      3=Uncertain (PPD not read)
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.

1st TB test:

b. Date of administration (left arm preferred)
   Initial site given right arm _____ left arm _____

   Induration in mm. If unable to read skin test fill in 99.
   If <10mm induration, repeat PPD 7 days after the first test unless participant had negative skin test within the last 2 years.

c. Induration in mm. If unable to read skin test fill in 99.

   Reader’s initials: ____________________

d. Reading date

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

b. Date of administration (left arm preferred)
   Initial site given right arm _____ left arm _____

c. Induration in mm. If unable to read skin test fill in 99.

   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

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

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

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

6. Date completed

---

Strong Heart Study II  8/01/93  TB and Cocci Skin Test
B. Coccidioidomycosis and Cocci Skin Test (Arizona participants only)

1. Results of cocci test - Recorded from chart review
   a. Date of last test
   b. If available, record induration (in mm). If not recorded, draw one line through the boxes.
   Comments regarding previous cocci testing: ________________________________
   c. Interpretation:
      1=Positive (\geq 10\text{mm} or cocci positive)
      2=Negative (<10\text{mm} or cocci negative)
      3=Uncertain (cocci not read)

2. History of coccidioidomycosis by medical record review
   1=Yes
   2=No
   3=Medical record not available or complete
   4=Uncertain

3. Has a medical person ever told you that you had Valley Fever?
   1=YES
   2=NO
   3=Unknown/Uncertain

Offer cocci skin test to participants who have no history of coccidioidomycosis or Valley 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

   If "YES," Administration Date
   Initial site given: right arm

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

6. Reading Date

7. Reader's initials: __________________

Participants with history of Valley 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

9. Date completed (mo/day/yr)
# THE STRONG HEART STUDY II

## Ultrasonographer Data Form

### Strong Heart Study ID Number

### Social Security Number

### Date of Examination (mo/day/yr)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Ultrasonographer ID Number</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Videocassette Number</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tape sequence Number</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Have you ever been told that you had gallstones?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>l=Yes 2=No 9=Unknown</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Have you ever had gallbladder surgery?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>l=Yes 2=No 9=Unknown</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Including your last meal and any snacks, at what time did you last have anything to eat?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Military Time:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day: 1 = Today 2 = Yesterday</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Time now <em>(please use military time) (hh:mm)</em></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Presence of surgical scar</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Right upper quadrant</td>
<td>1 = Yes 2 = No</td>
</tr>
<tr>
<td>b</td>
<td>Epigastrium or periumbilical area</td>
<td>1 = Yes 2 = No</td>
</tr>
<tr>
<td>c</td>
<td>Laparoscopic scars</td>
<td>1 = Yes 2 = No</td>
</tr>
</tbody>
</table>

*Strong Heart Study II 12/20/93*

*Ultrasonographer Data Forms*
Ultrasonographic Findings

9. Portal vein at liver hilum on transverse scan?
   1=Yes  2=No  9=Unable to observe

10. Liver margin on longitudinal scan?
    1=Yes  2=No  9=Unable to observe

11. Intrahepatic right portal vein on longitudinal scan?
    1=Yes  2=No  9=Unable to observe

12. Anterior gallbladder wall thickness in mm (on longitudinal scan)
    If unable to observe, fill in 99.

13. Can gallbladder be observed?
    1=Yes  2=No (Skip to Question 20)

14. Were gallstones found?
    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?
    1=Single  2=Multiple

16. Measurement of largest echo clump (in mm)
    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)
    1=Yes  2=No
    If "Yes," attach still image and send with video tape.

18. Were cholesterol polyps found?
    (Echogenic clumps attached to gallbladder wall without shadowing that do not move)
    1=Yes  2=No

19. Was gallbladder sludge observed?
    (Echogenic clumps without shadowing that move)
    1=Yes  2=No
20. Were any other abnormal findings identified?
   1=Normal    2=Abnormal

   If “Abnormal,” describe: ________________________________

   ________________________________

   ________________________________

   ________________________________

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

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

23. Comments?
   1=Yes    2=No

   If “Yes,” Comments: ____________________________________________

   ____________________________________________

   ____________________________________________