THE STRONG HEART STUDY III
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

PERSONAL INTERVIEW FORM I

ID number: |_I_|_D|_N|_O_|___|___|

Community name: COMNAME Community Code: |_C_|_C|___|

Social Security Number: |_S_|_S_|_N|—|___|___|—|___|___|___|___|

A. DEMOGRAPHIC INFORMATION:

1. Is this still your full name (*Last, First, Middle*)?
   Yes |___|1 No |___|2 ***(If No, what is your current name?)***INT13_1

   Last: _____ **New Last**: INT13_2

   First: _____ **New First**: INT13_3

   Middle: _____ **New Middle**: INT13_4

   Nickname/Other Name: INT13_5

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.* Do you want your Strong Heart Study report sent to the named hospitals?

	Hospital	Chart number	IHS 1=yes, 2=no	Hospital Code	Send Report 1=yes, 2=no
a.	HOSPA	IHSNO1	IHS1	INT13_6	INT13_10
b.	HOSPB	IHSNO2	IHS2	INT13_7	INT13_11
c.	HOSPC	IHSNO3	IHS3	INT13_8	INT13_12
d.	HOSPD	IHSNO4	IHS4	IT13_9	INT13_13

3. What is your marital status?
   (*Enter up to 3 options with the **most recent one in the left-most box)*** INT13_14 INT13_33 INT13_34 |___|___|___| Current 2nd 3rd

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

4. If married, what is your husband's/wife's name?
   (if not married, skip to Q6)

INT13_15 (Last) INT13_16 (First) INT13_17 (Middle)

5. Did your husband/wife also participate in the Strong Heart Study examination?
Yes |___|1 No |___|2 INT13_18

6. Is this your current mailing address? Yes |___|1 No |___|2 INT13_19
(If No, what is your current mailing address?)

a. Street/PO Box INT13_20 _____

b. City/town INT13_21 _____

c. County INT13_22 _____

d. State and Zip code INT13_23 INT13_24

7. Is this your residential address? (*if different from mailing address*) Yes |___|1 No |___|2 INT13_25
(If No, What is your current address?)

a. Street/PO Box INT13_26 _____

b. City/town INT13_27 _____

c. County INT13_28 _____

d. State and zip code INT13_29 INT13_30

8. What is your home telephone number?
Or at what telephone number can we reach you
or leave a message? INT13_31 |___|___|___|—|___|___|___|—|___|___|___|___|
area code

0 = Unlisted *9 = No phone*

9. What is your work telephone number? INT13_32 |___|___|___|—|___|___|___|—|___|___|___|___|
area code

0 = Same as home phone *9 = Not applicable/unknown*

THE STRONG HEART STUDY - PHASE III
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

PERSONAL INTERVIEW FORM II

ID number: |_I_|_D|_N_|_O|___|___|

A. WEIGHT SATISFACTION

10. Are you satisfied with your present weight? INT23_1
Yes |___|1 ***(skip to Section B)*** No |___|2 Unknown/unsure |___|9

11. Do you want to lose or gain weight? Lose |___|1 Gain |___|2 INT23_2

12. How do you plan to do this?

a)	Eating	Less |___|1	More |___|2	No change |___|3	INT23_3
b)	Physical activity	Less |___|1	More |___|2	No change |___|3	INT23_4
c)	Medication	Yes |___|1	No |___|2		INT23_5
d)	Other, please specify:	Yes |___|1	No |___|2		INT23_69

INT23_70

B. PHYSICAL ACTIVITY

13. Have you had any difficulty getting in or out of a bed or chair? INT23_8 Yes |___|1 No |___|2

14. Since your last SHS exam have you ever spent any time confined to a bed or chair as a result of an injury or an illness for a period greater than one month?
Yes |___|1 No |___|2 INT23_6

a) If "Yes," how many **weeks** were you confided to a bed or chair? INT23_7 |___|___|___|

15. Do any of the following prevent you from exercising as much as you would like?
(choose all that apply)

a. Arthritis, or other health conditions	Yes |___|1	No |___|2	INT23_9
b. Amputation	Yes |___|1	No |___|2	INT23_52
c. Difficulty breathing	Yes |___|1	No |___|2	INT23_53
d. Conditions unsafe for walking/exercising	Yes |___|1	No |___|2	INT23_54
e. No exercise facility available	Yes |___|1	No |___|2	INT23_55
f. Not interested in exercise	Yes |___|1	No |___|2	INT23_83

g. Other, please specify: INT23_72 Yes |___|1 No |___|2 INT23_71

16. Think about physical activities that require a ***mild effort*** such as walking, gardening, yardwork fishing, softball, ect...
During a typical week for you, how much time do you spend performing activities that require a ***mild effort***? INT23_10 Rarely |___|1 Occasionally |___|2 *(1 - 2 times per week)* Often |___|3 *(3 or more times per week)*

17. Think about physical activities that are ***relatively strenuous*** (running and other strenuous sports, digging, chopping wood, heavy construction, hauling hay, fixing fences, etc...).
During a typical week for you, how much time do you spend performing activities that are ***relatively strenuous***? Rarely |___|1 Occasionally |___|2 *(1 - 2 times per week)* Often |___|3 *(3 or more times per week)* INT23_57

C. DENTURE AND EATING PROBLEMS

18. How many natural teeth do you have? All |___|1 Most |___|2 Some |___|3 None |___|4 INT23_11

19. Describe how you chew your food. (Please c*hoose only ONE*): INT23_12

I use natural teeth to chew. |___|1 I use natural teeth with caps/crowns to chew. |___|2

I have natural teeth and a denture or partial. I use them both together to chew. |___|3

I use dentures to chew. |___|4 I chew with my gums. |___|5

20. Rate your ability to chew food (Please c*hoose only ONE*) Good |___|1 Fair |___|2 Poor |___|3 INT23_13

D. FAMILY INCOME:

21. Does your household income meet your family's needs? INT23_14

Yes |___|1 No |___|2 Unsure |___|9

22. What is your *MAIN* daily activity(s)? *(Please list three main activities)* INT23_15 INT23_58 |___|___|___| main 2nd 3rd

1 = Caring for Family
2 = Working for Pay/Profit
3 = Going to School
4 = Looking for Work
5 = Retired/elderly
6 = Other, specify: _____ INT23_73 INT23_59

23. Do you receive any income from...?

	Yes	No	
1) Wages/Salary	|___|1	|___|2	INT23_16
2) Profits - business	|___|1	|___|2	INT23_60
3) Winnings from gaming/lottery	|___|1	|___|2	INT23_61
4) Unemployment benefits/ workmen's comp/welfare	|___|1	|___|2	INT23_62
5) Retirement benefits	|___|1	|___|2	INT23_63
6) Social Security benefits	|___|1	|___|2	INT23_64
7) Lease payment	|___|1	|___|2	INT23_65
8) Other, specify: INT23_66	|___|1	|___|2	INT23_56

24. Of the choices in Question 23, which source provides the most income? |___| INT23_67
(Please choose only one: If missing/refused/unknown, code 9)

25. 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 INT23_17

26. Which of the following categories best describes your annual **household** income from all sources?
(Please check only one) INT23_18

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

E. TOBACCO:

27. Do you smoke cigarettes? Yes |___|1 No |___|2 ***(go to Q32)*** INT23_19

28. On the average, how many cigarettes do you usually smoke per day? INT23_20 |___|___|___|
0= Less than one cigarette per day.

a) If less than one cigarette per day, number of cigarettes per month? INT23_21 |___|___|___|

29. On which occasions are/were you most likely to smoke, or increase your smoking?
Please read the list and check the appropriate response.

		Yes	No
a) stressful times	INT23_22	|___|1	|___|2
b) casinos	INT23_23	|___|1	|___|2
c) wakes/funerals	INT23_24	|___|1	|___|2
d) when drinking alcohol	INT23_25	|___|1	|___|2
e) social meetings	INT23_26	|___|1	|___|2
f) when you have extra money	INT23_27	|___|1	|___|2
g) bingo	INT23_28	|___|1	|___|2
h) other, specify: INT23_29	INT23_47	|___|1	|___|2

30. On the occasions that your smoking increased, how many cigarettes do/did you smoke per day? INT23_30 |___|___|___|

31. Would you like to change your smoking habit? INT23_31 Yes |___|1 No |___|2 ***(skip to Q32)***

a) If yes, how?

			Yes	No
i)	Reduce number of cigarettes per day	INT23_32	|___|1	|___|2
ii)	Switch to lower "tar" or "nicotine" cigarettes	INT23_78	|___|1	|___|2
iii)	Use nicotine patch/chewing gum	INT23_79	|___|1	|___|2
iv)	Quit	INT23_80	|___|1	|___|2
v)	Other, please specify: INT23_82	INT23_81	|___|1	|___|2

CURRENT CIGARETTE SMOKERS SKIP TO Q34

32. During your lifetime have you smoked 100 cigarettes or more total? INT23_33
Yes |___|1 No |___|2 ***(skip to section Q34)***

33. Did you quit smoking since your last SHS exam? INT23_34
Yes |___|1 No |___|2 ***(skip to section Q34)***

INT23_35 a) If you quit since your last SHS exam when did you quit? (*just the year*) |___|___|___|___|

b) What were the reason(s) you quit? Answer *all that apply*:

i)	Doctor's advice	Yes |___|1	No |___|2	INT23_36
ii)	Health concerns	Yes |___|1	No |___|2	INT23_37
iii)	Expenses	Yes |___|1	No |___|2	INT23_38
iv)	Per family pressure	Yes |___|1	No |___|2	INT23_39
v)	Other, please specify: INT23_76	Yes |___|1	No |___|2	INT23_75

34. Whether or not you smoke, on the average, how many hours a day are you exposed to the smoke of others ? INT23_68
(if none, please fill in zero: enter 1 hour if 30 min. or more, enter 0 if less than 30 min.) |___|___|___|

F. ALCOHOL:

"The next few questions are about the use of beer, wine, or liquor".

READ THE FOLLOWING TO THE PARTICIPANT:
"We are asking these questions about alcohol use, because alcohol consumption may be related to heart disease. We want to assure you that this information is strictly confidential. The Strong Heart Study will use this information only to determine to what extent alcohol use is a risk factor for heart disease. This information is analyzed as batches of numbers without any names. Please report your alcohol use as accurately as possible."

35. Have you consumed alcoholic beverages since your last SHS exam? INT23_40
Yes |___|1 No |___|2 ***(this section of the interview is finished, go to Section G)***

a) If yes, when was your last drink? *(check one box only)* INT23_41
|___|1 Within the last week
|___|2 Within the last month
|___|3 Within the last year. Number of months ago? |___|___|___| INT23_42
|___|4 More than a year ago.***(this section of the interview is finished, go to Question 42)***

36. How many alcoholic drinks do you have in a typical week? ***(see chart below)*** | INT23_43
One Drink = 12 oz of Beer = 4 oz of Wine = 1 oz of Liquor.
Please choose the type(s) of beverage and write in the Number of Containers under the appropriate volume.

Type of Drink	Container Size (Ounces)										
	1 shot	1.5 jigger	4 glass	8 tumbler	12 can/btl	16(pt) can	26 fifth	32-34 qt. btl	40 btl	64 (2 gal) jug	128 (gal) jug
Beer	X	X	BEER_ GLS	BEER_ TUM	BEER_ CB	BEER_ CAN	X	BEER_ BOT	BEER_ 40	X	X
Wine	X	X	WINE_ GLS	WINE_ TUM	WINE_ CB	WINE_ CAN	WINE_ FIF	WINE_ BOT	X	WINE_ JG1	WINE_ JG2
Liquor	LIQ_ SHOT	LIQ_ JIGG	LIQ_ GLS	LIQ_ TUM	LIQ_ CB	LIQ_ CAN	LIQ_ FIF	LIQ_ BOT	X	LIQ_ JG1	LIQ_ JG2

* Quart = 32 oz, Liter = 33.8 oz

37. How many days in a typical month do you have at least one drink? INT23_44 |___|___|___|
(indicate the number of days per month)

38. 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)* INT23_45 |___|___|___| *(# Drinks)*

39. When you drink more than your usual amount, how many drinks do you have? INT23_46 |___|___|___| *(# Drinks)*

a) How many times in a month? INT23_48 |___|___|___| *(# Times/Month)*

40. How many times in the **PAST MONTH** have you had more than 5 drinks during a single occasion? *(0 = None)* INT23_50 |___|___|___|

41. How many times in the **PAST YEAR** have you had more than 5 drinks during a single occasion? *(0 = None)* INT23_51 |___|___|___|

42. Within the last year, have you ever consumed other substances to get the effects of alcohol, such as...

	Yes	No	
a. Mouth wash	|___|1	|___|2	INT23_a
b. Cough syrup	|___|1	|___|2	INT23_b
c. Lysol	|___|1	|___|2	INT23_c
d. Hair spray	|___|1	|___|2	INT23_d
e. Other, INT23_f	|___|1	|___|2	INT23_e

G. ADMINISTRATIVE INFORMATION:

43. How reliable was the participant in completing the questionnaire? INT23_49

Very reliable	|___|1
Reliable	|___|2
Unreliable	|___|3
Very unreliable	|___|4
Uncertain	|___|5

44. Did the participant complete the interview? INT_STAT

Yes, completed the interview	|___|1
No, refused all questions	|___|2

45. Interviewer: INT_CODE |___|___|___|

44. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___|

THE STRONG HEART STUDY - PHASE III — FAMILY STUDY
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

GAMBLING QUESTIONS

SHS Family I.D. |___|___|___|___|___|___| SHS. I.D.: |_I_|_D_|_N_|_O_|___|___|

Now we will ask you a few questions about gambling, since more Indian communities have casinos and gambling may have an impact on the health of these communities.

1. Do you work at a casino/bingo hall? GAM3_1 Yes |___|1 No |___|2

2. Overall, what effects do you think gambling has on the following:
   a. Tribal government, Beneficial |___|1 Harmful |___|2 No effects |___|3 GAM3_2a
   b. Tribal people, Beneficial |___|1 Harmful |___|2 No effects |___|3 GAM3_2b
   c. You personally Beneficial |___|1 Harmful |___|2 No effects |___|3 GAM3_2c

3. What type(s) of gambling have you participated in during the **last year**?
   a) Slot machines? Yes|___|1 *(If Yes, how often. Please check)* No|___|2 GAM3_3
   |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month GAM3_4
   b) Lottery? Yes|___|1 *(If Yes, how often. Please check)* No|___|2 GAM3_5
   |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month GAM3_6
   c) Bingo? Yes|___|1 *(If Yes, how often. Please check)* No|___|2 GAM3_7
   |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month GAM3_8
   d) Card games (i.e. poker)? Yes|___|1 *(If Yes, how often. Please check)* No|___|2 GAM3_9
   |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month GAM3_10
   e) Other, specify: GAM3_11a Yes|___|1 No|___|2 *(If Yes, how often. Please check)* GAM3_11
   |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month GAM3_12

(skip to Q9 if person does not gamble)

4. In the past year, have you lost more than you won? GAM3_13 Yes |___|1 No |___|2

5. In the past year, have you made attempts to control, cut back, or stop gambling? GAM3_14 Yes |___|1 No |___|2
   a) If Yes, have your attempts been successful? GAM3_15 Yes |___|1 No |___|2

6. In the past year, have you had to borrow money to pay basic living expenses (such as food, mortgage/rent), because of gambling losses? GAM3_16 Yes |___|1 No |___|2

7. When you are gambling, how much alcohol do you drink that day? GAM3_17 |___|___|___| # of drinks

8. In the past year, what is the largest amount you have bet on any single day? $_____ GAM3_18

9. Did the participant complete the interview?
   Yes, completed the interview |___|1 No, refused all questions |___|2 STAT

10. Interviewer: INT_CODE |___|___|___|

11. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___| mo day yr

THE STRONG HEART STUDY III
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

MEDICAL HISTORY FORM

ID number: |_I_|_D_|_N_|_O|___|___|

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?"

1. High blood pressure? Yes |___|1 No |___|2 Only during pregnancy |___|3 Unknown |___|9 MED3_1

   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 MED3_2 |___|___|___|

		YES	NO	UNKNOWN
2.	Arthritis? MED3_3	|___|1	|___|2	|___|9
3.	Any fractures associated with osteoporosis? MED3_4	|___|1	|___|2	|___|9

   If YES, where? _____MED3_4A_____

4.	Rheumatic heart disease? MED3_5	|___|1	|___|2	|___|9
5.	Gallstones? MED3_6	|___|1	|___|2	|___|9
6.	Cancer, including leukemia and lymphoma? MED3_7	|___|1	|___|2	|___|9

   If YES, specify type of cancer: _____MED3_7A_____

7. Diabetes? Yes |___|1 Impaired glucose tolerance (IGT) |___|2 No |___|3 Unknown |___|9 MED3_8

   a) If YES, do you still have it now? *(if No, or Unknown, skip to Q8)*

      Yes |___|1 No |___|2 Unknown |___|9 MED3_9

   b) How old were you when you were first told by a medical person that you had diabetes? *Indicate the actual age. Don't know=999* MED3_10 |___|___|___|

   c) What type of treatment are you taking for your diabetes? *(Check appropriate answer)*

		YES	NO	
i)	insulin	|___|1	|___|2	MED3_11
ii)	oral hypoglycemic agent	|___|1	|___|2	MED3_12
iii)	by dietary control	|___|1	|___|2	MED3_13
iv)	by exercise	|___|1	|___|2	MED3_14
v)	do nothing	|___|1	|___|2	MED3_15
vi)	other: _____MED3_15BL_____	|___|1	|___|2	MED3_15B

			YES	NO	UNKNOWN	
8.	Has a medical person ever told you that you had kidney failure?		|___|1	|___|2	|___|9	MED3_16
	a) If YES, are one or both working well now?		|___|1	|___|2	|___|9	MED3_17
	b) 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 = -9		|___|___|			MED3_18

			YES	NO	UNKNOWN
9.	Are you currently on renal dialysis?	MED3_19	|___|1	|___|2	|___|9
10.	Have you ever had kidney transplant?	MED3_20	|___|1	|___|2	|___|9
	a) If YES, is the new kidney working well?	MED3_21	|___|1	|___|2	|___|9
	b) If NO, are you waiting for a kidney transplant?	MED3_22	|___|1	|___|2	|___|9
11.	Cirrhosis of the liver?	MED3_23	|___|1	|___|2	|___|9

			YES	NO	UNKNOWN
12.	**LUNG PROBLEMS**				
	a. Emphysema?	MED3_24	|___|1	|___|2	|___|9
	b. Hay fever?	MED3_25	|___|1	|___|2	|___|9
	c. Chronic bronchitis?	MED3_26	|___|1	|___|2	|___|9
	d. Asthma?	MED3_27	|___|1	|___|2	|___|9
	If YES for asthma, do you still have it now?	MED3_28	|___|1	|___|2	|___|9

13. Have you had a heart catheterization? Yes |___|1 No |___|2 MED3_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?
(*record the most recent test*) MED3_29D |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

hospital/clinic: _____ MED3_29P _____

14. Have you ever had a diagnostic exercise test or Treadmill test to check your heart?
MED3_30 Yes |___|1 No |___|2 Unknown|___|9

a) If Yes, when and where?
(*record the most recent test*) MED3_30D |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

hospital/clinic: _____ MED3_30P _____

SINCE your last SHS exam, that is ____(mo)____(yr), has a doctor told you that you had any of the following conditions? (*If more than one episode since Exam II, enter information for the **MOST RECENT** one in the Exam II - Exam III interval*)

15. Heart failure? MED3_31 Yes |___|1 No |___|2 Unknown |___|9

a) If Yes, when and where ? MED3_31D |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

hospital/clinic: _____ MED3_31P _____

b) If Yes, do you still have heart failure now ?
MED3_32 Yes |___|1 No |___|2 Unknown |___|9

16. Heart attack? MED3_33 Yes |___|1 No |___|2 Unknown |___|9

a) If Yes, when and where ? MED3_33D |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

hospital/clinic: _____ MED3_33P _____

17. Any other heart trouble? MED3_34 Yes |___|1 No |___|2 Unknown |___|9

If Yes, please specify type: MED3_34A

a) If Yes, when and where ? MED3_34D |___|___|/|___|___|/|___|___|___|___| mo day yr

hospital/clinic: MED3_34P

18. Stroke? MED3_35 Yes |___|1 No |___|2 Unknown |___|9

If Yes, please specify type: _____

a) If Yes, when and where ? MED3_35D |___|___|/|___|___|/|___|___|___|___| mo day yr

hospital/clinic: MED3_35P

19. Have you ever had surgery on your chest?

Yes |___|1 No |___|2 ***(skip to Q20)*** MED3_36

a) Was it heart surgery? Yes |___|1 No |___|2 ***(skip to Q20)*** MED3_37

If Yes, which surgery have you had?

i) Bypass? Yes |___|1 No |___|2 MED3_38

If Yes, when and where ? MED3_38D |___|___|/|___|___|/|___|___|___|___| mo day yr

hospital/clinic: MED3_38P

ii) Valvular repair/replacement? Yes |___|1 No |___|2 MED3_39

If Yes, when and where ? MED3_39D |___|___|/|___|___|/|___|___|___|___| mo day yr

hospital/clinic: MED3_39P

iii) Pacemaker? Yes |___|1 No |___|2 MED3_40

If Yes, when and where ? MED3_40D |___|___|/|___|___|/|___|___|___|___| mo day yr

hospital/clinic: MED3_40P

iv) Other? Yes |___|1 No |___|2 MED3_41

Please specify: MED3_41A

If Yes, when and where ? MED3_41D |___|___|/|___|___|/|___|___|___|___| mo day yr

hospital/clinic: MED3_41P

C. ACCESS TO MEDICAL CARE:

20. Source of medical care:	In the past 5 years, have you received any medical care at: Yes	No	What is your usual source of medical care: *(Check only ONE)*
a) IHS facility	|___|1MED3_42A	|___|2	MED3_42B |___|
b) Tribal facility	|___|1MED3_42C	|___|2	MED3_42D |___|
c) Private facility	|___|1MED3_43A	|___|2	MED3_43B |___|
d) Private practitioner	|___|1MED3_44A	|___|2	MED3_44B |___|
e) Traditional healer	|___|1MED3_44C	|___|2	MED3_44D |___|
f) VA/military facility	|___|1MED3_45A	|___|2	MED3_45B |___|
g) Health maint. org. (HMO)	|___|1MED3_46A	|___|2	MED3_46B |___|
h) Other, list MED3_47L	|___|1MED3_47A	|___|2	MED3_47B |___|
i) Nowhere	|___|1MED3_48A	|___|2	MED3_48B |___|

21. In addition to IHS coverage, what health insurance do you have? *(check all that apply)*

None	MED3_49A	|___|1	Veteran/military hospital	MED3_49E	|___|5
Private health insurance	MED3_49B	|___|2	HMO	MED3_49G	|___|6
Medicaid	MED3_49C	|___|3	Other, list: MED3_49L	MED3_49F	|___|7
Medicare	MED3_49D	|___|4			

22. How do you get to your usual healthcare provider? *(check only one)* MED3_50

Myself	|___|1	Community health representative (CHR)	|___|4
Family member	|___|2	Paid driver	|___|5
Friend	|___|3		

23. How much does it usually cost, out of pocket, for transportation to your usual healthcare provider? $_MED3_51

24. On the average, how long does it take you to get to your usual source of medical care? MED3_52

Less than 15 minutes	|___|1	45 to 60 minutes	|___|4
15 to 30 minutes	|___|2	1 to 2 hours	|___|5
31 to 45 minutes	|___|3	More than 2 hours	|___|6

25. Does your usual source of medical care see patients by appointment? MED3_53

Yes \|___\|1 No \|___\|2 ***(go to Q27a.)***

26. Once you get to your usual source of medical care, how long do you usually have to wait to see a healthcare provider? MED3_57

Less than 15 minutes	|___|1	45 to 60 minutes	|___|4
15 to 30 minutes	|___|2	1 to 2 hours	|___|5
31 to 45 minutes	|___|3	More than 2 hours	|___|6

27. If you need to be seen before your appointment, can you walk in and be seen? MED3_54

Yes \|___\|1 ***(go to a)*** No \|___\|2 ***(go to b)***

a) As a walk-in, how long does it usually take you to be seen by a physician or a physician's assistant? MED3_55

Less than 15 minutes	|___|1	45 to 60 minutes	|___|4
15 to 30 minutes	|___|2	1 to 2 hours	|___|5
31 to 45 minutes	|___|3	More than 2 hours	|___|6

b) How long does it usually take you to get an extra appointment? MED3_56

2 days or less	|___|1	3 to 4 weeks	|___|4
3 days to 1 week	|___|2	More than 4 weeks	|___|5
1 to 2 weeks	|___|3		

28. How much do you have to pay "out-of-pocket" to see your usual healthcare provider for an outpatient visit, ***excluding*** travel costs? $_____ MED3_58

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29. Did the participant complete the interview?

Yes, completed the interview \|___\|1 No, refused all questions \|___\|2

IS THE PARTICIPANT FEMALE? Yes \|___\|1 **(go to next page)** No \|___\|2 GENDER

IF THE PARTICIPANT IS **MALE**, *GO TO ROSE QUESTIONNAIRE*

30. Interviewer: INT_CODE \|___\|___\|___\|

31. Date of interview: INT_DATE \|___\|___\|/\|___\|___\|/\|___\|___\|___\|___\| (mo / day / yr)

THE STRONG HEART STUDY III

REPRODUCTION AND HORMONE USE (WOMEN ONLY)

ID number: |_I_|_D_|_N_|_O|___|___|

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

1. Have your menstrual cycles stopped? Yes |___|1 No |___|2 ***(go to Q5)*** REP3_1
2. If Yes, has it stopped for more than 12 months? Yes |___|1 No |___|2 REP3_2
3. Was your menopause natural or did you have surgery? Natural |___|1 Surgery |___|2 REP3_3
   a) If *SURGERY*, was ***ONLY*** your uterus removed? Yes |___|1 No |___|2 Unknown |___|9 REP3_4
4. How old were you when your periods stopped? *Indicate the age in years.* 999 = unknown REP3_5 |___|___|___|

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

5. Except for birth control pills, have you ever taken estrogen (*either pills, as a patch or by shot*) for any reason? ***(Estrogen is often called premarin: maybe either purplish brown or yellow football shaped pills)*** Yes |___|1 REP3_6 No |___|2 ***(Go to Q8)***

   a. If Yes, are you still taking estrogen? Yes |___|1 *(go to Q5b)* No |___|2 REP3_7

      i. If No, why did you stop taking estrogen?

It caused bleeding?	Yes |___|1	No |___|2	REP3_8
Made breasts tender?	Yes |___|1	No |___|2	REP3_9
Made me feel bloated?	Yes |___|1	No |___|2	REP3_10
Made you "funny," didn't like the way you felt	Yes |___|1	No |___|2	REP3_11
Do not like taking any medications	Yes |___|1	No |___|2	REP3_12
Too expensive	Yes |___|1	No |___|2	REP3_13
Doctor's advice	Yes |___|1	No |___|2	REP3_14
Concern about long term side effects	Yes |___|1	No |___|2	REP3_15
Other: _____REP3_16A_____	Yes |___|1	No |___|2	REP3_16

   b. Do/Did you use estrogen for...

REP3_17 i.	post surgery (hysterectomy/removal of ovaries)	Yes |___|1	No |___|2	Unknown |___|9
REP3_18 ii.	relief of menopause symptoms	Yes |___|1	No |___|2	Unknown |___|9
REP3_19 iii.	prevent bone loss	Yes |___|1	No |___|2	Unknown |___|9
REP3_20 iv.	protect against heart disease	Yes |___|1	No |___|2	Unknown |___|9
REP3_21 v.	doctor's advice	Yes |___|1	No |___|2	Unknown |___|9

6. How old were you when you started using estrogen? *Indicate the age in years.* REP3_22 |___|___|___|
7. How many years altogether did you take estrogen? *Specify the duration in years.* REP3_23
   If less than 3 months, record 0. If more than 3 months but less than 1 year, record 1. |___|___|___|

---

8. Does the participant complete the interview?
   Yes, completed the interview |___|1 No, refused all questions |___|2 REP3_STAT
9. Interviewer: INT_CODE |___|___|___|
10. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

THE STRONG HEART STUDY III

ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

ID number: |_I_|_D_|_N_|_O_|___|___|

Section A: Chest Pain on Effort

1. Have you ever had any pain or discomfort in your chest? ROSE3_1
   Yes |___|1 No |___|2 ***(go to Section C)***

2. Do you get it when you walk uphill, upstairs or hurry? ROSE3_2
   Yes |___|1 No |___|2 ***(go to Section B)***
   Never hurries or walks uphill or upstairs |___|3
   Unable to walk |___|4 ***(go to Section B)***.

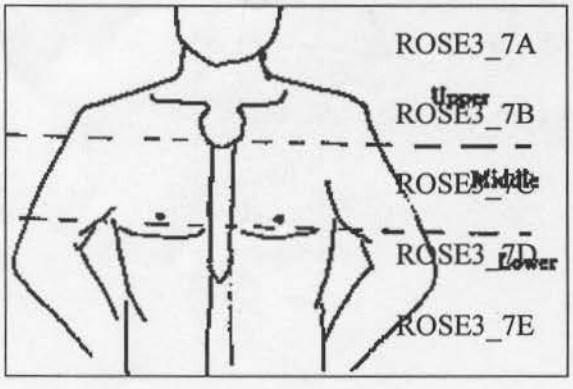
3. Do you get it when you walk at an ordinary pace on the level? ROSE3_3
   Yes |___|1 No |___|2

4. What do you do if you get it while you are walking? ROSE3_4
   Stop or slow down |___|1 Carry on |___|2 ***(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? Relieved |___|1 Not relieved |___|2 ***(go to Section B.)*** ROSE3_5

6. How soon? 10 minutes or less |___|1 More than 10 minutes |___|2 ***(go to Section B.)*** ROSE3_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.)



ROSE3_7A	Sternum (upper or middle)	Yes |___|1	No |___|2
ROSE3_7B	Sternum (lower)	Yes |___|1	No |___|2
ROSE3_7C	Left anterior chest	Yes |___|1	No |___|2
ROSE3_7D	Left arm	Yes |___|1	No |___|2
ROSE3_7E	Other:_____	Yes |___|1	No |___|2

8. Do you feel it anywhere else? ROSE3_8 Yes |___|1 No |___|2
   If Yes, record additional information : _____ ROSE3_8A _____

_____

_____

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? ROSE3_9

Yes |___|1 No |___|2

Section C: Intermittent Claudication

10. Do you get pain in either leg on walking? ROSE3_10

Yes |___|1 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? ROSE3_11

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

12. In what part of your leg did you feel it? ROSE3_12 |___|

Pain includes calf/calves |___|1

Pain does not include calf/calves |___|2 ***(go to Q19)***

If calves not mentioned, ask, "Anywhere else?" Please specify: _____ ROSE3_12A _____

13. Do you get it when you walk uphill, upstairs or hurry? ROSE3_13

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

Never hurries or walks uphill or upstairs |___|3

14. Do you get it if you walk at an ordinary pace on the level? ROSE3_14

Yes |___|1 No |___|2

15. Does the pain ever disappear while you are walking? ROSE3_15

Yes |___|1 ***(go to Question 19)*** No |___|2

16. What do you do if you get it when you are walking? ROSE3_16

Stop or slow down |___|1 Carry on |___|2 ***(go to Q19)***

17. What happens to it if you stand still ? ROSE3_17

Relieved |___|1 Not Relieved |___|2 ***(go to Q19)***

18. How soon? 10 minutes or less |___|1 More than 10 minutes |___|2 ROSE3_18

END OF ROSE QUESTIONNAIRE

19. Does the participant complete the interview? RS3_STAT

Yes, completed the interview |___|1 No, refused all questions |___|2

20. Interviewer: INT_CODE |___|___|___|

21. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___|
mo day yr

THE STRONG HEART STUDY III
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

PHYSICAL EXAMINATION

ID number: |_I_|_D_|_N_|_O|___|___|

I. TOBACCO, CAFFEINE, AND ALCOHOL USE

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 about them."

1. Have you smoked or used chewing tobacco or snuff within the last 4 hours? EX3_1 |___|
   1= Yes 2= No ***(skip to Q2)***

   a. How long ago did you last smoke or last use chewing tobacco or snuff? EX3_2 |___|___|___|
   Specify the lag by hours. *# hours*

   b. If less than an hour, specify the minutes. EX3_3 |___|___|___|
   # minutes

2. EX3_4 How many alcoholic drinks have you had in the last 24 hours? *(0 = None, 888 = Refused)* |___|___|___|

3. EX3_5 Have you done any vigorous physical activity in the last 24 hours? Yes |___|1 No |___|2

4. EX3_6 Have you had any coffee, tea, caffeinated soft drink or chocolate within the last 4 hours?
   Yes |___|1 No |___|2 ***(skip to instructions below)***

EX3_7 a. How long ago did you last have any coffee, tea, caffeinated soft drink or chocolate? Specify the lag by hours. |___|___|___|
 # hours

EX3_8 b. If less than an hour, specify the minutes |___|___|___|
 # minutes

"We ask you not to use any tobacco, caffeine or alcohol until you have completed your visit with us today. We do this so that your test results are not affected by use of these substances. If you *must* use any of these, please tell us that you did before you leave."

II. EXAMINATION OF EXTREMITIES FOR AMPUTATIONS

5. Are any extremities missing? EX3_9
   Yes, |___|1 *Complete the table on the next page.* No |___|2 ***(skip to Q6)***

If YES to amputation , Code the cause of amputation:

1 = Diabetes 2 = Trauma 3 = Congenital
4 = Other, please specify 9 = Unknown

	Extremities	Check if Missing	Cause
a.	Right arm EX3_10 |___|	EX3_11 |___|	EX3_11A
b.	Right hand EX3_12 |___|	EX3_13 |___|	EX3_13A
c.	Right finger(s) EX3_14 |___|	EX3_15 EX3_16 (# missing) |___|	EX3_16A
d.	Left arm EX3_17 |___|	EX3_18 |___|	EX3_18A
e.	Left hand EX3_19 |___|	EX3_20 |___|	EX3_20A
f.	Left fingers EX3_21 |___|	EX3_22 EX3_23 (# missing) |___|	EX3_23A
g.	Right leg above knee |___| EX3_24	EX3_25 |___|	EX3_25A
h.	Right leg below knee |___| EX3_26	EX3_27 |___|	EX3_27A
i.	Right foot EX3_28 |___|	EX3_29 |___|	EX3_29A
j.	Right toe(s) EX3_30 |___|	EX3_31 EX3_32 (# Missing) |___|	EX3_32A
k.	Left leg above knee |___| EX3_33	EX3_34 |___|	EX3_34A
l.	Left leg below knee |___| EX3_35	EX3_36 |___|	EX3_36A
m.	Left foot EX3_37 |___|	EX3_38 |___|	EX3_38A
n.	Left toe(s) EX3_39 |___|	EX3_40 EX3_41 (# Missing) |___|	EX3_41A

III. BLOOD PRESSURE

6. Right arm circumference, measured in centimeters (cm) EX3_42 |___|___|___|
Midway between acromium and olecranon

7. Cuff size (arm circumference in brackets) EX3_43

Pediatric (under 24cm)	|___|1	Large arm (33-41cm)	|___|3
Regular arm (24-32cm)	|___|2	Thigh (>41cm)	|___|4

8. Pulse obliteration pressure EX3_44 |___|___|___|

9. Seated Blood Pressure:

		Systolic BP	*Diastolic BP*
a)	**First** Blood Pressure Measurement	EX3_45|___|___|___|	EX3_46|___|___|___|
b)	**Second** Blood Pressure Measurement	EX3_47|___|___|___|	EX3_48|___|___|___|
c)	**Third** Blood Pressure Measurement	EX3_49|___|___|___|	EX3_50|___|___|___|

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

Yes \|___\|1 No \|___\|2 EX3_51
If yes, specify: EX3_51A

11. Recorder ID (For the SHS staff who took BPs): EX3_52 |___|___|___|

IV. GIRTH MEASUREMENT:

		in *METRIC SYSTEM* (centimeters/cm/kg)	*English System* inches / pounds
12.	Height (Standing)	EX3_53|__|__|__| cm	EX3_54|__|__|__| in
13.	Weight	EX3_55|__|__|__| kg	EX3_56|__|__|__| lb
14.	Hip circumference	EX3_57|__|__|__| cm	EX3_58|__|__|__| in
15.	Waist measurement at umbilicus	EX3_59|__|__|__| cm	EX3_60|__|__|__| in

V. PEDAL PULSES AND EDEMA

		present	absent	missing limbs	unable to assess
16.	Right posterior tibial pulse	EX3_61|__|1	|__|2	|__|3	|__|9
17.	Right dorsalis pedis pulse	EX3_62|__|1	|__|2	|__|3	|__|9
18.	Left posterior tibial pulse	EX3_63|__|1	|__|2	|__|3	|__|9
19.	Left dorsalis pedis pulse	EX3_64|__|1	|__|2	|__|3	|__|9

20.EX3_65Pedal edema|__\|1 Absent, |__\|2 Mild, |__\|3Marked *(above midpoint between malleolus and patella)*

VI IMPEDANCE MEASUREMENT

21. a) Was impedance taken? Yes |__\|1 ***(go to b)*** No |__\|2 EX3_70

EX3_70A *if No, due to:* Amputation |__\|1 Wound/dressing |__\|2 Cast |__\|3 Refusal |__\|9

b) Taken on left side? Yes |__\|1 No |__\|2 ***(go to c)*** EX3_68

EX3_69 *If Yes, due to:* Amputation |__\|1 Wound/dressing |__\|2 Cast |__\|3 Refusal |__\|9

c) Resistance |__\|__\|__\|EX3_66 d. Reactance |__\|__\|__\| EX3_67

VII 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.

		Right arm	Right ankle	Left ankle
22.	a) First systolic B.P.	EX3_71|__|__|__|	EX3_72 |__|__|__|	EX3_73 |__|__|__|
	b) EX3_74 Second systolic B.P	|__|__|__|	EX3_75|__|__|__|	EX3_76 |__|__|__|
	c) Location	EX3_77	Posterior tibial |__|1 Dorsalis pedis |__|2	EX3_78Posterior tibial |__|1 Dorsalis pedis |__|2

23. Was an ECG performed? Yes |__\|1 No |__\|2 EX3_84

VIII BREATH CO

24. Was breath CO done? Yes |__\|1 ***(go to a)*** No |__\|2***(go to Q25)*** EX3_85

a) Ambient: |__\|__\| CO[ppm]: |__\|__\|__\| |__\|__\|__\| |__\|__\|__\| |__\|__\|__\|

Ambient valid entries:-9 to +9	1st	2nd	3rd	4th
EX3_79	EX3_80	EX3_81	EX3_82	EX3_83

CO: valid entries Generally 0 to 99 *(usually only the the 1st and 2nd entries will be completed)*

ADMINISTRATIVE INFORMATION

25. Did the participant complete the interview?

Yes, completed the interview |__\|1 No, refused all questions |__\|2 EX3_STAT

26. SHS Code of person completing this form INT_CODE |__\|__\|__\|

27. Date of Examination: INT_DATE |__\|__\|/|__\|__\|/|__\|__\|__\|__\| (mo / day / yr)

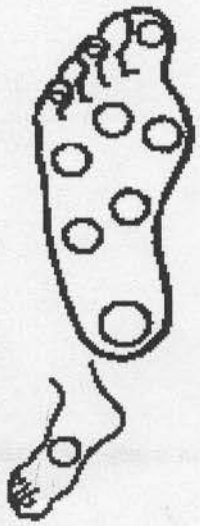
THE STRONG HEART STUDY III

Diabetic Foot Screen

ID number: |_I_|_D_|_N_|_O|___|___|

IHS Chart Number |_I_|_H_|_S|_N_|_O|

1. Is there an ulcer on:
   a) Right foot? Yes |___|1 No |___|2 FOOT3_1A
   b) Left foot Yes |___|1 No |___|2 FOOT3_1B
2. Is there a history of foot ulcer? Yes |___|1 No |___|2 FOOT3_2
3. Is either foot numb? Yes |___|1 No |___|2 FOOT3_3
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.



		POSITIVE	NEGATIVE
a.	Right top	FOOT3_4A|___|1	|___|2
b.	Right large toe	FOOT3_4B|___|1	|___|2
c.	Right middle toe	FOOT3_4C|___|1	|___|2
d.	Right small toe	FOOT3_4D|___|1	|___|2
e.	Right sole front	FOOT3_4E|___|1	|___|2
f.	Right sole right	FOOT3_4F|___|1	|___|2
g.	Right sole left	FOOT3_4G|___|1	|___|2
h.	Right sole back right	|___|1	FOOT3_4H |___|2
i.	Right sole back left	|___|1	FOOT3_4I |___|2
j.	Right heel	FOOT3_4J|___|1	|___|2

5. Unable to measure due to medical reasons? FOOT3_5 Yes |___|1 No |___|2
   (*If the right foot has been amputated, conduct exam on the left foot)*
6. Measured on left foot? FOOT3_6 Yes |___|1 No |___|2
   a. If "Yes," due to right foot: FOOT3_6A
   Amputation |___|1 Wound/dressing |___|2 Cast |___|3 Refusal |___|8
7. RESULTS: a. Number of positive answers FOOT3_7A |___|___|
   b. Number of sites tested FOOT3_7B |___|___|
8. Did the participant complete the exam?
   Yes, completed the interview |___|1 No, refused all questions |___|2 FT3_STAT
9. Examined by: INT_CODE |___|___|___|
10. Date of Examination: INT_DATE |___|___|/|___|___|/|___|___|___|___|
    mo day yr

APPENDIX 6
THE STRONG HEART STUDY III

GTT CHECKLIST

ID number: |_I_|_D|_N|_O_|___|___|

Social Security Number: |_S_|_S_|_N|—|___|___|—|___|___|___|___|

1. Fasting One Touch glucose result. *999= not done* GTT3_2 |___|___|___|

2. Is ***FASTING*** blood sample taken? GTT3_3

   Yes, and participant has been fasting |___|1

   Yes, but participant has NOT been fasting |___|2

   No, participant has not been fasting |___|3

   Other, specify _____GTT3_3L_____ |___|4

   No, participant refused |___|8

3. When was the last time you ate? *(use military time)* GTT3_4 _____:_____

4. Time of collection of fasting samples GTT3_5 _____:_____

5. Time of collection of urine sample GTT3_6 _____:_____

6. Was participant given 75 gram glucose beverage? GTT3_7 Yes |___|1 No |___|2

   a. If Yes, Time the 75 gram glucose beverage was consumed _____:_____

   b. If No, why did participant not have OGTT? *Check the appropriate answer(s)*

      i. diabetes, on insulin treatment GTT3_9 |___|

      ii. diabetes, on oral agent GTT3_10 |___|

      iii. One Touch > 225 mg/dl GTT3_11 |___|

      iv. refusal to have OGTT done GTT3_12 |___|

7. Time of 2-hr blood sample GTT3_13 _____:_____

8. If the participant vomited after the glucose beverage was given, check here. |___| GTT3_14

   If "Yes," when? *(Indicate the time)*: _____GTT3_15_____

   Comments: _____

9. SHS Code of person completing this form INT_CODE |___|___|___|

10. Date samples collected INT_DATE |___|___|/|___|___|/|___|___|___|___|
    mo day yr

THE STRONG HEART STUDY III

Quality of Life[1]

ID number: |_I_|_D_|_N|_O_|___|___|

Social Security Number: |_S_|_S_|_N|—|___|___|—|___|___|___|___|

How is this questionnaire administered?
By interviewer |___|1 By self |___|2 Refused |___|8 QUA3_0

1. In general, would you say your health is: QUA3_1

(Please check only one)

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**? QUA3_2

(Please check only one)

Much better than one year ago..... |___|1
Somewhat better than one year ago..... |___|2
About the same..... |___|3
Somewhat worse than one year ago..... |___|4
Much worse 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?

(Please Check One Answer Per Line)

		Yes, Limited a Lot	Yes Limited a Little	No Not Limited at All
3.	**Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports.....QUA3_3	|___|1	|___|2	|___|3
4.	**Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.....QUA3_4	|___|1	|___|2	|___|3
5.	Lifting or carrying groceries.....QUA3_5	|___|1	|___|2	|___|3
6.	Climbing **several** flights of stairs.....QUA3_6	|___|1	|___|2	|___|3
7.	Climbing **one** flight of stairs.....QUA3_7	|___|1	|___|2	|___|3
8.	Bending, kneeling, or stooping.....QUA3_8	|___|1	|___|2	|___|3
9.	Walking **more** than a mile.....QUA3_9	|___|1	|___|2	|___|3
10.	Walking **several blocks**.....QUA3_10	|___|1	|___|2	|___|3
11.	Walking **one block**..... QUA3_11	|___|1	|___|2	|___|3
12.	Bathing or dressing yourself.....QUA3_12	|___|1	|___|2	|___|3

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)

			Yes	No
13.	Cut down on **the amount of time** you spend on work or other activities	QUA3_13	|___|1	|___|2
14.	**Accomplish less** than you would like	QUA3_14	|___|1	|___|2
15.	Were limited in the kind of work or other activities	QUA3_15	|___|1	|___|2
16.	Had difficulty performing the work or other activities (for example, it took extra effort)	QUA3_16	|___|1	|___|2

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)

			Yes	No
17.	Cut down on **the amount of time** you spend on work or other activities	QUA3_17	|___|1	|___|2
18.	**Accomplish less** than you would like	QUA3_18	|___|1	|___|2
19.	Didn't do work or other activities as carefully as usual	QUA3_19	|___|1	|___|2

20. **During the PAST 4 WEEKS, to what extent has you physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?**

(Please Check One Answer) QUA3_20

Not at all..... |___|1
Slightly..... |___|2
Moderately..... |___|3
Quite a bit..... |___|4
Extremely..... |___|5

21. **How much BODILY pain have you had during the PAST 4 WEEKS?**

(Please Check One Answer) QUA3_21

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)?**

(Please Check One Answer) QUA3_22

Not at all..... |___|1
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 Answer 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
23.	Did you feel full of pep?..QUA3_23	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
24.	Have you been a very nervous person?.....QUA3_24	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
25.	Have you felt so down in the dumps that nothing could cheer you up?..... QUA3_25	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
26.	Have you felt calm and peaceful?QUA3_26	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
27.	Did you have a lot of energy?.QUA3_27	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
28.	Did you feel downhearted and blue?.....QUA3_28	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
29.	Did you feel worn out?.....QUA3_29	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
30.	Have you been a happy person?QUA3_30	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
31.	Did you feel tired?.....QUA3_31	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6

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.)?**

(Please Check One Answer) QUA3_32

All 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 <u>each</u> of the following statements?

(Please Check One Answer Per Line)

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33.	I seem to get sick a little easier than other people.....QUA3_33	|___|1	|___|2	|___|3	|___|4	|___|5
34.	I am as healthy as anybody I know.....QUA3_34	|___|1	|___|2	|___|3	|___|4	|___|5
35.	I expect my health to get worse QUA3_35	|___|1	|___|2	|___|3	|___|4	|___|5
36.	My health is excellent.....QUA3_36	|___|1	|___|2	|___|3	|___|4	|___|5

37. Interview conducted in:
English |___|1 QUA3_37
Native language |___|2 Specify: _____ QUA3_37A _____
Other |___|3 Specify: _____

38. Interviewer INT_CODE |___|___|___|

39. Date completed INT_DATE |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

THE STRONG HEART STUDY III
CBC Results

SHS Family Study ID |_|_|_|_|_|_| SHS ID number: |_|_|_|_|_|_| IDNO

Each Center's Results May Appear in Different Order, Please Be Careful When Entering the Results

1. WBC (10^9/L) |_|_|.|_|_| WBC3
2. RBC (10^{12}/L) |_|_|.|_|_| RBC3
3. HGB (g/dL) |_|_|.|_|_| HGB3
4. HCT (%) |_|_|_|.|_|_| HCT3
5. MCV (fL) |_|_|_|.|_|_| MCV3
6. MCH (pg) |_|_|.|_|_| MCH3
7. MCHC (g/dL) |_|_|.|_|_| MCHC3
8. RDW (%) |_|_|.|_|_| RDW3
9. Platelet count (PLT .. 10^9/L) |_|_|_|_| PLT3
10. MPV (fL) |_|_|.|_|_| MPV3

DIFFERENTIAL

Each Center's Results May Appear in Different Order, Please Be Careful When Entering the Results

11. NEUT (%) |_|_|.|_|_| NEUT3
12. LYMPH (%) |_|_|.|_|_| LYMPH3
13. MONO (%) |_|_|.|_|_| MONO3
14. EOS (%) |_|_|.|_|_| EOS3
15. BASO (%) |_|_|.|_|_| BASO3
16. Code number of person completing this form |_|_|_| INT_CODE
17. Date of data collection |_|_| / |_|_| / |_|_|_|_| INT-DAT
    mo day yr

CBC_stat (1 of 2)

SLEEP HABITS QUESTIONNAIRE

STRONG HEART STUDY

IDNO ID Number: _____

Today's Date: DATE02 _____ / _____ / _____ (mm / dd / yy)

Please complete as thoroughly as possible and to the best of your knowledge.

1. A. At what time do you usually *FALL ASLEEP* on weekdays or work days?

TFAWDH02 ____ ____ : TFAWDM02 ____ ____ ☐1 ☐2 A.M. *(Midnight is 12:00 A.M.)* P.M. TFAWDA02

B. At what time do you usually *FALL ASLEEP* on weekends or non-work days?

TFAWEH02 ____ ____ : TFAWEM02 ____ ____ ☐1 ☐2 A.M. *(Midnight is 12:00 A.M.)* P.M. TFAWEA02

2. How many minutes does it usually take you to fall asleep at bedtime?

MI02SLP02 ____ ____ ____ *(Number of minutes)*

3. A. At what time do you usually *WAKE UP* on weekdays or work days?

TWUWDH02 ____ ____ : TWUWDM02 ____ ____ ☐1 ☐2 A.M. *(Midnight is 12:00 A.M.)* P.M. TWUWDA02

B. At what time do you usually *WAKE UP* on weekends or non-work days?

TWUWEH02 ____ ____ : TWUWEM02 ____ ____ ☐1 ☐2 A.M. *(Midnight is 12:00 A.M.)* P.M. TWUWEA02

4. How many hours of sleep do you usually get at night (or your primary sleep period on week days or work days?

HRSW02 ____ ____ *(Number of hours)*

5. How many hours of sleep do you usually get at night (or your primary sleep period on weekends or non-work days?

HRSWEQ2 _____ _____ *(Number of hours)*

6. During a usual week, how many times do you nap for five minutes or more? *(Write in "0" if you take no naps)*

NAPQ2 _____ _____ *(Number of times)*

7. Please indicate how often you experience each of the following. *(Please check one box for each item)*

		NEVER (0)	RARELY (1/month or less)	SOMETIMES (2 - 4/month)	OFTEN (5 - 15/month)	ALMOST ALWAYS (16 - 30/month)
A.	TFAQ2 Have trouble falling asleep.	☐1	☐2	☐3	☐4	☐5
B.	WUONRSQ2 Wake up during the night and have difficulty getting back to sleep.	☐1	☐2	☐3	☐4	☐5
C.	WU2EMQ2 Wake up too early and are unable to get back to sleep.	☐1	☐2	☐3	☐4	☐5
D.	FUNRESQ2 Feel unrested during the day, no matter how many hours of sleep you've had.	☐1	☐2	☐3	☐4	☐5
E.	SLEEPYQ2 Feel excessively (overly) sleepy during the day.	☐1	☐2	☐3	☐4	☐5
F.	NGESQ2 Do not get enough sleep.	☐1	☐2	☐3	☐4	☐5
G.	TKPILLQ2 Take sleeping pills or other medication to help you sleep	☐1	☐2	☐3	☐4	☐5

Questions 8 through 16 are about snoring and breathing during sleep. To answer these questions, please consider both what others have told you, AND what you know about yourself.

8. Have you ever snored (now or at any time in the past)?

HUSNRDQ2 ☐1 YES → *Go to Question 9*

☐0 NO STPBRTQ2 → *Skip to Question 14 on page 3*

☐9 DON'T KNOW → STPBRTQ2

9. How often do you snore now? (Please check only one)

HOSNRQ2

- ☐ 0 Do not snore any more → *Skip to Question 13* (SURGTRQ2)
- ☐ 1 Rarely - less than one night a week.
- ☐ 2 Sometimes - 1 or 2 nights a week.
- ☐ 3 Frequently - 3 to 5 nights a week.
- ☐ 4 Always or almost always - 6 or 7 nights a week.
- ☐ 9 Don't know.

10. How loud is your snoring? (Please check only one)

LOUDSNQ2

- ☐ 1 Only slightly louder than heavy breathing.
- ☐ 2 About as loud as mumbling or talking.
- ☐ 3 Louder than talking.
- ☐ 4 Extremely loud - can be heard through a closed door.
- ☐ 9 Don't know.

11. How many years have you been snoring?

YRSSNRQ2 ___ ___ ___ *(Number of years)* **OR** Don't know = 999

12. Is your snoring? (Please check only one)

ESSNORQ2

- ☐ 1 Increasing over time?
- ☐ 2 Decreasing over time?
- ☐ 3 Staying the same?
- ☐ 9 Don't know.

13. Have you ever had surgery as treatment for your snoring?

SURGTRQ2 ☐ 1 YES ☐ 0 NO

14. Are there times when you stop breathing during your sleep?

STPBRTQ2

- ☐ 1 YES → *Go to Question 15*
- ☐ 0 NO (MDSAQ2) → *Skip to Question 16 on page 4* (MDSAQ2)
- ☐ 9 DON'T KNOW (MDSAQ2) → *Skip to Question 16 on page 4* (MDSAQ2)

15. How often do you have times when you stop breathing during your sleep?

HOSTBR02

- ☐ 1 Rarely - less than one night a week.
- ☐ 2 Sometimes - 1 or 2 nights a week.
- ☐ 3 Frequently - 3 to 5 nights a week.
- ☐ 4 Always or almost always - 6 or 7 nights a week.
- ☐ 9 Don't know.

16. A. Have you ever been told by a doctor that you have sleep apnea (a condition in which breathing stops briefly during sleep)?

MDSAQ2 ☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → O2THPYQ2 *Skip to Question 17 below*

B. Do you sleep with either a pressure mask ("CPAP") or a mouthpiece as treatment for your sleep apnea?

CPAPQ2 ☐ 1 YES ☐ 0 NO

C. Have you had surgery as treatment for your sleep apnea?

SURGSAQ2 ☐ 1 YES ☐ 0 NO

17. Do you usually use oxygen therapy (oxygen delivered by a mask or nasal cannula) During your sleep?

O2THPYQ2 ☐ 1 YES ☐ 0 NO

18. In the past year, how often, on average, have you been awakened with the following?

		NEVER (0)	RARELY (1/month or less)	SOMETIMES (2 - 4/month)	OFTEN (5 - 15/month)	ALMOST ALWAYS (16 - 30/month)
A.	COUGHQ2 Coughing or wheezing.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B.	CPQ2 Chest pain or tightness.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
C.	SOBQ2 Shortness of breath.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
D.	SWEATSQ2 Sweats or hot flashes.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
E.	NOISEQ2 Noise in your surroundings.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
F.	PAINJTQ2 Pain in your joints, muscles, or back.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
G.	HBQ2 Heartburn or indigestion.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
H.	LEGCRPQ2 Leg cramps or leg jerks	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I.	NEEDBRQ2 Need to go to the bathroom.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

19. During the past year, how often have one or more members of your household been in or near the room where you have slept?

MEMBH H02

☐ 1 NEVER ☐ 2 SOMETIMES ☐ 3 USUALLY

20. What is the chance that you would doze off or fall asleep (not just "feel tired") in each of the following situations? *(Please check on box for each situation. If you are never or rarely in the situation, please give your best guess for that situation)*

		NO CHANCE	SLIGHT CHANCE	MODERATE CHANCE	HIGH CHANCE
A.	SITRD02 Sitting and reading.	☐ 1	☐ 2	☐ 3	☐ 4
B.	WATV02 Watching television.	☐ 1	☐ 2	☐ 3	☐ 4
C.	SITPUB02 Sitting inactive in a public place (such as a theater or meeting)	☐ 1	☐ 2	☐ 3	☐ 4
D.	PGRCAR02 Riding as a passenger in a car for an hour without a break.	☐ 1	☐ 2	☐ 3	☐ 4
E.	LYDWN02 Lying down to rest in the afternoon when circumstances permit.	☐ 1	☐ 2	☐ 3	☐ 4
F.	SITTLK02 Sitting and talking to someone.	☐ 1	☐ 2	☐ 3	☐ 4
G.	SITLCH02 Sitting quietly after a lunch (without alcohol).	☐ 1	☐ 2	☐ 3	☐ 4
H.	INCAR02 In a car, while stopped for a few minutes in traffic.	☐ 1	☐ 2	☐ 3	☐ 4
I.	ATTABL02 At the dinner table.	☐ 1	☐ 2	☐ 3	☐ 4
J.	DRIVE02 While driving.	☐ 1	☐ 2	☐ 3	☐ 4

Thank you for your participation in the Strong Heart Study's Sleep Habits Survey.

Field Center Use Only

☐ 0 Self-administered

WHOADM02
Interviewer administered in:

☐ 1 English ☐ 4 Pima

☐ 2 Spanish ☐ 5 Other, specify: _____

☐ 3 Lakota ☐ 9 Unknown

Interviewer or Reviewer Code: _____ _____ _____ Date: _____ / _____ / _____
(month / day / year)

INTID02

INTDT02

THE STRONG HEART STUDY III — FAMILY STUDY
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

PERSONAL INTERVIEW FORM I

SHS Family I.D. |_F|_A|_M|_I|_D|___|___| SHS. I.D.: |_I|_D|_N|_O|___|___|

Social Security Number: |_S|_S|_N|—|___|___|—|___|___|___|___|

Community name: COMNAME Community Code: |_C|_C|___|

A. DEMOGRAPHIC INFORMATION:

1. Your Name:

   a. Last: |_I|_N|_T|_1|_F|_2|___|___|___|___|___|___|___|___|___|___|___|___|___|

   b. First: |_I|_N|_T|_1|_F|_3|___|___|___|___|___|___|___|___|___|___|___|___|___|

   c. Middle: |_I|_N|_T|_1|_F|_4|___|___|___|___|___|___|___|___|___|___|___|___|___|

   d. Nickname/Other Name: |_I|_N|_T|_1|_F|_5|___|___|___|___|___|___|___|___|___|___|___|___|___|

2. GeNder: Male |___|1 Female |___|2 INT1F_1

3. Date of Birth: INT1F_D |___|___|/|___|___|/|___|___|___|___|
   mo day yr

4. What is your marital status? (*Give the most recent status in left-most box)* |___|___|___|
   INT1F_14 Current, 2nd, 3rd

   1 = Never married
   2 = Currently married
   3 = Divorced
   4 = Separated INT1F_ 142
   5 = Widowed INT1F_ 143
   6 = Adult roommate/partner/significant other

5. If ever married, what was your maiden name?

   |_I|_N|_T|_1|_F|_M|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

6. If married, what is your spouse's name? ***(if not married, skip to Q8)***

   INT1F_15 (Last) INT1F_16 (First) INT1F_17 (Middle)

7. Did he/she also participate in the Strong Heart Study examination? INT1F_18

   Yes |___|1 No |___|2

8. 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.* Do you want your Strong Heart report sent to the named hospitals?

	Hospital	Chart number	IHS 1=yes, 2=no	Hospital Code	Send Report 1=yes, 2=no
a.	HOSPA	IHSNO1	IHS1	INT1F_6	INT1F_10
b.	HOSPB	IHSNO2	IHS2	INT1F_7	INT1F_11
c.	HOSPC	IHSNO3	IHS3	INT1F_8	INT1F_12
d.	HOSPD	IHSNO4	IHS4	INT1F_9	INT1F_13

9. What is your current mailing address?

a. |_I_|_N_|_T_|_1_|_F_|_20_|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Street/P.O. Box

b. |_I_|_N_|_T_|_1_|_F_|_21|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
City/town

c. |_I_|_N_|_T_|_1_|_F_|_22|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
County

d. State and zip code: INT1F_23 |___|___|—|I_|_N_|_T_|1F_|24__|

10. Is this your residential address? (*If different from mailing address*)

INT1F_25Yes |___|1 No |___|2 ***if no, what is your current address?***

a. |_I_|_N_|_T_|_1_|_F_|_26|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Street/P.O. Box

b. |_I_|_N_|_T_|_1_|_F_|_27|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
City/town:

c. |_I_|_N_|_T_|_1_|_F_|_28|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
County:

d. State and Zip code: INT1F_29|___|___|—|IN|T1F|_30|___|___|

11 What is your home telephone number? Or at what telephone number can we reach you or leave a message? |INT|1F_|_31|—|___|___|___|—|___|___|___|___|
area code
0= If unlisted 9= If no phone

12 What is your work or other contact telephone number? INT1F_32|___|___|___|—|___|___|___|—|___|___|___|___|
area code
0= If same as home phone 9= If not applicable or unknown

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

13. How many years of education have you completed? INT1F_33 |___|___|___|

0-12= Vo-tech or years of school (GED = 12)
14= Junior college 16= Bachelors
18= Masters 19= Law degree
20= Doctorate 999= Unknown

Since we are investigating heart disease in the American Indian population, we need to ask about your degree of Indian blood.

14. What do you estimate to be your degree of Indian blood? |___|___|/|___|___|
INT1F_34N INT1F_34D

15. Blood quantum:

INT1F34N INT1F34D

Please write the name of each tribe in the spaces below.

	Tribal Code	Blood quantum
Tribe 1: INT1F_T1	|___|___|___| INT1F_C1	|___|___|/|___|___| INT1F_N1 INT1F_D1
Tribe 2: INT1F_T2	|___|___|___| INT1F_C2	|___|___|/|___|___| INT1F_N2 INT1F_D2
Tribe 3: INT1F_T3	|___|___|___| INT1F_C3	|___|___|/|___|___| INT1F_N3 INT1F_D3
Tribe 4: INT1F_T4	|___|___|___| INT1F_C4	|___|___|/|___|___| INT1F_N4 INT1F_D4
Tribe 5: INT1F_T5	|___|___|___| INT1F_C5	|___|___|/|___|___| INT1F_N5 INT1F_D5
White — non-Hispanic		|___|___|/|___|___| INT1F_N6 INT1F_D6
White — Hispanic		|___|___|/|___|___| INT1F_N7 INT1F_D7
Black		|___|___|/|___|___| INT1F_N8 INT1F_D8
Other, please specify: _____		|___|___|/|___|___| INT1F_N9 INT1F_D9

16. What is your tribe of enrollment?
Enter name and IHS tribal code: INT1F_35 INT1F_36 |___|___|___|

THE STRONG HEART STUDY - PHASE III — FAMILY STUDY
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

PERSONAL INTERVIEW FORM II

SHS Family I.D. |F_|_A_|_M_|_I_|_D_|___|___| SHS. I.D.: |_I_|_D_|_N_|_O_|___|___|

A. WEIGHT SATISFACTION

1. Are you satisfied with your present weight? INT2F_1

   Yes |___|1 ***(skip to B)*** No |___|2 Unknown/unsure |___|9

2. Do you want to lose or gain weight? Lose |___|1 Gain |___|2 INT2F_2

3. How do you plan to do this?

			Less	More	No change
a)	Eating	INT2F_3	|___|1	|___|2	|___|3
b)	Physical activity	INT2F_4	|___|1	|___|2	|___|3
c)	Medication	INT2F_5		Yes |___|1	No |___|2
d)	Other, specify: INT2F_7	INT2F_6		Yes |___|1	No |___|2

B. DENTURE AND EATING PROBLEMS

4. How many natural teeth do you have? All |___|1 Most |___|2 Some |___|3 None |___|4 INT2F_8

5. Describe how you chew your food. (*Please Choose only ONE*): INT2F_9

   I use natural teeth to chew. |___|1 I use natural teeth with caps/crowns to chew. |___|2

   I have natural teeth and a denture or partial. I use them both together to chew. |___|3

   I use dentures to chew. |___|4 I chew with my gums. |___|5

6. Rate your ability to chew food (*Please Choose only ONE*) Good |___|1 Fair |___|2 Poor |___|3 INT2F_10

C. FAMILY INCOME:

7. Does your household income meet your family's needs? INT2F_11

   Yes |___|1 No |___|2 Unsure |___|9

8. What is your *MAIN* daily activity(s)? (*If more than one, order "1,2..."etc.*) |___|___|___|
   Main 2nd 3rd

   1 = Caring for Family
   2 = Working for Pay/Profit
   3 = Going to School
   4 = Looking for Work INT2F_12
   5 = Retired/Elderly INT2F_13
   6 = Other, please specify INT2F_14

   INT2F_15

9. Do you receive any income from..?

	Yes	No		Yes	No
INT2F_16 1) Wages/Salary	|___|1	|___|2	5) Retirement Benefits INT2F|_63|1	|___|2	
INT2F_60 2) Profits - business	|___|1	|___|2	6) Social Security Benefits IN|T2F|1	|_64|2	
INT2F_61 3) Gaming/lottery winnings	|___|1	|___|2	7) Lease Payment INT2F_70|___|1	|___|2	
INT2F_62 4) Unemployment benefits/ worker's comp/welfare	|___|1	|___|2	8) Other, specify: INT2F_56|___|1 INT2F_65	|___|2	

10. Of the choices in Question 9, which source provides the most income? INT2F_67 |___|
(Choose one: if Missing/Refused/Unknown, code 9)

11. 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)* INT2F_17|___|___|___|

12. Which of the following categories best describes your annual **household** income from all sources? *Please show a list.* INT2F_18

Less than 5,000 |___|1	20,000 to 25,000 |___|5	Don't know/not sure |___|9
5,000 to 10,000 |___|2	25,000 to 35,000 |___|6	Refused |___|0
10,000 to 15,000 |___|3	35,000 to 50,000 |___|7	
15,000 to 20,000 |___|4	Over 50,000 |___|8	

D. TOBACCO:

13. During your lifetime have you smoked 100 cigarettes or more total? INT2F_19

Yes |___|1 No |___|2 ***(skip to SECTION E)***

14. How old were you when you first started smoking fairly regularly? INT2F_48 |___|___|___|
(Indicate age at which you started smoking)
0 = Never smoked regularly 999 = Unknown

15. Do you smoke cigarettes now? Yes |___|1 No |___|2 INT2F_86

16. On the average, how many cigarettes do/did you usually smoke per day? INT2F_20|___|___|___|
0= Less than one cigarette per day

a) If less than one cigarette per day, number of cigarettes per month? INT2F_21 |___|___|___|

17. On which occasions are/were you most likely to smoke, or increase your smoking?
Please read the list and check the appropriate response.

		Yes	No
a) stressful times	INT2F_22	|___|1	|___|2
b) casinos	INT2F_23	|___|1	|___|2
c) wakes/funerals	INT2F_24	|___|1	|___|2
d) when drinking alcohol	INT2F_25	|___|1	|___|2
e) social meetings	INT2F_26	|___|1	|___|2
f) when you have extra money	INT2F_27	|___|1	|___|2
g) bingo	INT2F_28	|___|1	|___|2
h) other, specify: INT2F_29		|___|1	INT2F_4|7__|2

18. On the occasions that your smoking increased, how many cigarettes do/did you smoke per day? INT2F_30 |___|___|___|

19. If you currently smoke, would you like to change your smoking habit? Yes |___|1 No |___|2 INT2F_31 ***(if No, skip to Q20)***

a) If yes, would you prefer to...

		Yes	No
i)	Reduce number of cigarettes per day INT2F_32	|___|1	|___|2
ii)	Switch to lower "tar" or "nicotine" cigarettes INT2F_78	|___|1	|___|2
iii)	Use nicotine patch/chewing gum INT2F_79	|___|1	|___|2
iv)	Quit INT2F_80	|___|1	|___|2
v)	Other, specify: _____INT2F_82_____	|___|1 INT2F_81	|2

20. Did you quit smoking? INT2F_83 Yes |___|1 No |___|2 ***(skip to Section E)***

a) If you quit, when did you last smoke? (*Just the year, please*) INT2F_84 |___|___|___|___|

b) What reason(s) did you have for quitting? Please check *all that apply*:

			Yes	No
i)	Doctor's advice	INT2F_36	|___|1	|___|2
ii)	Health concerns	INT2F_37	|___|1	|___|2
iii)	Expenses	INT2F_38	|___|1	|___|2
iv)	Per family pressure	INT2F_39	|___|1	|___|2
v)	Other	INT2F_75	|___|1	|___|2

specify: _____INT2F_76_____

E. PASSIVE SMOKING:

21. When you were growing up, did your father or male guardian ever smoke cigarettes regularly? INT2F_77

Yes |___|1 No father/male guardian |___|3

No |___|2 Unknown |___|9

22. When you were growing up, did your mother or female guardian ever smoke cigarettes regularly? INT2F_85

Yes |___|1 No mother/female guardian |___|3

No |___|2 Unknown |___|9

23. Whether or not you smoke, on the average, how many hours a day are you exposed to the smoke of others? INT2F_68 |___|___|___|
(If none, fill in 0; enter 1 for 30 minutes or more, enter 0 if less than 30 minutes)

F. ALCOHOL:

The next few questions are about the use of beer, wine, or liquor.

PLEASE READ THE FOLLOWING TO THE PARTICIPANT:

"We are asking these questions about alcohol use, because alcohol consumption may be related to heart disease. We want to assure you that this information is strictly confidential. The Strong Heart Study will use this information only to determine to what extent alcohol use is a risk factor for heart disease. This information is analyzed as batches of numbers without any names. Please report your alcohol use as accurately as possible."

24. Have you ever consumed alcoholic beverages? INT2F_40

Yes |___|1 No |___|2 ***(this section of the interview is finished, go to Question 31)***

a) If yes, when was your last drink? *(Choose only one)* INT2F_41

|___|1 Within the last week

|___|2 Within the last month

|___|3 Within the last year. Number of months INT2F_42 |___|___|___|

|___|4 More than a year ago

(If over a year, this section of the interview is finished, please go to Question 31)

25. How many alcoholic drinks do you have in a typical week? ***(see chart below)***|

One Drink = 12 oz of Beer = 4 oz of Wine = 1 oz of Liquor.
Please choose the type(s) of beverage and write in the Number of Containers under the appropriate volume.

Number of Containers

Type of Drink	Container Size (Ounces)										
	1 shot	1.5 jigger	4 glass	8 tumbler	12 can/btl	16(pt) can	26 fifth	32-34 qt. btl	40 btl	64 (2 gal) jug	128 (gal) jug
Beer	X	X	BEER_ GLS	BEER_ TUM	BEER_ CB	BEER_ CAN	X	BEER_ BOT	BEER_ 4OZ	X	X
Wine	X	X	WINE_ GLS	WINE_ TUM	WINE_ CB	WINE_ CAN	WINE_ FIF	WINE_ BOT	X	WINE_ JG1	WINE_ JG2
Liquor	LIQ_ SHOT	LIQ_ JIGG	LIQ_ GLS	LIQ_ TUM	LIQ_ CB	LIQ_ CAN	LIQ_ FIF	LIQ_ BOT	X	LIQ_ JG1	LIQ_ JG2

26. How many days in a typical month do you have at least one drink? INT2F_44 |___|___|___|
(Indicate the number of days per month)

27. 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)* INT2F_45 |___|___|___| (# Drinks)

28. When you drink more than your usual amount, how many drinks do you have? INT2F_46 |___|___|___| (# Drinks)

a) How many times in a month? INT2F_66 |___|___|___| (# Times/Month)

29. How many times in the **PAST MONTH** have you had more than 5 drinks during a single occasion? *(0 = None)* INT2F_50 |___|___|___|

30. How many times in the **PAST YEAR** have you had more than 5 drinks during a single occasion? *(0 = None)* INT2F_51 |___|___|___|

31. Within the last year, have you ever consumed other substances to get the effects of alcohol, such as...

	Yes	No	
a. Mouth wash	|___|1	|___|2	INT2F_87
b. Cough syrup	|___|1	|___|2	INT2F_88
c. Lysol	|___|1	|___|2	INT2F_89
d. Hair spray	|___|1	|___|2	INT2F_90
e. Other, _____	|___|1	|___|2	INT2F_91

G. ADMINISTRATIVE INFORMATION:

32. How reliable was the participant in completing the questionnaire? INT2F_49

Very reliable |___|1 Reliable |___|2 Unreliable |___|3

Very unreliable |___|4 Uncertain |___|9

33. Did the participant complete the interview? INT_STAT

Yes, completed the interview |___|1

No, refused all questions |___|2

34. Interviewer: INT_CODE |___|___|___|

35. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___| mo day yr

THE STRONG HEART STUDY - PHASE III — FAMILY STUDY
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

GAMBLING QUESTIONS

SHS Family I.D. |_F_|_A|_M_|_I_|_D_|___|___| SHS. I.D.: |_I_|_D_|_N_|_O|___|___|

Now we will ask you a few questions about gambling, since more Indian communities have casinos and gambling may have an impact on the health of these communities.

1. Do you work at a casino/bingo hall? Yes |___|1 No |___|2 GAMF_1

2. Overall, what effects do you think gambling has on the following:

GAMF_2A a. Tribal government, Beneficial |___|1 Harmful |___|2 No effects |___|3

GAMF_2B b. Tribal people, Beneficial |___|1 Harmful |___|2 No effects |___|3

GAMF_2C c. You personally Beneficial |___|1 Harmful |___|2 No effects |___|3

3. What type(s) of gambling have you participated in during the **last year**?

GAMF_3 a) Slot machines? Yes|___|1 No|___|2
(If Yes, how often. Please check)

GAMF_4 |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month

GAMF_5 b) Lottery? Yes|___|1 No|___|2
(If Yes, how often. Please check)

GAMF_6 |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month

GAMF_7 c) Bingo? Yes|___|1 No|___|2
(If Yes, how often. Please check)

GAMF_8 |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month

GAMF_9 d) Card games (i.e. poker)? Yes|___|1 No|___|2
(If Yes, how often. Please check)

GAMF_10 |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month

GAMF_11 e) Other, specify: GAMF_11A Yes|___|1 No|___|2
(If Yes, how often. Please check)

GAMF_12 |___|1 1 or more times a week |___|2 1 or more times a month |___|3 Less than once a month

(Skip to Q9 if person does not gamble)

4. In the past year, have you lost more than you won? GAMF_13 Yes |___|1 No |___|2

5. In the past year, have you made attempts to control, cut back, or stop gambling? GAMF_14 Yes |___|1 No |___|2
   a) If Yes, have your attempts been successful? GAMF_15 Yes |___|1 No |___|2

6. In the past year, have you had to borrow money to pay basic living expenses (such as food, mortgage/rent), because of gambling losses? GAMF_16 Yes |___|1 No |___|2

7. When you are gambling, how much alcohol do you drink that day? GAMF_17 |___|___|___| # of drinks

8. In the past year, what is the largest amount you have bet on any single day? $GAMF_18__

9. Did the participant complete the interview?
   Yes, completed the interview |___|1 No, refused all questions |___|2 GMF_STAT

10. Interviewer: INT_CODE |___|___|___|

11. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___| mo day yr

THE STRONG HEART STUDY III — FAMILY STUDY
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

MEDICAL HISTORY FORM

SHS Family I.D. |_F_|_A_|_M|_I_|_D_|___|___| SHS. I.D.: |_I_|_D_|_N_|_O|___|___|

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?

MEDF_1

1. High blood pressure? Yes |___|1 No |___|2 Only during pregnancy |___|3 Unknown |___|9
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 MEDF_2 |___|___|___|

		YES	NO	UNKNOWN
2.	Arthritis? MEDF_3	|___|1	|___|2	|___|9
3.	Any fractures associated with osteoporosis? MEDF_4	|___|1	|___|2	|___|9

If YES," where? _____ MEDF_4A _____

4.	Rheumatic heart disease? MEDF_5	|___|1	|___|2	|___|9
5.	Gallstones? MEDF_6	|___|1	|___|2	|___|9
6.	Cancer, including leukemia and lymphoma? MEDF_7	|___|1	|___|2	|___|9

If YES," specify type of cancer: _____ MEDF_7a _____

7. Diabetes? MEDF_8
Yes |___|1 Impaired glucose tolerance (IGT) |___|2 No |___|3 Unknown |___|9
(if No or Unknown, skip to Q8)

a) If Yes, do you still have it now? MEDF_9
Yes |___|1 No |___|2 Unknown |___|9

b) How old were you when you were first told by a medical person that you had diabetes? *Indicate the actual age.* Don't know=999 MEDF_10 |___|___|___|

c) What type of treatment are you taking for your diabetes? *(Check appropriate answer)*

			YES	NO
i)	insulin	MEDF_11	|___|1	|___|2
ii)	oral hypoglycemic agent	MEDF_12	|___|1	|___|2
iii)	by dietary control	MEDF_13	|___|1	|___|2
iv)	by exercise	MEDF_14	|___|1	|___|2
v)	do nothing	MEDF_15	|___|1	|___|2
vi)	other	MEDF_15B	|___|1	|___|2

MEDF_16 YES NO UNKNOWN

8. Has a medical person ever told you that you had kidney failure? |___|1 |___|2 |___|9

MEDF_17 a) If Yes, are one or both working well now? |___|1 |___|2 |___|9

MEDF_18 b) 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 =999 |___|___|___|

YES NO UNKNOWN

9. Are you currently on renal dialysis? MEDF_19 |___|1 |___|2 |___|9

10. Have you ever had kidney transplant? MEDF_20 |___|1 |___|2 |___|9

a) If Yes, is the new kidney working well? MEDF_21 |___|1 |___|2 |___|9

b) If No, are you waiting for a kidney transplant? MEDF_22 |___|1 |___|2 |___|9

11. Cirrhosis of the liver? MEDF_23 |___|1 |___|2 |___|9

12. **LUNG PROBLEMS** YES NO UNKNOWN

a. Emphysema? MEDF_24 |___|1 |___|2 |___|9

b. Hay fever? MEDF_25 |___|1 |___|2 |___|9

c. Chronic bronchitis? MEDF_26 |___|1 |___|2 |___|9

d. Asthma? MEDF_27 |___|1 |___|2 |___|9

If YES" for asthma, do you still have it now? MEDF_28 |___|1 |___|2 |___|9

13. Have you had a heart catheterization? Yes |___|1 No |___|2 MEDF_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)*? MEDF_29D |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

hospital/clinic: _____ MEDF_29P _____

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

Yes |___|1 No |___|2 Unknown |___|3 MEDF_30

a) If "YES," when and where? MEDF_30D |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

hospital/clinic: _____ MEDF_30P _____

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. Heart failure? Yes |___|1 No |___|2 Unknown |___|3 MEDF_31

a) If YES," when and where? MEDF_31D |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

hospital/clinic: _____ MEDF_31P _____

MEDF_32 b) If YES," do you still have heart failure now ? Yes |___|1 No |___|2 Unknown |___|3

16. Heart attack? MEDF_33 Yes |___|1 No |___|2 Unknown |___|3

a) If YES," when and where? MEDF_33D |___|___|/|___|___|/|___|___|___|___| (mo / day / yr)

hospital/clinic: _____ MEDF_33P _____

17. Any other heart trouble? MEDF_34 Yes |___|1 No |___|2 Unknown |___|3

If "YES," please specify type: MEDF_34a

a) If YES," when and where? MEDF_34D |___|___|/|___|___|/|___|___|___|___| (mo/day/yr)

hospital/clinic: MEDF_34P

18. Stroke? MEDF_35 Yes |___|1 No |___|2 Unknown |___|3

a) If YES," when and where? MEDF_35D |___|___|/|___|___|/|___|___|___|___| (mo/day/yr)

hospital/clinic: MEDF_35P

19. Have you ever had surgery on your chest? Yes |___|1 No |___|2 ***(skip to Q20)*** MEDF_36

a) Was it heart surgery? Yes |___|1 No |___|2 ***(skip to Q20)*** MEDF_37

If "Yes," which surgery have you had?

i) Bypass? Yes |___|1 No |___|2 MEDF_38

MEDF_38D If "Yes," when and where *(most recent)*? |___|___|/|___|___|/|___|___|___|___| (mo/day/yr)

hospital/clinic: MEDF_38P

ii) Valvular repair/replacement? Yes |___|1 No |___|2 MEDF_39

MEDF_39D If "Yes," when and where *(most recent)*? |___|___|/|___|___|/|___|___|___|___| (mo/day/yr)

hospital/clinic: MEDF_39P

iii) Pacemaker? Yes |___|1 No |___|2 MEDF_40

MEDF_40D If "Yes," when and where *(most recent)*? |___|___|/|___|___|/|___|___|___|___| (mo/day/yr)

hospital/clinic: MEDF_40P

iv) Other? Yes |___|1 No |___|2 MEDF_41

MEDF_41D If "Yes," when and where *(most recent)*? |___|___|/|___|___|/|___|___|___|___| (mo/day/yr)

Please specify: MEDF_41A

hospital/clinic: MEDF_41P

C. ACCESS TO MEDICAL CARE:

20. Source of medical care:	In the past 5 years, have you received any medical care at: Yes	No	What is your usual source of medical care: *(Check only ONE)*
a) IHS facility	|___|1 MEDF_42A	|___|2 MEDF_42B	|___|
b) Tribal facility	|___|1 MEDF_42C	|___|2 MEDF_42D	|___|
c) Private facility	|___|1 MEDF_43A	|___|2 MEDF_43B	|___|
d) Private practitioner	|___|1 MEDF_44A	|___|2 MEDF_44B	|___|
e) Traditional healer	|___|1 MEDF_44C	|___|2 MEDF_44D	|___|
f) VA/military facility	|___|1 MEDF_45A	|___|2 MEDF_45B	|___|
g) Health maint. org. (HMO)	|___|1 MEDF_46A	|___|2 MEDF_46B	|___|
h) Other, list MEDF_47L	|___|1 MEDF_47A	|___|2 MEDF_47B	|___|
i) Nowhere	|___|1 MEDF_48A	|___|2 MEDF_48B	|___|

21. Do you receive most of your outpatient care in...? MEDF_48C

A hospital emergency room |___|1

A clinic |___|2

A private doctor's office |___|3

22. In addition to IHS coverage, what health insurance do you have? *(Check all that apply)*

None	MEDF_49A	|___|1	Veteran/military hospital	MEDF_49E	|___|5
MEDF_49B Private health insurance		|___|2	HMO	MEDF_49G	|___|6
Medicaid	MEDF_49C	|___|3	Other, list MEDF_49L	MEDF_49F	|___|7
Medicare	MEDF_49D	|___|4			

23. How do you get to your usual healthcare provider? *(Check only one)* MEDF_50

Myself	|___|1
Family member	|___|2
Friend	|___|3
Community health representative (CHR)	|___|4
Paid driver	|___|5

MEDF_51

24. How much does it usually cost, out of pocket, for transportation to your usual healthcare provider? $____

25. On the average, how long does it take you to get to your usual source of medical care? MEDF_52

Less than 15 minutes	|___|1	45 to 60 minutes	|___|4
15 to 30 minutes	|___|2	1 to 2 hours	|___|5
31 to 45 minutes	|___|3	More than 2 hours	|___|6

26. Does your usual source of medical care see patients by appointment? MEDF_53

Yes \|___\|1 No \|___\|2

27. Once you get to your usual source of medical care, how long do you usually have to wait to see a healthcare provider? MEDF_57

Less than 15 minutes	|___|1	45 to 60 minutes	|___|4
15 to 30 minutes	|___|2	1 to 2 hours	|___|5
31 to 45 minutes	|___|3	More than 2 hours	|___|6

28. If you need to be seen before your appointment, can you walk in and be seen? MEDF_54

Yes \|___\|1 ***(go to a.)*** No \|___\|2 ***(go to b.)***

a) As a walk-in, how long does it usually take you to be seen by a physician or a physician's assistant? MEDF_55

Less than 15 minutes	|___|1	45 to 60 minutes	|___|4
15 to 30 minutes	|___|2	1 to 2 hours	|___|5
31 to 45 minutes	|___|3	More than 2 hours	|___|6

b) How long does it usually take you to get an extra appointment? MEDF_56

2 days or less	|___|1	3 to 4 weeks	|___|4
3 days to 1 week	|___|2	More than 4 weeks	|___|5
1 to 2 weeks	|___|3		

29. How much do you have to pay "out-of-pocket" to see your usual healthcare provider for an outpatient visit, ***excluding*** travel costs? MEDF_58 $_____

---

30. Did the participant complete the interview? MED_STAT

Yes, completed the interview \|___\|1 No, refused all questions \|___\|2

IS THE PARTICIPANT FEMALE? Yes \|___\|1 **(go to next page)** No \|___\|2 GENDER

IF THE PARTICIPANT IS **MALE**, *GO TO ROSE QUESTIONNAIRE*

31. Interviewer: INT_CODE \|___\|___\|___\|

32. Date of interview: INT_DATE \|___\|___\|/\|___\|___\|/\|___\|___\|___\|___\|
mo day yr

THE STRONG HEART STUDY III — FAMILY STUDY

REPRODUCTION AND HORMONE USE (WOMEN ONLY)

SHS Family I.D. |_F_|_A|_M_|_I_|_D_|___|___| SHS. I.D.: |_I_|_D_|_N_|_O_|___|___|

"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) REPF_1 |___|___|___|
2. How many of your pregnancies resulted in a live birth (parity)? REPF_2 |___|___|___|
3. How many living children do you have? REPF_3 |___|___|___|
4. How many pregnancies did you lose? REPF_4 |___|___|___|
5. Have you ever used birth control pills? REPF_5 Yes |___|1 No |___|2 ***(go to Q8)***
6. How old were you when you started to use birth control pills?
   Indicate the age in years. 999=unknown REPF_6 |___|___|___|
7. How many years altogether did you use them? REPF_7 |___|___|
   *Specify the duration **in years**. 0=less than 6 months, 1=6-12 months, 999=unknown.*
8. Have your menstrual cycles stopped? REPF_8 Yes |___|1 No |___|2 ***(go to Q12)***
9. If 'YES', have they stopped for 12 months or more? REPF_9 Yes |___|1 No |___|2
10. Was your menopause natural or did you have surgery? REPF_10
    Natural |___|1 ***(go to Q11)*** Surgery |___|2
    a) If **SURGERY**, was ***only*** your uterus removed? REPF_11
    Yes |___|1 No |___|2 Unknown |___|9
11. How old were you when your periods stopped completely?
    Indicate age in years 999=unknown REPF_12 |___|___|___|

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

12. Except for birth control pills, have you ever taken estrogen - either pills, as a patch or by shot - for any reason? REPF_13 Yes |___|1 No |___|2 ***(go to Q15)***

a) If "YES," are you still taking estrogen? Yes |___|1 ***(go to Q12b)*** No |___|2 REPF_14

i) If "No," why did you stop taking estrogen?	YES	NO	UNKNOWN	
Caused Bleeding	|___|1	|___|2	|___|9	REPF_15
Made breasts tender	|___|1	|___|2	|___|9	REPF_16
Made you feel bloated	|___|1	|___|2	|___|9	REPF_17
Made you feel "funny," didn't like the way you felt	|___|1	|___|2	|___|9	REPF_18
Do not like taking any medicines	|___|1	|___|2	|___|9	REPF_19
Too expensive	|___|1	|___|2	|___|9	REPF_20
Doctor's advice	|___|1	|___|2	|___|9	REPF_21
Concerned about long-term side effects	|___|1	|___|2	|___|9	REPF_22
Other _____ REPF_23a _____				REPF_23

b) Do/Did you use estrogen for			YES	NO	NOT SURE
REPF_24	i)	post surgery (hysterectomy and removal of ovaries)	|___|1	|___|2	|___|9
REPF_25	ii)	relief of menopause symptoms	|___|1	|___|2	|___|9
REPF_26	iii)	prevent bone loss	|___|1	|___|2	|___|9
REPF_27	iv)	protect against heart disease	|___|1	|___|2	|___|9
REPF_28	v)	doctor's advice	|___|1	|___|2	|___|9

13. REPF_29 How old were you when you started using estrogen? *Indicate age in years.* |___|___|___|

14. How many years altogether did you take estrogen? *Specify duration in years.* |___|___|___|
(If less than 3 months, record 0. If more than 3 months but less than 1 year, record 1)
REPF_30

---

15. Did the participant complete the interview? REF_STAT
Yes, completed the interview |___|1
No, refused all questions |___|2

16. Interviewer: INT_CODE |___|___|___|

17. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___|
mo day yr

THE STRONG HEART STUDY III — FAMILY STUDY

ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

SHS Family I.D. |_F_|_A|_M_|_I_|_D_|___|___| SHS. I.D.: |_I_|_D_|_N_|_O_|___|___|

Section A: Chest Pain on Effort

1. Have you ever had any pain or discomfort in your chest? ROSEF_1

   Yes |___|1 No |___|2 ***(go to Section C)***

2. Do you get it when you walk uphill, upstairs or hurry? ROSEF_2

   Yes |___|1 No |___|2 ***(go to Section B)***

   Never hurries or walks uphill or upstairs |___|3

   Unable to walk |___|4 ***(go to Section B)***

3. Do you get it when you walk at an ordinary pace on the level? ROSEF_3

   Yes |___|1 No |___|2

4. What do you do if you get it while you are walking? ROSEF_4

   Stop or slow down |___|1 Carry on |___|2 ***(go to Section B)***

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

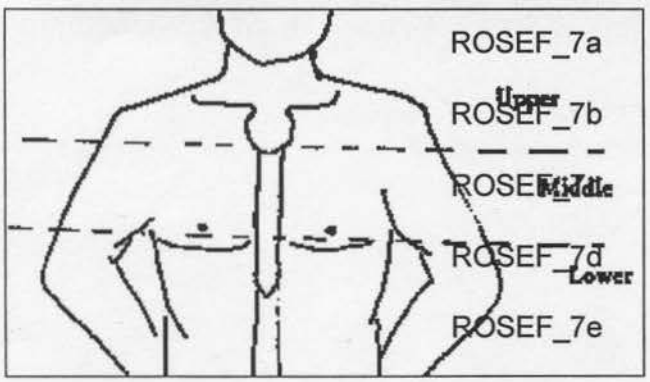
5. If you stand still, what happens to it? ROSEF_5

   Relieved |___|1 Not relieved |___|2 ***(go to Section B)***

6. How soon? ROSEF_6

   10 minutes or less |___|1 More than 10 minutes |___|2 ***(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.)



	YES	NO
Sternum (upper or middle)	|___|1	|___|2
Sternum (lower)	|___|1	|___|2
Left anterior chest	|___|1	|___|2
Left arm	|___|1	|___|2
Other: _____	|___|1	|___|2

8. Do you feel it anywhere else? Yes |___|1 No |___|2 ROSEF_8

   If "YES," record additional information : _____ ROSEF_8a _____

Section B: Possible Infarction

9. Have you ever had a severe pain across the front of your chest lasting for half an hour more? Yes |___|1 No |___|2 ROSEF_9

Section C: Intermittent Claudication

10. Do you get pain in either leg on walking? ROSEF_10
Yes |___|1 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? ROSEF_11
Yes |___|1 ***(go to Q19)*** No |___|2

12. In what part of your leg did you feel it? ROSEF_12
Pain includes calf/calves |___|1 Pain does not include calf/calves |___|2 ***(go to Q19)***
If calves not mentioned, ask: "Anywhere else?" *Please specify*: _____ ROSEF_12a

13. Do you get it if you walk uphill or hurry? ROSEF_13
Yes |___|1 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? ROSEF_14
Yes |___|1 No |___|2

15. Does the pain ever disappear while you are walking? ROSEF_15
Yes |___|1 ***(go to Q19)*** No |___|2

16. What do you do if you get it when you are walking? ROSEF_16
Stop or slow down |___|1 Carry on |___|2 ***(go to Q19)***

17. What happens to it if you stand still? ROSEF_17
Relieved |___|1 Not Relieved |___|2 ***(go to Q19)***

18. How soon? 10 minutes or less |___|1 More than 10 minutes |___|2 ROSEF_18

END OF ROSE QUESTIONNAIRE

19. Did the participant complete the interview? RSF_STAT
Yes, completed the interview |___|1
No, refused all questions |___|2

20. Interviewer: INT_CODE |___|___|___|

21. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___|
mo day yr

THE STRONG HEART STUDY III — FAMILY STUDY
RESPIRATORY QUESTIONS

SHS Family I.D. |_F_|_A|_M_|_I_|_D_|___|___| SHS. I.D.: |_I_|_D_|_N_|_O_|___|___|

1RESPF_1 a) Do you usually have a cough? Yes |___|1 No |___|2 ***(skip to Q3)***

RESPF_2 b) Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week? Yes |___|1 No |___|2

RESPF_3 c) Do you usually cough at all on getting up, or first thing in the morning? Yes |___|1 No |___|2

RESPF_4 d) Do you usually cough like this on most days for 3 consecutive months or more during the year? Yes |___|1 No |___|2

e) How long have you had this cough? RESPF_5y |___|___|/|___|___| years months
RESPF_5m

2. Do you usually bring up phlegm from your chest when you cough? Yes |___|1 No |___|2
RESPF_6

3. Does your chest ever sound wheezy or whistling :

			Yes	No
a)	when you have a cold?	RESPF_7	|___|1	|___|2
b)	occasionally apart from colds?	RESPF_8	|___|1	|___|2
c)	most days?	RESPF_9	|___|1	|___|2
d)	most nights?	RESPF_10	|___|1	|___|2

4. Have you ever had an attack of wheezing that has made you feel short of breath? RESPF_11 Yes |___|1 No |___|2

5. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? RESPF_12

Yes |___|1 No |___|2 ***(go to Q10)*** Unable to walk |___|4 ***(go to Q10)***

6. Do you have to walk slower on level ground than people of your age due to breathlessness? RESPF_13 Yes |___|1 No |___|2

7. Do you ever have to stop for breath when walking at your own pace on level ground? RESPF_14 Yes |___|1 No |___|2

8. Do you ever have to stop for breath after walking 100 yards (the length of a football field) or after a few minutes on level ground? Yes |___|1 No |___|2
RESPF_15

Are you too breathless to leave the house or breathless after dressing or undressing? RESPF_16 Yes |___|1 No |___|2

10. Did you have any lung trouble before the age of 16? RESPF_17 Yes |___|1 No |___|2

11. Have you ever been told you snore? RESPF_18 Yes |___|1 No |___|2

---

12. Did the participant complete the interview? RES_STAT

Yes, completed the interview |___|1

No, refused all questions |___|2

13. Interviewer: INT_CODE |___|___|___|

14. Date of interview: INT_DATE |___|___|/|___|___|/|___|___|___|___|
mo day yr

THE STRONG HEART STUDY III — FAMILY STUDY
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS
PHYSICAL EXAMINATION

SHS Family I.D. |_F_|_A|_M_|_I_|_D_|___|___| SHS. I.D.: |_I_|_D_|_N_|_O_|___|___|

I. TOBACCO, CAFFEINE, AND ALCOHOL USE

Before examinations start, check TOBACCO AND CAFFEINE USE

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

1. Have you smoked or used chewing tobacco or snuff within the last 4 hours? EXF_1 Yes |___|1 No |___|2 **(*skip to Q2*)**

   a) How long ago did you last smoke or last use chewing tobacco or snuff? Specify the lag by hours. EXF_2 |___|___|___| *# hours*

   b) If less than an hour, specify the minutes. EXF_3 |___|___|___| *# minutes*

2. How many alcoholic drinks have you had in the last 24 hours? EXF_4 |___|___|___| *# of drinks*
   (0 = None, 999 = Refused)

3. Have you done any vigorous physical activity in the last 24 hours? Yes |___|1 No |___|2 EXF_5

4. Have you had any coffee, tea, caffeinated soft drink or chocolate within the last 4 hours?
   EXF_6 Yes |___|1 No |___|2 **(*skip to Instruction below*)**

   a) How long ago did you last have any coffee, tea, caffeinated soft drink or chocolate? Specify the lag by hours. EXF_7 |___|___|___| *# hours*

   b) If less than an hour, specify the minutes EXF_8 |___|___|___| *# minutes*

Instructions:

"We ask you not to use any tobacco, caffeine or alcohol until you have completed your visit with us today. We do this so that your test results are not affected by use of these substances. If you *must* use any of these, please tell us that you did before you leave."

II. EXAMINATION OF EXTREMITIES FOR AMPUTATIONS

Are any extremities missing? EXF_9 Yes |___|1 No |___|2 ***(Skip to next Section)***

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

1 = Diabetes
2 = Trauma
3 = Congenital
4 = Other, please specify
9 = Unknown

	Extremities	Check if Missing	Cause
a.	Right arm	EXF_10 |___|	EXF_11 |___| EXF_11A
b.	Right hand	EXF_12 |___|	EXF_13 |___| EXF_13A
c.	Right finger(s)	EXF_14|___|	EXF_15 (# missing) EXF_16|___| EXF_16A
d.	Left arm	EXF_17|___|	EXF_18 |___| EXF_18A
e.	Left hand	EXF_19|___|	EXF_20 |___| EXF_20A
f.	Left fingers	EXF_21|___|	EXF_22 (# missing) EXF_23|___| EXF_23A
g.	Right leg above knee	|___|EXF_24	EXF_25 |___| EXF_25A
h.	Right leg below knee	|___|EXF_26	EXF_27 |___| EXF_27A
i.	Right foot	EXF_28|___|	EXF_29 |___| EXF_29A
j.	Right toe(s)	EXF_30|___|	EXF_31 (# Missing) EXF_32|___| EXF_32A
k.	Left leg above knee	|___|EXF_33	EXF_34 |___| EXF_34A
l.	Left leg below knee	|___|EXF_35	EXF_36 |___| EXF_36A
m.	Left foot	EXF_37|___|	EXF_38 |___| EXF_38A
n.	Left toe(s)	EXF_39|___|	EXF_40 (# Missing) EXF41|___| EXF_41A

III. BLOOD PRESSURE

6. Right arm circumference, measured in centimeters (cm) EXF_42 |___|___|___|
Midway between acromium and olecranon

7. Cuff size (arm circumference in brackets)

Pediatric (under 24cm) |___|1 Large arm (33-41cm) |___|3 EXF_43

Regular arm (24-32cm) |___|2 Thigh (>41cm) |___|4

8. Pulse obliteration pressure EXF_44 |___|___|___|

9. Seated Blood Pressure: ***Systolic BP*** ***Diastolic BP***

a) **First** Blood Pressure Measurement EXF_45 |___|___|___| EXF_46|___|___|___|

b) **Second** Blood Pressure Measurement EXF_47 |___|___|___| EXF_48|___|___|___|

c) **Third** Blood Pressure Measurement EXF_49 |___|___|___| EXF_50|___|___|___|

10. Were the above blood pressures taken from LEFT arm because of missing right arm or some other reason? EXF_51

Yes |___|1 Specify: EXF_51A No |___|2

11. Recorder ID (For the SHS staff who took Bps): EXF_52 |___|___|___|

IV. GIRTH MEASUREMENT:

		METRIC SYSTEM (centimeters/cm/kg)	*BRITISH SYSTEM* inches / pounds
12.	Height (Standing)	EXF_53 |___|___|___| cm	EXF_54 |___|___|___| in
13.	Weight	EXF_55 |___|___|___| kg	EXF_56 |___|___|___| lb
14.	Hip circumference	EXF_57 |___|___|___| cm	EXF_58 |___|___|___| in
15.	Waist measurement at umbilicus	EX|F_5|9_|___| cm	EXF_60 |___|___|___| in

V. PEDAL PULSES AND EDEMA

		PRESENT	ABSENT	MISSING LIMBS	UNABLE TO ASSESS
16.	Right posterior tibial pulse	EXF_61|___|1	|___|2	|___|3	|___|9
17.	Right dorsalis pedis pulse	EXF_62|___|1	|___|2	|___|3	|___|9
18.	Left posterior tibial pulse	EXF_63|___|1	|___|2	|___|3	|___|9
19.	Left dorsalis pedis pulse	EXF_64|___|1	|___|2	|___|3	|___|9

20. Pedal edema EXF_65 Absent |___|1 Mild |___|2 Marked |___|3

VI IMPEDANCE MEASUREMENT

21. a) Was impedance taken? Yes |___|1 ***(go to b)*** No |___|2 EXF_70

EXF_70A *if No, due to:* Amputation |___|1 Wound/dressing |___|2 Cast |___|3 Refusal |___|9

Go to Question 22

b) Taken on left side? Yes |___|1 No |___|2 ***(go to c)*** EXF_68

EXF_69 *If Yes, due to:* Amputation |___|1 Wound/dressing |___|2 Cast |___|3 Refusal |___|9

EXF_66 c) Resistance |___|___|___| EXF_67 d. Reactance |___|___|___|

VII 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.

			Right arm	Right ankle	Left ankle
22.	a)	First systolic B.P.	|___|___|___|EXF_71	|___|___|___|EXF_72	|___|___|___|EXF_73
	b)	Second systolic B.P.	|___|___|___|EXF_74	|___|___|___|EXF_75	|___|___|___|EXF_76
	c)	Location	EXF_77 Posterior tibial |___|1 Dorsalis pedis |___|2	EXF_78 Posterior tibial |___|1 Dorsalis pedis |___|2	

23. Was an ECG performed? Yes |___|1 No |___|2 EXF_84

24. Was breath CO done? Yes |___|1 ***(go to a)*** No |___|2***(go to Q25)*** EXF_85

a) Ambient: |EXF|_79| CO[ppm]: |EXF|_80|___| |EXF|_81|___| |EXF|_82|___| |EX|F_8|3__|
(Ambient valid entries:-9 to +9; 1st; 2nd; 3rd; 4th)

CO: valid entries Generally 0 to 99 *(usually only the 1st and 2nd entries will be completed)*

VIII. ADMINISTRATIVE INFORMATION

25. Did the participant complete the interview? EXF_STAT
Yes, completed the interview |___|1 No, refused all questions |___|2

26. SHS Code of person completing this form INT_CODE |___|___|___|

27. Date of Examination: INT_DATE |___|___|/|___|___|/|___|___|___|___|
(mo; day; yr)

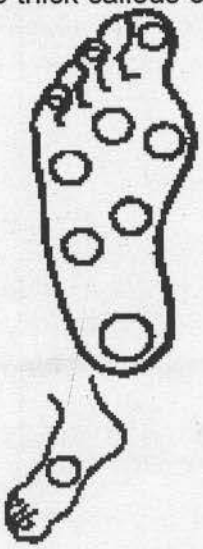
THE STRONG HEART STUDY III — FAMILY STUDY

DIABETIC FOOT SCREEN

SHS Family I.D. |FA|MID|___|___|___|___|___|___| SHS. I.D.: |ID_|NO_|___|___|___|___|

IHS Chart Number IHSNO |___|___|___|___|___|

1. Is there an ulcer on:
   a) Right foot? FOOTF_1a Yes |___|1 No |___|2
   b) Left foot FOOTF_1b Yes |___|1 No |___|2
2. Is there a history of foot ulcer? FOOTF_2 Yes |___|1 No |___|2
3. Is either foot numb? FOOTF_3 Yes |___|1 No |___|2
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.



	POSITIVE	NEGATIVE
a. Right top	|___|1 FOOTF_4a	|___|2
b. Right large toe	|___|1 FOOTF_4b	|___|2
c. Right middle toe	|___|1 FOOTF_4c	|___|2
d. Right small toe	|___|1 FOOTF_4d	|___|2
e. Right sole front	|___|1 FOOTF_4e	|___|2
f. Right sole right	|___|1 FOOTF_4f	|___|2
g. Right sole left	|___|1 FOOTF_4g	|___|2
h. Right sole back right	|___|1 FOOTF_4h	|___|2
i. Right sole back left	|___|1 FOOTF_4i	|___|2
j. Right heel	|___|1 FOOTF_4j	|___|2

5. Unable to measure due to medical reasons? FOOTF_5 Yes |___|1 No |___|2
   (If the right foot has been amputated, conduct exam on the left foot)
6. Measured on left foot? FOOTF_6 Yes |___|1 No |___|2
   a) If "Yes," due to right foot: FOOTF_6a
   Amputation |___|1 Wound/dressing |___|2 Cast |___|3 Refusal |___|8
7. RESULTS: a. Number of positive answers FOOTF_7a |___|___|
   b. Number of sites tested FOOTF_7b |___|___|
8. Did the participant complete the interview?
   Yes, completed the interview |___|1 No Foot Exam |___|2 FTF_STAT
9. Examined by: INT_CODE |___|___|___|
10. Date of Examination: INT_DATE |___|___|/|___|___|/|___|___|___|___| mo day yr

THE STRONG HEART STUDY III — FAMILY STUDY

GTT CHECKLIST

SHS Family I.D. |FA|MID___|___|___|___|___|___| SHS. I.D.: |ID_|NO_|___|___|___|___|

1. Fasting One Touch glucose result. *999= not done* GTTF_2 |___|___|___|

2. Is ***FASTING*** blood sample taken? GTTF_3
   - Yes, and participant has been fasting |___|1
   - Yes, but participant has NOT been fasting |___|2
   - No, participant has not been fasting |___|3
   - Other, specify _____GTTF_3L_____ |___|4
   - No, participant refused |___|8

3. When was the last time you ate *(use military time)* GTTF_4 _____:_____

4. Time of collection of fasting samples GTTF_5 _____:_____

5. Time of collection of urine sample GTTF_6 _____:_____

6. Was participant given 75 gram glucose beverage? Yes |___|1 No |___|2 GTTF_7

   a) If Yes, Time the 75 gram glucose beverage was consumed GTTF_8 _____:_____

   b) If No, why did participant not have OGTT? *Check the appropriate answer(s)*
      - i) diabetes, on insulin treatment GTTF_9 |___|
      - ii) diabetes, on oral agent GTTF_10 |___|
      - iii) One Touch > 225 mg/dl GTTF_11 |___|
      - iv) refusal to have OGTT done GTTF_12 |___|

7. Time of 2-hr blood sample GTTF_13 _____:_____

8. If the participant vomited after the glucose beverage was given, check here. |___|GTTF_14

   If "Yes," when? *(Indicate the time)*: _____GTTF_15_____

   Comments: _____COMMENTS_____

9. SHS Code of person completing this form INT_CODE |___|___|___|

10. Today's Date INT_DATE |___|___|/|___|___|/|___|___|___|___|
    mo day yr

THE STRONG HEART STUDY III - FAMILY STUDY

RISK FACTOR KNOWLEDGE QUESTIONS

SHS Family I.D. |FA_|MI|D_|___|___|___|___|___| SHS. I.D.: |ID_|NO_|___|___|___|___|

1. How is this questionnaire administered? RSK_STAT

   By interviewer |___|1 By self |___|2 Refused |___|8

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.

		Does Not Increase Risk	Increases Risk	Don't Know /Not Sure	
2.	Cigarette Smoking?	|___|0	|___|1	|___|9	RISK_2
3.	High Cholesterol?	|___|0	|___|1	|___|9	RISK_3
4.	High Blood Pressure?	|___|0	|___|1	|___|9	RISK_4
5.	Diabetes?	|___|0	|___|1	|___|9	RISK_5
6.	Worry, Anxiety, or Stress?	|___|0	|___|1	|___|9	RISK_6
7.	Being very overweight?	|___|0	|___|1	|___|9	RISK_7
8.	Eating a diet high in animal fat? (For example, foods that contain red meat, cheese, butter, lard, etc.)	|___|0	|___|1	|___|9	RISK_8
9.	Family history of heart disease?	|___|0	|___|1	|___|9	RISK_9
10.	Not exercising regularly?	|___|0	|___|1	|___|9	RISK_10

11. Interviewer INT_CODE |___|___|___|

12. Date completed INT_DATE |___|___|/|___|___|/|___|___|___|___|
    mo day yr

THE STRONG HEART STUDY III — FAMILY STUDY

QUALITY OF LIFE[1]

SHS Family I.D. |FA_|MI_|D_|___|___|___|___| SHS. I.D.: |ID_|NO_|___|___|___|___|

How is this questionnaire administered? QUAF_0

By interviewer |___|1 By self |___|2 Refused |___|8

1. In general, would you say your health is: **(Please Check Only One)** QUAF_1

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**? QUAF_2
(Please Check Only One)

Much better than one year ago.....	|___|1
Somewhat better than one year ago.....	|___|2
About the same.....	|___|3
Somewhat worse than one year ago.....	|___|4
Much worse 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?

(Please Circle One Number Per Line)

		Yes, Limited a Lot	Yes Limited a Little	No Not Limited at All
3.	**Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports...QUAF_3	|___|1	|___|2	|___|3
4.	**Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.....QUAF_4	|___|1	|___|2	|___|3
5.	Lifting or carrying groceries..... .QUAF_5	|___|1	|___|2	|___|3
6.	Climbing **several** flights of stairs.....QUAF_6	|___|1	|___|2	|___|3
7.	Climbing **one** flight of stairs.....QUAF_7	|___|1	|___|2	|___|3
8.	Bending, kneeling, or stooping.....QUAF_8	|___|1	|___|2	|___|3
9.	Walking **more** than a mile.....QUAF_9	|___|1	|___|2	|___|3
10.	Walking **several blocks**.....QUAF_10	|___|1	|___|2	|___|3
11.	Walking **one block**.....QUAF_11	|___|1	|___|2	|___|3
12.	Bathing or dressing yourself.....QUAF_12	|___|1	|___|2	|___|3

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)

		Yes	No
13.	Cut down on **the amount of time** you spend on work or other activities.....QUAF_13	|___|1	|___|2
14.	**Accomplish less** than you would like..... ..QUAF_14	|___|1	|___|2
15.	Were limited in the kind of work or other activities.QUAF_15	|___|1	|___|2
16.	Had difficulty performing the work or other activities (for example, it took extra effort)..... .QUAF_16	|___|1	|___|2

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)

		Yes	No
17.	Cut down on **the amount of time** you spend on work or other activities.....QUAF_17	|___|1	|___|2
18.	**Accomplish less** than you would like..... QUAF_18	|___|1	|___|2
19.	Didn't do work or other activities as carefully as usual.....QUAF_19	|___|1	|___|2

20. **During the PAST 4 WEEKS, to what extent has you physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups**

(Please Check One Answer) QUAF_20

Not at all..... |___|1
Slightly..... |___|2
Moderately..... |___|3
Quite a bit..... |___|4
Extremely..... |___|5

21. **How much BODILY pain have you had during the PAST 4 WEEKS?**

(Please Check One Answer) QUAF_21

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)?**

(Please Check One Answer) QUAF_22

Not at all..... |___|1
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 Circle 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
23.	Did you feel full of pep?.QUAF_23	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
24.	Have you been a very nervous person?.....QUAF_24	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
25.	Have you felt so down in the dumps that nothing could cheer you up?.....QUAF_25	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
26.	Have you felt calm and peaceful?QU|AF_26|1	|___|2	|___|3	|___|4	|___|5	|___|6	
27.	Did you have a lot of energy?QUAF_|27_|1	|___|2	|___|3	|___|4	|___|5	|___|6	
28.	Did you feel downhearted and blue?.....QUAF_28	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
29.	Did you feel worn out?...QUAF_29	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6
30.	Have you been a happy person?QUAF|_30|1	|___|2	|___|3	|___|4	|___|5	|___|6	
31.	Did you feel tired?..... QUAF_31	|___|1	|___|2	|___|3	|___|4	|___|5	|___|6

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.)?**

(Please Circle One Number) QUAF_32

All 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 <u>each</u> of the following statements?

(Please Circle One Number Per Line)

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33.	I seem to get sick a little easier than other people.....QUAF_33	|___|1	|___|2	|___|3	|___|4	|___|5
34.	I am as healthy as anybody I know.....QUAF_34	|___|1	|___|2	|___|3	|___|4	|___|5
35.	I expect my health to get worse QUAF_35	|___|1	|___|2	|___|3	|___|4	|___|5
36.	My health is excellent.....QUAF_36	|___|1	|___|2	|___|3	|___|4	|___|5

37. Interview conducted in: QUAF_37

English |___|1
Native language |___|2 Specify: QUAF_37a _____
Other |___|3 Specify: _____

38. Interviewer INT_CODE |___|___|___|

39. Date completed INT_DATE |___|___|/|___|___|/|___|___|___|___|
mo day yr

STRONG HEART STUDY III — FAMILY STUDY

CULTURAL FACTORS QUESTIONNAIRE

SHS Family I.D. |FA_|MI_|_D|___|___|___|___| SHS. I.D.: |_ID|_NO|___|___|___|___|

1. How is this questionnaire administered? CULF_1

   By interviewer |___|1 By self |___|2 Refused |___|8

Traditional Values/Culture:

2. Can you speak your native language? CULF_2
   (interviewer should specify the language)? _____

   Yes, fluently |___|1 Yes, but not fluently |___|2 No |___|3 ***(Skip to Q4)***

3. How often do you speak your native language ? (Please read options) CULF_3

   Always |___|1 Almost always |___|2 Often |___|3

   Seldom |___|4 Never |___|5 Not applicable |___|6

The next several questions are about your own native lifestyle.

4. How much do you identify yourself with your own native culture? CULF_4

   Not At All |___|1 A Little |___|2 Some |___|3 A Lot |___|4

5. How much do you identify yourself with non-Indian culture? CULF_5

   Not At All |___|1 A Little |___|2 Some |___|3 A Lot |___|4

6. How comfortable do you feel in your own native culture? CULF_6

   Not At All |___|1 A Little |___|2 Some |___|3 A Lot |___|4

7. How comfortable do you feel in the non-Indian culture? CULF_7

   Not At All |___|1 A Little |___|2 Some |___|3 A Lot |___|4

8. Interviewer INT_CODE |___|___|___|

9. Date completed INT_DATE |___|___|/|___|___|/|___|___|___|___|
   mo day yr

STRONG HEART STUDY III — FAMILY STUDY

MODIFIABLE ACTIVITY QUESTIONNAIRE

SHS Family I.D. |FA_|_MI|_D|___|___|___|___| SHS. I.D.: |ID_|NO|___|___|___|___|

1. Please check all activities listed below that you have done *more than 10 times* in the past year:

Jogging (outdoor, treadmill).....ACTF_1. |___|1 Football/Soccer...ACTF_13 |___|13 Stair Master ACT|F_25|25
Swimming (laps, snorkeling)..ACTF_2|___|2 Racquetball/Handball/Squash.ACTF_|14_|14 Hiking.ACTF|_26_|26
Bicycling (stationary, outdoor) .ACTF_3 |___|3 Horseback riding....ACTF_15 |___|15 Tennis. ACTF_|27_|27
Softball/Baseball.....ACTF_4 |___|4 Hunting..... ACTF_16... |___|16 Golf..ACTF_28 |___|28
Canoeing/Rowing/Kayaking..ACTF_5. |___|5 Fishing.....ACTF_17 |___|17 Volleyball.ACTF_29|___|29
Snow skiing (Nordic,X-country,dnhill) ACT|F_6|6Aerobic Dance/Step aerobic ACT|F_18|18Jump rope ACTF|_30|30
Strength/Weight training.....ACTF_7. |___|7 Water aerobics... ACTF_19. |___|19Bowling.ACTF_31|___|31
Skating (roller, ice, blading) ACTF_8. |___|8 Dancing(Indian)ACTF_20 |___|20 Snowshoeing.ACTF_32|___|32
Martial Arts (karate, judo, etc.).ACTF_9 |___|9 Dancing(square,line,ballroom)ACTF_21|___|21Yoga .ACTF |_33|33
Calisthenics/Toning exercises.ACTF_10|___|10 Gardening/Yardwork.ACTF_22 |___|22 Rodeo.ACTF_34|___|34
Wood chopping.....ACTF_11 |___|11 Badminton ..ACTF_23|___|23 Rock climbing.ACTF_35|___|35
Walking for exercise ..ACTF_12 (outdoor, indoor at mall or fitness center/treadmill) |___|12 Water/coal hauling ACTF_24 |___|24 Basketball .ACTF_36|___|36

For each activity you checked above, check the months during which you participated in those activities over the past year (12 months), then estimate the average amount of time you spent in each activity

Activity No.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average of times per month	Average of minutes each time
ACTF_37	38	39	40	41	42	43	44	45	46	47	48	49	ACTF_50	ACTF_51
ACTF_52	53	54	55	56	57	58	59	60	61	62	63	64	ACTF_65	ACTF_66
ACTF_67	68	69	70	71	72	73	74	75	76	77	78	79	ACTF_80	ACTF_81
ACTF_82	83	84	85	86	87	88	89	91	91	92	93	94	ACTF_85	ACTF_96
ACTF_97	98	99	100	101	102	103	104	105	106	107	108	109	ACTF_110	ACTF_111
ACTF_112	113	114	115	116	117	118	119	120	121	122	123	124	ACTF_125	ACTF_126
ACTF_127	128	129	130	131	132	133	134	135	136	137	138	139	ACTF_140	ACTF_141
ACTF_142	143	144	145	146	147	148	149	150	151	152	153	154	ACTF_155	ACTF_156
ACTF_157	158	159	160	161	162	163	164	165	166	167	168	169	ACTF_170	ACTF_171
ACTF_172	173	174	175	176	177	178	179	180	181	182	183	184	ACTF_185	ACTF_186

2. In general, how many *HOURS* per *DAY* do you usually spend watching TV? ACTF_187 |___|___|___| # of hours

3. Over this past year, have you spent more than one week confined to a bed or chair as a result of an injury, illness or surgery? ACTF_188 Yes |___|1 No |___|2
   If "Yes," how many weeks over this past year were you confined to a bed or chair? ACTF_189 |___|___|___| # of weeks

4. Do you have difficulty doing any of the following activities?

a. Getting in or out of a bed or chair. ACTF_190 Yes |___|1 No |___|2

b. Walking across a small room without resting ACTF_191 Yes |___|1 No |___|2

c. Walking for 10 minutes without resting ACTF_192 Yes |___|1 No |___|2

5. Did you ever compete in an individual or team sport (not including any time spent in sports performed during school physical education classes)? ACTF_193 Yes |___|1 No |___|2

If "Yes," how many total years did you participate in competitive sports? ACTF_194 |___|___|___| # of years

6. Have you had a job for more than one month over this past year, from _____ month of last year to _____ month of this year?

List all jobs that the individual held over the past year, for more than one month. Account for all 12 months of the past year. If unemployment/disabled/retired/homemaker/student during all or part of the past year, list as such and probe for job activities of a normal 8-hour work-day, 5-day, work-week.

Out of the total number of "Hrs/Day," the individual reported working at this "job," how much of this time was usually spent sitting? Enter this number in "Hrs Sitting" col., then place a check (/) in the category which best describes their job activities when they were not sitting.

		Walk/bicycle to/from work	AVG JOB SCHEDULE			Hrs spent sitting at work	Check the category that best describes job activities when not sitting		
Job Name	Job Code	Min/Day	Mos/Yr	Day/Wk	Hrs/Day	Hrs/Day	A	B	C
ACTF_225	ACTF 226 —	ACTF 227 —	ACTF 228 —	ACTF 229 —	ACTF 230 —	ACTF 231 —	ACTF 232 —		
ACTF_233	ACTF 234 —	ACTF 235 —	ACTF 236 —	ACTF 237 —	ACTF 238 —	ACTF 239 —	ACTF 240 —		
ACTF_241	ACTF 242 —	ACTF 243 —	ACTF 244 —	ACTF 245 —	ACTF 246 —	ACTF 247 —	ACTF 248 —		
ACTF_249	ACTF 250 —	ACTF 251 —	ACTF 252 —	ACTF 253 —	ACTF 254 —	ACTF 255 —	ACTF 256 —		
ACTF_257	ACTF 258 —	ACTF 259 —	ACTF 260 —	ACTF 261 —	ACTF 262 —	ACTF 263 —	ACTF 264 —		
ACTF_265	ACTF 266 —	ACTF 267 —	ACTF 268 —	ACTF 269 —	ACTF 270 —	ACTF 271 —	ACTF 272 —		
ACTF_273	ACTF 274 —	ACTF 275 —	ACTF 276 —	ACTF 277 —	ACTF 278 —	ACTF 279 —	ACTF 280 —		

Category A
(Includes all sitting activities)

Sitting
Standing still w/o heavy lifting
Light cleaning - ironing, cooking, washing dusting
Driving a bus, taxi, tractor
Jewelry making/weaving
General office work
Occasional/short distance walking

Category B
(includes most indoor activities)

Carrying light loads
Continuous walking
Heavy cleaning - mopping, sweeping, scrubbing, vacuuming
Gardening - planting, weeding
Painting/Plastering
Plumbing/Welding
Electrical work
Sheep herding

Category C
(heavy industrial work, outdoor construction, farming)

Carrying moderate to heavy loads
Heavy construction
Farming - hoeing, digging mowing, raking
Digging ditches, shoveling
Chopping (axe), sawing wood
Tree/pole climbing
Water/coal/wood hauling

Job Codes

Not employed outside the home:
1. Student 2. Home Maker
3. Retired 4. Disabled
5. Unemployed

Employed (or volunteer):
6. Armed Services
7. Office worker
8. Non-office worker

Interviewer |___|___|___|

Date (of interview): |___|___|/|___|___|/|___|___|___|___| mo day yr