THE STRONG HEART— FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

Screening for Pregnancy and Lactation

WOMEN ONLY

SHS Family Study ID: [F] [A] [M] [I] [D] [___] [___] SHS ID number: [I] [D] [N] [O] [___] [___]

Did the participant have a Pregnancy and Lactating form? PH4_STAT

Administered to women < 50 years of age at time consent is obtained. It can be self-administered.

1. Are you pregnant? Yes | ___ | 1  No | ___ | 2  Not sure | ___ | 9

PREG4_1

2. When was your last menstrual period? | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

PREG4_2

If unknown, leave the boxes blank

3. When did your last pregnancy end? | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

PREG4_3

Never pregnant = 01-01-1001

Currently pregnant = 01-01-1900

4. Are you now breast-feeding? Yes | ___ | 1  No | ___ | 2

PREG4_4

5. If “yes”, how long you have been breast-feeding (in months)? | ___ | ___ |

PREG4_5

Women who think they may be pregnant should not be examined or have blood drawn, because pregnancy changes the blood lipids. Women who think they may be pregnant should be referred for prenatal care. Women can participate in the Family Study six weeks postpartum even if they are lactating.

6. Code number of person completing this form | ___ | ___ | ___ |

INT_CODE

7. Date of data collection | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

INT_DATE

THE STRONG HEART— FAMILY STUDY

Strong Heart – Family Study - 01/29/2004  1

Personal Interview 1
GENETICS OF 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]

Does this form need to be verified? Yes [1] No [2] INT_STAT

Social Security Number: [_______-_______-_______] SSN

Community name: _______ COMNAME Community Code: [_______] CC

A. DEMOGRAPHIC INFORMATION:

1. Your Name:
   a. Last: [_______] INT14_1
   b. First: [_______] INT14_2
   c. Middle: [_______] INT14_3
   d. Nickname/Other Name: [_______] INT14_4


3. Date of Birth: [_______] INT14_6
   mo  [_______] day  [_______] yr

4. What is your marital status?
   [_______] INT14_7
   1 = Never married (Skip to Q. 7) 4 = Separated
   2 = Currently married 5 = Widowed
   3 = Divorced 6 = Adult roommate/partner/significant other

5. If ever married, what was your maiden name? INT14_10
   [_______]

6. If married, what is your spouse's name? (if not married, skip to Q7)

   Last  INT14_11  First  INT14_12  Middle  INT14_13
7. 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.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Chart number</th>
<th>IHS</th>
<th>Hospital Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. HOSP4A</td>
<td>IHSNO4_1</td>
<td>IHS4_1</td>
<td>INT14_14</td>
</tr>
<tr>
<td>b. HOSP4B</td>
<td>IHSNO4_2</td>
<td>IHS4_2</td>
<td>INT14_16</td>
</tr>
<tr>
<td>c. HOSP4C</td>
<td>IHSNO4_3</td>
<td>IHS4_3</td>
<td>INT14_18</td>
</tr>
<tr>
<td>d. HOSP4D</td>
<td>IHSNO4_4</td>
<td>IHS4_4</td>
<td>INT14_20</td>
</tr>
</tbody>
</table>

8. What is your current mailing address?

<table>
<thead>
<tr>
<th>Street/P.O. Box</th>
<th>INT14_22</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/town</td>
<td>INT14_23</td>
</tr>
<tr>
<td>County</td>
<td>INT14_24</td>
</tr>
<tr>
<td>State and zip code:</td>
<td>INT14_25, INT14_26</td>
</tr>
</tbody>
</table>

9. Is your residential address the same as above?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>INT14_27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street/P.O. Box</td>
<td>INT14_28</td>
<td></td>
</tr>
<tr>
<td>City/town:</td>
<td>INT14_29</td>
<td></td>
</tr>
<tr>
<td>County:</td>
<td>INT14_30</td>
<td></td>
</tr>
<tr>
<td>State and Zip code:</td>
<td>INT14_31, INT14_32</td>
<td></td>
</tr>
</tbody>
</table>

10. What is your home telephone number? Or at what telephone number can we reach you or leave a message?

<table>
<thead>
<tr>
<th>area code</th>
<th>INT14_33</th>
</tr>
</thead>
<tbody>
<tr>
<td>0= If unlisted</td>
<td>9= If no phone</td>
</tr>
</tbody>
</table>

11. What is your work or other contact telephone number?

<table>
<thead>
<tr>
<th>area code</th>
<th>INT14_34</th>
</tr>
</thead>
<tbody>
<tr>
<td>0= If same as home phone</td>
<td>9= If not applicable or unknown</td>
</tr>
</tbody>
</table>
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.

12. How many years of education have you completed? |___|___|___| INT14_35
   0-12= Vo-tech or years of school (Vo-tech/GED = 12)
   14 = Junior college
   18 = Masters
   20 = Doctorate
   16 = Bachelors
   19 = Law degree
   999 = Unknown

We are studying heart disease in American Indians. Often, heart disease is more common in some families and tribal groups than others. For that reason, we need to ask you about your Indian heritage.

13. Are you an American Indian by heritage/blood? Yes [___] 1
    No [___] 2 INT14_36
    If YES, answer Q14, Q15
    If NO, answer Q16

14. What do you estimate to be your total amount of Indian heritage/blood? |___|_|___| INT14_37
    (non-Indian=00/00, refused=99/00)
    INT14_38

15. What is your tribe of enrollment?
    Enter name and IHS tribal code: _______ INT14_39
    ____|____|____| INT14_40

16. If you are not American Indian, what ethnicity are you? White, non-Hispanic [___] 1 INT14_41
    White, Hispanic [___] 2
    Black, not Hispanic Origin [___] 3
    Asian or Pacific Islander [___] 4
    Other, please specify: _______ INT14_42
    ____|____|____|
A. WEIGHT SATISFACTION

1. Are you satisfied with your present weight?                     INT24_1
   Yes [ ] 1 (skip to B)              No [ ] 2          Unknown/unsure [ ] 9

2. Do you want to lose or gain weight?   Lose [ ] 1         Gain [ ] 2         INT24_2

3. How do you plan to do this?             Less    More    No change
   a) Eating                       [ ] 1          [ ] 2             [ ] 3    INT24_3
   b) Physical activity            [ ] 1          [ ] 2             [ ] 3    INT24_4
   c) Medication                   Yes [ ] 1               No [ ] 2          INT24_5
   d) Other, specify:              Yes [ ] 1               No [ ] 2          INT24_6

B. FAMILY INCOME:

4. Does your household income meet your family’s needs?          INT24_11
   Yes [ ] 1          No [ ] 2             Unsure [ ] 9

5. Are you going to school?          Yes [ ] 1          No [ ] 2          INT24_12

6. 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) INT24_26

7. Which of the following categories best describes your annual household income from all sources?  Please show a list.  INT24_27
   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
C. TOBACCO:

8. During your lifetime have you smoked 100 cigarettes or more total?  
   Yes | [ ] | 1     No | [ ] | 2  
   (skip to Q16)  

9. How old were you when you first started smoking regularly?  
   (Indicate age at which you started smoking)  
   0 = Never smoked regularly  999 = Unknown  

10. Did you quit smoking?  
    Yes | [ ] | 1     No | [ ] | 2  
    (skip to Q11)  

   a) If you quit, when did you last smoke?  
      (Just the year, please)  
      [ ] [ ] [ ] [ ]  
      (INT24_52)  

   b) What reason(s) did you have for quitting?  
      Please check all that apply:  
      Yes | [ ] | 1     No | [ ] | 2  
      i) Doctor’s advice  
      [ ] | [ ]  
      (INT24_53)  

      ii) Health concerns  
      [ ] | [ ]  
      (INT24_54)  

      iii) Expenses  
      [ ] | [ ]  
      (INT24_55)  

      iv) Family pressure  
      [ ] | [ ]  
      (INT24_56)  

      v) Peer pressure  
      [ ] | [ ]  
      (INT24_57)  

      vi) Other  
      [ ] | [ ]  
      (INT24_58)  

      specify: [ ] [ ] [ ] [ ]  
      (INT24_58A)  

11. On the average, how many cigarettes do/did you usually smoke per day?  
    0 = Less than one cigarette per day  
    [ ] [ ] [ ]  
    (INT24_31)  

   a) If less than one cigarette per day, number of cigarettes per month?  
    [ ] [ ] [ ]  
    (INT24_32)
12. On which occasions are/were you most likely to smoke, or increase your smoking?

*Please read the list and check the appropriate response.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) stressful times</td>
<td>1</td>
</tr>
<tr>
<td>b) casinos</td>
<td>1</td>
</tr>
<tr>
<td>c) wakes/funerals</td>
<td>1</td>
</tr>
<tr>
<td>d) when drinking alcohol</td>
<td>1</td>
</tr>
<tr>
<td>e) social meetings</td>
<td>1</td>
</tr>
<tr>
<td>f) when you have extra money</td>
<td>1</td>
</tr>
<tr>
<td>g) bingo</td>
<td>1</td>
</tr>
<tr>
<td>h) school</td>
<td>1</td>
</tr>
<tr>
<td>i) other, specify: ______</td>
<td>1</td>
</tr>
</tbody>
</table>

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

14. Do you smoke cigarettes now? Yes | 1 | No | 2 INT24_30 |

(if No, skip to Q16)

15. If you currently smoke, would you like to change your smoking habit? Yes | 1 | No | 2 INT24_44 |

(if No, skip to Q16)

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

i) Reduce number of cigarettes per day | 1 | 2 INT24_45 |

ii) Switch to lower “tar” or “nicotine” cigarettes | 1 | 2 INT24_46 |

iii) Use nicotine patch/chewing gum/medications | 1 | 2 INT24_47 |

iv) Quit | 1 | 2 INT24_48 |
v) Other, specify: __________ INT24_50 ________ |____|1 |____|2 INT24_49

16. Do you use chewing tobacco/snuff now?    Yes |____|1 No |____|2 INT24_59
17. If yes, how many times a day do you use it? __INT24_59A__ times/day (Enter 0 if less than once a day or use sporadically)

D. PASSIVE SMOKING:

18. When you were growing up, did your father or male guardian ever smoke cigarettes regularly?          INT24_60
   Yes |____|1 No father/male guardian |____|3
   No |____|2 Unknown |____|9
19. When you were growing up, did your mother or female guardian ever smoke cigarettes regularly?        INT24_61
   Yes |____|1 No mother/female guardian |____|3
   No |____|2 Unknown |____|9
20. When you were growing up, did someone you spent a lot of time with smoke cigarettes regularly?    INT24_62
   Yes |____|1 No such person |____|3
   No |____|2 Unknown |____|9
21. Whether or not you smoke, on the average, how many hours a day are you exposed to the smoke of others? |____|____|____| INT24_63
   (If none, fill in 0; enter 1 for 30 minutes or more, enter 0 if less than 30 minutes)

E. ALCOHOL:

PLEASE READ THE FOLLOWING TO THE PARTICIPANT:
ALCOHOL QUESTIONS

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

One whole 12 ounces can of beer = 1 drink
A whole six-pack of beer = 6 drinks
One case of beer=24 drinks
One quart of beer=2.5 drinks
One pint of beer=1.3 drinks
One 40 ounces of beer=3.3 drinks
A glass (4 ounces) of wine = 1 drink
One pint (16 ounces) of wine=4 drinks
One quart (32 ounces) of wine=8 drinks
A shot or gulp of straight hard liquor, like whisky = 1 drink
22. Have you ever consumed alcoholic beverages?  

   Yes [ ] Yes  No [ ] No  
   \textit{(this section of the interview is finished, go to Question 29)}

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

   [ ] 1. Within the last week  
   [ ] 2. Within the last month  
   [ ] 3. Within the last year. Number of months [ ] [ ] [ ]  
   [ ] 4. More than a year ago  
   \textit{(If over a year, this section of the interview is finished, please go to Question 29)}

23. How many alcoholic drinks do you have in a typical week? [ ] [ ] [ ] INT24_67

24. How many days in a typical month do you have at least one drink? [ ] [ ] [ ] INT24_68
   \textit{(Indicate the number of days per month)}

25. 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) [ ] [ ] [ ] [ ] [ ] [ ] INT24_69
   \textit{(# Drinks)}

26. When you drink more than your usual amount, how many total drinks do you have? [ ] [ ] [ ] [ ] INT24_70
   a) How many times in a month? [ ] [ ] [ ] [ ] [ ] INT24_71
   \textit{(# Times/Month)}

27. How many times during the \textbf{PAST MONTH} did you have 5 or more drinks on an occasion? Indicate times per month. (Enter zero if subject has quit drinking more than one month ago.) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] INT24_73

28. How many times during the \textbf{PAST YEAR} did you have 5 or more drinks on an occasion? [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] INT24_74

\textbf{F. PERCEIVED STRESS:}

In the past month, how often have you (Q29-35):

\begin{tabular}{c c c c c c}
Not at all & Rarely & Sometimes & Often & Most of & Not sure \\
& & & & the time & \\
\end{tabular}

29. been upset because of something that happened unexpectedly? [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] INT24_75

\textit{Strong Heart - Family Study - 01/29/2004}  

\textit{Personal Interview}
30. felt nervous or "stressed"?  
   Not at all | Rarely | Sometimes | Often | Most of the time | Not sure
   | 1 | 2 | 3 | 4 | 5 | 9 INT24_76

31. dealt with irritating life hassles?  
   Not at all | Rarely | Sometimes | Often | Most of the time | Not sure
   | 1 | 2 | 3 | 4 | 5 | 9 INT24_77

32. felt that things were going your way?  
   Not at all | Rarely | Sometimes | Often | Most of the time | Not sure
   | 1 | 2 | 3 | 4 | 5 | 9 INT24_78

33. felt unable to control irritations in your life?  
   Not at all | Rarely | Sometimes | Often | Most of the time | Not sure
   | 1 | 2 | 3 | 4 | 5 | 9 INT24_79

34. felt that you were on the top of things?  
   Not at all | Rarely | Sometimes | Often | Most of the time | Not sure
   | 1 | 2 | 3 | 4 | 5 | 9 INT24_80

35. felt difficulties or problems were piling up so high that you could not handle them?  
   Not at all | Rarely | Sometimes | Often | Most of the time | Not sure
   | 1 | 2 | 3 | 4 | 5 | 9 INT24_81

36. On the average, how much time per day do you watch TV?  
   | | | | | | | | | | | | hours | minutes | INT24_82

G. ADMINISTRATIVE INFORMATION:

37. How reliable was the participant in completing the questionnaire?  
   Very reliable | Reliable | Unreliable
   | 1 | 2 | 3 INT24_83
   Very unreliable | Uncertain
   | 4 | 5

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

39. Interviewer:  
   | | | | | INT_CODE

40. Date of interview:  
   | | | | | | | | | | | INT_DATE
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 MED4_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 |___|___|___| MED4_2

   YES    NO    UNKNOWN

2. Arthritis? |___|1 |___|2 |___|9 MED4_3

3. Any fractures associated with brittle bone disease or osteoporosis? |___|1 |___|2 |___|9 MED4_4

   If YES," where? ___________________________ MED4_4A

4. Rheumatic heart disease? |___|1 |___|2 |___|9 MED4_5

5. Gallstones? |___|1 |___|2 |___|9 MED4_6

6. Cancer, including leukemia and lymphoma? |___|1 |___|2 |___|9 MED4_7

   If YES,” specify type of cancer: ___________________________ MED4_7A

7. Diabetes? Yes |___|1 No |___|2 Only during pregnancy |___|3 Unknown |___|9 MED4_8

   (if No or Unknown, skip to Q8)

   a) 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 |___|___|___| MED4_10

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

      YES    NO

      i) insulin |___|1 |___|2 MED4_11

      ii) oral hypoglycemic agent |___|1 |___|2 MED4_12

      iii) by dietary control |___|1 |___|2 MED4_13
iv) by exercise

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>MED4_14</td>
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</tbody>
</table>

v) do nothing

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>MED4_15</td>
<td></td>
</tr>
</tbody>
</table>

vi) other: ___________________________

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED4_16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Has a medical person ever told you that you had kidney failure? [ ] [ ] [ ] MED4_17
   *(if No or Unknown, skip to Q11)*

   a) If Yes, are one or both working well now?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED4_18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED4_19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Are you currently on renal dialysis?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>MED4_20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever had kidney transplant?

    a) If Yes, is the new kidney working well?

    | YES | NO | UNKNOWN |
    |-----|----|---------|
    |     |    |         |
    | MED4_22 |

    b) If No, are you waiting for a kidney transplant?

    | YES | NO | UNKNOWN |
    |-----|----|---------|
    |     |    |         |
    | MED4_23 |

11. Cirrhosis of the liver?

    | YES | NO | UNKNOWN |
    |-----|----|---------|
    |     |    |         |
    | MED4_24 |

HEART PROBLEMS:

12. Have you had a heart catheterization? Yes [ ] No [ ] Unknown [ ]

    *(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)?

    | mo | day | yr |
    |----|-----|----|
    |     |     |    |
    | MED4_29D |

    hospital/clinic: ____________________________________

    | YES | NO | UNKNOWN |
    |-----|----|---------|
    |     |    |         |
    | MED4_29P |
13. Have you ever had an angioplasty (balloon, PCTA, or Stent procedure)?

Yes |___|1  
No |___|2  
Unknown |___|9  MED4_30

a) If “YES,” when and where (most recent)?  |___|/|___|/|___|/|___|/|___|/|___|___|___|___|  MED4_30D

hospital/clinic: __________________________________________________ MED4_30P

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

Yes |___|1  
No |___|2  
Unknown |___|9  MED4_31

a) If “YES,” when and where?  |___|/|___|/|___|/|___|/|___|___|___|___|  MED4_31D

hospital/clinic: __________________________________________________ MED4_31P

Has a doctor ever told you that you had any of the following conditions?  
(If more than one episode, enter information for the MOST RECENT)

15. Congestive heart failure?  
Yes |___|1  
No |___|2  
Unknown |___|9  MED4_32

a) If YES,” when and where?  |___|/|___|/|___|/|___|/|___|/|___|___|___|___|  MED4_32D

hospital/clinic: __________________________________________________ MED4_32P

b) If YES,” do you still have heart failure now?  
Yes |___|1  
No |___|2  
Unknown |___|9  MED4_32N

16. Heart attack?  
Yes |___|1  
No |___|2  
Unknown |___|9  MED4_33

a) If YES,” when and where?  |___|/|___|/|___|/|___|/|___|/|___|___|___|___|  MED4_33D

hospital/clinic: __________________________________________________ MED4_33P

17. Any other heart trouble?  
Yes |___|1  
No |___|2  
Unknown |___|9  MED4_34

If “YES,” please specify type: __________________________________________ MED4_34A

a) If YES,” when and where  |___|/|___|/|___|/|___|/|___|___|___|___|  MED4_34D
18. Stroke? Yes |1| No |2| Unknown |9| MED4_35

a) If YES,” when and where? |___|___|/|___|___|/|___|___|___|___| MED4_35D

hospital/clinic: _______________________________ MED4_35P

19. Have you ever had surgery on your chest? Yes |1| No |2| (skip to Q20) MED4_36

a) Was it heart surgery? Yes |1| No |2| (skip to Q20) MED4_37

If “Yes,” which surgery have you had?

i) Bypass? Yes |1| No |2| MED4_38

If “Yes,” when and where (most recent)? |___|/|___|/|___|___|___|___| MED4_38D

hospital/clinic: _______________________________ MED4_38P

ii) Valvular repair/replacement? Yes |1| No |2| MED4_39

If “Yes,” when and where (most recent)? |___|/|___|/|___|___|___|___| MED4_39D

hospital/clinic: _______________________________ MED4_39P

iii) Pacemaker? Yes |1| No |2| MED4_40

If “Yes,” when and where (most recent)? |___|/|___|/|___|___|___|___| MED4_40D

hospital/clinic: _______________________________ MED4_40P

iv) Other? Yes |1| No |2| MED4_41

If “Yes,” when and where (most recent)? |___|/|___|/|___|___|___|___| MED4_41D

Please specify: __________________________________ MED4_41A
20. Did the participant complete the interview?  
   MED_STAT
   Yes, completed the interview  |___|1
   No, some questions refused  |___|2  No, refused all questions  |___|3

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

GENDER

IF THE PARTICIPANT IS MALE, GO TO ROSE QUESTIONNAIRE

21. Interviewer:  
   |___|___|___| INT_CODE

22. Date of interview:  
   |___|___|/|___|___|___| INT_DATE
   mo day yr
THE STRONG HEART — FAMILY STUDY

REPRODUCTION AND HORMONE USE (WOMEN ONLY)

“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) |___|___|___| REP4_1
   (If never pregnant, skip to Q5)

2. How many of your pregnancies resulted in a live birth (parity)? |___|___|___| REP4_2

3. How many living children do you have? |___|___|___| REP4_3

4. How many pregnancies did you lose (including miscarriage or stillbirth)? |___|___|___| REP4_4

5. Have you ever used birth control pills? Yes |___|1 No |___|2 Not sure |___|3 REP4_5
   (if NO or NOT SURE, go to Q6)
   a) Are you still using birth control pills? Yes |___|1 No |___|2 REP4_6
   b) How old were you when you started to use birth control pills?
      Indicate the age in years. 999=unknown |___|___|___| REP4_7
   c) How many years altogether did you use them? |___|___|___| REP4_8
      Specify the duration in years. 0=less than 6 months, 1=6-12 months, 999=unknown.

6. Have you ever had a birth control implant (such as Norplant)?
   Yes |___|1 No |___|2 Not sure |___|3 REP4_9
   (if NO or NOT SURE, go to Q7)
   a) Are you still using a birth control implant? Yes |___|1 No |___|2 REP4_10
   b) How old were you when you started to use a birth control implant?
      Indicate the age in years. 999=unknown, can’t remember |___|___|___| REP4_11
   c) How many years altogether did you use it? |___|___|___| REP4_12
      Specify the duration in years. 0=less than 6 months, 1=6-12 months, 999=unknown.

7. Have you ever used birth control shots (such as Depo Provera)?
   Yes |___|1 No |___|2 Not sure |___|3 REP4_42
(if NO or NOT SURE, go to Q8)
a) Are you still using birth control shots?  Yes |___|1  No |___|2  REP4_42A

b) How old were you when you started to use birth control shots?
   Indicate the age in years.  999=unknown, can’t remember  ____ ____ ____  REP4_42B

c) How many years altogether did you use them?  ____ ____ ____  REP4_42C
   Specify the duration in years.  0=less than 6 months, 1=6-12 months, 999=unknown.

8. How old were you when you started to have regular menstrual cycles (periods)?
   Indicate the age in years.  999=unknown  ____ ____ ____  REP4_13

9. Have your menstrual cycles (periods) stopped?  Yes |___|1  No |___|2  (go to Q11)  REP4_14

10. If ‘YES’, have they stopped for 12 months or more?  Yes |___|1  No |___|2  (go to Q11)  REP4_15

   a) How old were you when your periods stopped completely?
      Indicate the age in years.  999=unknown, can’t remember  ____ ____ ____  REP4_16

   b) Did your periods stop naturally, or because of surgery or hormone use, or for some other reason?
      Natural |___|1  (go to Q11)  REP4_17
      Surgery |___|2
      Hormonal |___|3  (go to Q11)
      Other, specify:  ____ ____ ____  REP_17A  ____ ____ ____  |___|4  (go to Q11)

c) If SURGERY, were both of your ovaries removed?
   Yes |___|1  No |___|2  Unknown |___|9  REP4_18

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

11. Except for birth control pills, have you ever taken estrogen - either pills, as a patch or by shot - for any reason?  Yes |___|1  No |___|2  Not sure |___|3  REP4_19
   (if NO or NOT SURE, go to Q19)

12. How old were you when you started using estrogen?  Indicate age in years.  ____ ____ ____  REP4_20

13. How many years altogether did you take estrogen?  Specify duration in years.  ____ ____ ____  REP4_21
14. Do/Did you use estrogen for (answer all applicable) YES NO NOT SURE
   a) post surgery (hysterectomy and removal of ovaries) □□□
   b) relief of menopause symptoms □□□
   c) prevent bone loss □□□
   d) protect against heart disease □□□
   e) doctor’s advice □□□
   f) other: ____________ □□□

15. Do/Did you take progesterone in addition to, or in combination with, your estrogen treatment?
   Yes □□□ No □□□ Not sure □□□

16. What form of estrogen are you taking? Is it a pill, patch, shot or other type?
   pill □□□ patch □□□ shot □□□ other □□□

17. Are you still taking estrogen? Yes □□□ (go to Q19) No □□□ (go to Q18)

18. Why did you stop taking estrogen? YES NO UNKNOWN
   a) Caused Bleeding □□□
   b) Made breasts tender □□□
   c) Made you feel bloated □□□
   d) Made you feel “funny,” didn’t like the way you felt □□□
e) Do not like taking any medicines
   | YES | NO | UNKNOWN |
   | 1   | 2  | 9       |

f) Too expensive
   | YES | NO | UNKNOWN |
   | 1   | 2  | 9       |

g) Doctor’s advice
   | YES | NO | UNKNOWN |
   | 1   | 2  | 9       |

h) Concerned about long-term side effects
   | YES | NO | UNKNOWN |
   | 1   | 2  | 9       |

i) Other:____________________
   | YES | NO | UNKNOWN |
   | 1   | 2  | 9       |

19. Other than in combination with estrogens, have you ever taken progesterone by itself for any reason?
   | YES | NO | NOT SURE |
   | 1   | 2  | 3       |
   *(if NO or NOT SURE, go to Q23)*

20. How old were you when you started using progesterone?
   *Indicate age in years.*
   | YES | NO | NOT SURE |
   | 1   | 2  | 3       |

21. How many years altogether did you take progesterone? *Specify duration in years.*
   | YES | NO | NOT SURE |
   | 1   | 2  | 3       |
   *(If less than 3 months, record 0. If more than 3 months but less than 1 year, record 1)*

22. Are you still taking progesterone?
   | YES | NO |
   | 1   | 2  |

23. Did the participant complete the interview?
   REP_STAT

   Yes, completed the interview
   | YES | NO | NOT SURE |
   | 1   | 2  | 3       |

   No, refused all questions
   | YES | NO | NOT SURE |
   | 1   | 2  | 3       |

24. Interviewer:
   INT_CODE

25. Date of interview:
   INT_DATE

mo / day / yr
THE STRONG HEART — FAMILY STUDY

ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

SHS Family I.D. | F | A | M | I | D | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ 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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?  
   Yes |___|1  No |___|2  ROSE4_9

Section C: Intermittent Claudication

10. Do you get pain in either leg on walking?  
    Yes |___|1  ROSE4_10  
    No |___|2  (go to Q19)  
    Unable to walk |___|3  (go to Q19)

11. Does this pain ever begin when you are standing still or sitting?  
    Yes |___|1  (go to Q19)  
    No |___|2  ROSE4_11

12. In what part of your leg did you feel it?  
    Pain includes calf/calves |___|1  ROSE4_12  
    Pain does not include calf/calves |___|2  (go to Q19)  
    If calves not mentioned, ask: “Anywhere else?” Please specify: ________________  ROSE4_12A

13. Do you get it if you walk uphill or hurry?  
    Yes |___|1  ROSE4_13  
    No |___|2  (go to Q19)  
    Never hurries or walks uphill |___|3

14. Do you get it if you walk at an ordinary pace on the level?  
    Yes |___|1  No |___|2  ROSE4_14

15. Does the pain ever disappear while you are walking?  
    Yes |___|1  (go to Q19)  
    No |___|2  ROSE4_15

16. What do you do if you get it when you are walking?  
    Stop or slow down |___|1  ROSE4_16  
    Carry on |___|2  (go to Q19)

17. What happens to it if you stand still?  
    Relieved |___|1  ROSE4_17  
    Not Relieved |___|2  (go to Q19)

18. How soon?  
   10 minutes or less |___|1  More than 10 minutes |___|2  ROSE4_18

END OF ROSE QUESTIONNAIRE

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

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

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

Strong Heart – Family Study - 01/29/2004  21  Rose  
Questionnaire
## RESPIRATORY QUESTIONS

**SHS Family I.D.:** __F__ __A__ __M__ __I__ __D__ __I__

**SHS. I.D.:** __I__ __D__ __N__ __O__ __I__

1.  
   a) Do you usually have a cough?  
      Yes [___] 1  No [___] 2  (skip to Q3) RESP4_1  
   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  RESP4_2  
   c) Do you usually cough at all on getting up,  
      or first thing in the morning?  
      Yes [___] 1  No [___] 2  RESP4_3  
   d) Do you usually cough like this on most days for  
      3 consecutive months or more during the year?  
      Yes [___] 1  No [___] 2  RESP4_4  
   e) How long have you had this cough?  
      RESP4_5Y [___] [___] Y  
      RESP4_5M [___] [___] M

2.  
   Do you usually bring up phlegm from your chest when you cough?  
      RESP4_6  
      Yes [___] 1  No [___] 2

3.  
   Does your chest ever sound wheezy or whistling:  
   Yes  No
   a) when you have a cold?  
      [___] 1  [___] 2  RESP4_7  
   b) occasionally apart from colds?  
      [___] 1  [___] 2  (go to Q4) RESP4_8  
   c) most days?  
      [___] 1  [___] 2  RESP4_9  
   d) most nights?  
      [___] 1  [___] 2  RESP4_10

4.  
   Have you ever had an attack of wheezing that has made  
   you feel short of breath?  
   Yes [___] 1  No [___] 2  RESP4_11

5.  
   Are you troubled by shortness of breath when hurrying  
   on level ground or walking up a slight hill  
   Yes [___] 1  RESP4_12  
   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?  
   Yes [___] 1  No [___] 2  RESP4_13

7.  
   Do you ever have to stop for breath when walking  
   at your own pace on level ground?  
   Yes [___] 1  No [___] 2  RESP4_14

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  RESP4_15
9. Are you too breathless to leave the house or breathless after dressing or undressing? 
   Yes [ ] 1  No [ ] 2  
   RESPONSE 16

10. Did you have any lung trouble before the age of 16? 
    Yes [ ] 1  No [ ] 2  
    RESPONSE 17

11. Have you ever been told you snore? 
    Yes [ ] 1  No [ ] 2  
    RESPONSE 18

12. **LUNG PROBLEMS**

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 9</td>
</tr>
</tbody>
</table>
   
   a. Emphysema? 
   [ ] 1  [ ] 2  [ ] 9  
   RESPONSE 19

   b. Hay fever? 
   [ ] 1  [ ] 2  [ ] 9  
   RESPONSE 20

   c. Chronic bronchitis? 
   [ ] 1  [ ] 2  [ ] 9  
   RESPONSE 21

   d. Asthma? 
   [ ] 1  [ ] 2  [ ] 9  
   RESPONSE 22

   If “YES” for asthma, do you still have it now? 
   [ ] 1  [ ] 2  [ ] 9  
   RESPONSE 23

   e. At any time during the last 12 months, have you had 
      Wheezing or whistling in your chest? 
      [ ] 1  [ ] 2  [ ] 9  
      RESPONSE 24

13. Did the participant complete the interview?  
    Yes, completed the interview [ ] 1  
    No, refused all questions [ ] 2  
    RESPONSE STAT

14. Interviewer:  
    [ ] [ ] [ ] [ ] [ ] [ ]  
    RESPONSE INT_CODE

15. Date of interview:  
    [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
    RESPONSE INT_DATE

---

Strong Heart – Family Study - 01/29/2004  
Respiratory Questionnaire
I.  EXAMINATION OF EXTREMITIES FOR AMPUTATIONS

1.  Are any extremities missing?  Yes |___|1  No |___|2  (Skip to next Section)  EX4_9

   If “YES” to amputation, Please code the cause of amputation:
   1 = Diabetes                             4 = Other, please specify
   2 = Trauma                               9 = Unknown
   3 = Congenital

<table>
<thead>
<tr>
<th>Extremities</th>
<th>Check if Missing</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.  Right arm</td>
<td>[EX4_10]</td>
<td>[EX4_11] [EX4_11A]</td>
</tr>
<tr>
<td>b.  Right hand</td>
<td>[EX4_12]</td>
<td>[EX4_13] [EX4_13A]</td>
</tr>
<tr>
<td>c.  Right finger(s)</td>
<td>[EX4_14] [EX4_15]</td>
<td>[EX4_16] [EX4_16A]</td>
</tr>
<tr>
<td>d.  Left arm</td>
<td>[EX4_17]</td>
<td>[EX4_18] [EX4_18A]</td>
</tr>
<tr>
<td>e.  Left hand</td>
<td>[EX4_19]</td>
<td>[EX4_20] [EX4_20A]</td>
</tr>
<tr>
<td>f.  Left fingers</td>
<td>[EX4_21] [EX4_22]</td>
<td>[EX4_23] [EX4_23A]</td>
</tr>
<tr>
<td>g.  Right leg above knee</td>
<td>[EX4_24] [EX4_25]</td>
<td>[EX4_26] [EX4_26A]</td>
</tr>
<tr>
<td>h.  Right leg below knee</td>
<td>[EX4_27]</td>
<td>[EX4_28]</td>
</tr>
<tr>
<td>i.  Right foot</td>
<td>[EX4_29]</td>
<td>[EX4_30] [EX4_30A]</td>
</tr>
<tr>
<td>j.  Right toe(s)</td>
<td>[EX4_31]</td>
<td>[EX4_32] [EX4_32A]</td>
</tr>
<tr>
<td>k.  Left leg above knee</td>
<td>[EX4_33] [EX4_34]</td>
<td>[EX4_35] [EX4_35A]</td>
</tr>
<tr>
<td>l.  Left leg below knee</td>
<td>[EX4_36]</td>
<td>[EX4_37] [EX4_37A]</td>
</tr>
<tr>
<td>m.  Left foot</td>
<td>[EX4_38]</td>
<td>[EX4_39] [EX4_39A]</td>
</tr>
<tr>
<td>n.  Left toe(s)</td>
<td>[EX4_40]</td>
<td>[EX4_41] [EX4_41A]</td>
</tr>
</tbody>
</table>

II.  BLOOD PRESSURE

2.  Right arm circumference, measured in centimeters (cm)  [ ] [ ] [ ] [ ] [ ]  EX4_42

   Midway between acromium and olecranon

3.  Cuff size (arm circumference in brackets)

   Pediatric (under 24cm)  [ ] [ ]  EX4_43
   Regular arm (24-32cm)  [ ] [ ]
   Large arm (33-41cm)  [ ] [ ]
   Thigh (>41cm)  [ ] [ ]
4. Pulse obliteration pressure

5. Seated Blood Pressure: 

<table>
<thead>
<tr>
<th>Systolic BP</th>
<th>Diastolic BP</th>
</tr>
</thead>
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<tr>
<td>EX4_44</td>
<td>EX4_44</td>
</tr>
</tbody>
</table>

   a) **First** Blood Pressure Measurement | EX4_45 | EX4_46 |
   b) **Second** Blood Pressure Measurement | EX4_47 | EX4_48 |
   c) **Third** Blood Pressure Measurement | EX4_49 | EX4_50 |

6. Were the above blood pressures taken from RIGHT arm? Yes | EX4_51 |
   No | EX4_51 |

   Specify: _______________________

7. Recorder ID (For the SHS staff who took BP):

   ___________ | EX4_52 |

**III. ANTHROPOMETRIC MEASUREMENTS:**
(Take off shoes and remove heavy objects from pockets.)

   **METRIC SYSTEM**
   (centimeters/cm/kg)

8. Height (Standing) __________________________ cm | EX4_53 |

9. Weight (Standing) __________________________ kg | EX4_55 |

10. Hip circumference (Standing) __________________________ cm | EX4_57 |

11. Waist measurement at umbilicus (Supine) __________________________ cm | EX4_59 |

**IV. PEDAL PULSES AND EDEMA**

<table>
<thead>
<tr>
<th>PEDAL PULSES</th>
<th>PRESENT</th>
<th>ABSENT</th>
<th>MISSING LIMBS</th>
<th>UNABLE TO ASSESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right posterior tibial pulse</td>
<td></td>
<td></td>
<td></td>
<td>EX4_61</td>
</tr>
<tr>
<td>Right dorsalis pedis pulse</td>
<td></td>
<td></td>
<td></td>
<td>EX4_62</td>
</tr>
<tr>
<td>Left posterior tibial pulse</td>
<td></td>
<td></td>
<td></td>
<td>EX4_63</td>
</tr>
<tr>
<td>Left dorsalis pedis pulse</td>
<td></td>
<td></td>
<td></td>
<td>EX4_64</td>
</tr>
<tr>
<td>Pedal edema</td>
<td>Absent</td>
<td>Mild</td>
<td>Marked</td>
<td>EX4_65</td>
</tr>
</tbody>
</table>
V. IMPEDANCE MEASUREMENT

17. a) Was impedance taken? Yes |___|1 No |___|2 EX4_66 (go to b)

if No, due to:

Amputation |___|1 EX4_66A
Wound/dressing |___|2
Cast |___|3
Dialysis shunt |___|4
Refusal |___|8

(go to Q18)

b) Taken on right side? Yes |___|1 No |___|2 EX4_67 (go to c)

if No, due to:

Amputation |___|1 EX4_67A
Wound/dressing |___|2
Cast |___|3
Dialysis shunt |___|4
Refusal |___|8

c) Resistance . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|___|___| EX4_68

d) Reactance . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|___|___| EX4_69

VI. DOPPLER BLOOD PRESSURE

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

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

<table>
<thead>
<tr>
<th></th>
<th>Right arm</th>
<th>Right ankle</th>
<th>Left ankle</th>
</tr>
</thead>
</table>
18. a) First systolic B.P. |EX4_70| EX4_71| EX4_72|

b) Second systolic B.P. |EX4_73| EX4_74| EX4_75|

c) Location Posterior tibial |EX4_76|1 Posterior tibial |EX4_77|1
Dorsalis pedis |EX4_76|2 Dorsalis pedis |EX4_77|2
VII. ACANTHOSIS NIGRICANS

19. Acanthosis Nigricans in the back of neck:
   Not Present |___|0 \textbf{EX4\_78}
   Grade 1 |___|1
   Grade 2 |___|2
   Grade 3 |___|3
   Grade 4 |___|4

VIII. ADMINISTRATIVE INFORMATION

20. Did the participant complete this examination? \textbf{EX4\_STAT}
   Yes, completed the examination |___|1
   No, refused all questions |___|2

21. SHS Code of person completing this form |___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT\_CODE

22. Date of Examination: |___|___|/|___|___|/|___|___|___|___| INT\_DATE
   mo | day | yr
1. Fasting One Touch glucose result. 999 = not done GTT4_1

2. Is FASTING blood sample taken?
   Yes, and participant has been fasting .......................... GTT4_2
   Yes, but participant has NOT been fasting .................. GTT4_2
   No, participant has not been fasting ........................... GTT4_3
   Other, specify: .......................................................... GTT4_2A
   No, participant refused ............................................. GTT4_3

3. When was the last time you ate (use military time) GTT4_3

4. Time of collection of fasting samples GTT4_4

5. Is urine sample taken? Yes GTT4_5
   No GTT4_5

6. If no, why?
   On dialysis .......................................................... GTT4_6
   Cannot urinate ..................................................... GTT4_6
   Other, specify: ....................................................... GTT4_6A

7. Time of collection of urine sample GTT4_7
8. **Blood Samples/Urine Checklist.** Check the box(es) if samples were collected

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Type</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>One 10 ml SST</td>
<td>Chem Profile, Lipids, Insulin</td>
<td>Serum</td>
<td>GTT4_8A</td>
</tr>
<tr>
<td>One 4.5 ml Lt Blue</td>
<td>PAI-1, Fibrinogen</td>
<td>Plasma</td>
<td>GTT4_8B</td>
</tr>
<tr>
<td>One 7 ml Gray</td>
<td>Fasting glucose</td>
<td>Plasma</td>
<td>GTT4_8C</td>
</tr>
<tr>
<td>One 10 ml Green</td>
<td>Heparin storage</td>
<td>Plasma/Buffy coat</td>
<td>GTT4_8D</td>
</tr>
<tr>
<td>One 10 ml Purple</td>
<td>HbA1c</td>
<td>Whole blood</td>
<td>GTT4_8E</td>
</tr>
<tr>
<td>One 10 ml Purple</td>
<td>LDL size, ApoE</td>
<td>Serum</td>
<td>GTT4_8G</td>
</tr>
<tr>
<td>Urine</td>
<td>Albumin/creatinine</td>
<td>Urine</td>
<td>GTT4_8H</td>
</tr>
</tbody>
</table>

9. Is this participant also a volunteer for blood/urine QC?  
   Yes |___| 1  No |___|2 GTT4_9

   If the participant is NOT a QC volunteer, skip to Q12.

10. QC ID (second digit is “3”): |___|___|___|___|___|___| GTT4_10

11. **QC samples checklist.** Check the box(es) if samples were collected

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Type</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>One 10 ml SST</td>
<td>Chem Profile, Lipids, Insulin</td>
<td>Serum</td>
<td>GTT4_11A</td>
</tr>
<tr>
<td>One 4.5 ml Lt Blue</td>
<td>PAI-1, Fibrinogen</td>
<td>Plasma</td>
<td>GTT4_11B</td>
</tr>
<tr>
<td>One 7 ml Gray</td>
<td>Fasting glucose</td>
<td>Plasma</td>
<td>GTT4_11C</td>
</tr>
<tr>
<td>One 10 ml Purple</td>
<td>LDL size, ApoE</td>
<td>Serum</td>
<td>GTT4_11D</td>
</tr>
<tr>
<td>Urine</td>
<td>Albumin/creatinine</td>
<td>Urine</td>
<td>GTT4_11E</td>
</tr>
</tbody>
</table>

**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.”

12. If you did, when and what: _GTT4 CHK_

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

14. Today’s Date |___|___|___|___|___|___| INT_DATE
**THE STRONG HEART—FAMILY STUDY**

**GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS**

**CBC Results**

<table>
<thead>
<tr>
<th>SHS Family I.D.</th>
<th>SHS. I.D.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>A</td>
</tr>
</tbody>
</table>

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

1. WBC \((10^9/L)\)  
2. RBC \((10^{12}/L)\)  
3. HGB (g/dL)  
4. HCT (%)  
5. MCV (fL)  
6. MCH (pg)  
7. MCHC (g/dL)  
8. RDW (%)  
9. Platelet count (PLT .. \(10^9/L)\)  
10. MPV (fL)

**DIFFERENTIAL**

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

11. NEUT (%)  
12. LYMPH (%)  
13. MONO (%)  
14. EOS (%)  
15. BASO (%)  
16. Did the participant have a CBC?  
17. Code number of person completing this form  
18. Date of data collection

---

**Strong Heart – Family Study - 01/29/2004**

30  
CBC
STRONG HEART — FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

CULTURAL FACTORS QUESTIONNAIRE

(If you are not an American Indian, check refused.)

Traditional Values/Culture:

1. How well do you understand your Indian language? Read responses (check one).
   (If NOT AT ALL, skip to Q4)

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

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

The next several questions are about your own native lifestyle.

4. How much do you identify yourself with your own tribal tradition?

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

6. How comfortable do you feel in your own tribal tradition?

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

8. Interviewer/Reviewer: [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ]

9. Date of interview: [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ]

Strong Heart – Family Study - 01/29/2004 31 Cultural Factors Questionnaire
How is this questionnaire administered?  By interviewer |___|1  By self |___|2  Refused |___|8  

1. In general, would you say your health is:  (Please Check Only One)
   - Excellent. ......................................................... |___|1 QUA4_1
   - Very good. ........................................................ |___|2
   - Good. ............................................................ |___|3
   - Fair. ................................................................ |___|4
   - Poor. .................................................................. |___|5

The following items are about activities you might do during a typical day. 

Does your health now limit you in these activities? If so, how much?

(Please Check One Number Per Line)

<table>
<thead>
<tr>
<th></th>
<th>Yes, Limited</th>
<th>Yes Limited</th>
<th>No Not Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a Lot</td>
<td>a Little</td>
<td>at All</td>
</tr>
</tbody>
</table>

2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf................. |___|1 |___|2 |___|3 QUA4_4

3. Climbing several flights of stairs................................... |___|1 |___|2 |___|3 QUA4_6

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

(Please Check One Answer Per Line)

4. Accomplish less than you would like. .............................. |___|1 |___|2 QUA4_14

5. Were limited in the kind of work or other activities. ............ |___|1 |___|2 QUA4_15

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

(Please Check One Answer Per Line)

6. Accomplish less than you would like .............................. |___|1 |___|2 QUA4_18

7. Didn’t do work or other activities as carefully as usual. ........................................................................ |___|1 |___|2 QUA4_19
8. During the PAST 4 WEEKS, how much did pain interfere with your normal work, (including both work outside the home and housework)?

(Please Check One Answer)

<table>
<thead>
<tr>
<th>Pain interference</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>Slightly</td>
<td>2</td>
</tr>
<tr>
<td>Moderately</td>
<td>3</td>
</tr>
<tr>
<td>Quite a bit</td>
<td>4</td>
</tr>
<tr>
<td>Extremely</td>
<td>5</td>
</tr>
</tbody>
</table>

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

How much of the time during the PAST 4 WEEKS...

(Please Check One Number Per Line)

<table>
<thead>
<tr>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>A Good Bit of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

9. Have you felt calm and peaceful?  

10. Did you have a lot of energy? 

11. Did you feel downhearted and blue? 

12. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH or EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)? 

(Please Circle One Number)

<table>
<thead>
<tr>
<th>All the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A Little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

13. Interviewer/Reviewer:  

14. Date of interview:  

mo | day | yr | INT_DATE

Strong Heart – Family Study - 01/29/2004

Quality of Life
### CES-D Scale

**SHS Family I.D.: [F A M I D ___]**  
**SHS. I.D.: [I D N O ___]**

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

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

During the **past week** . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>Rarely or Not At All</th>
<th>Some of the Time</th>
<th>Often</th>
<th>Most of the Time</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that don't usually bother me.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[9] CES4_1</td>
</tr>
<tr>
<td>2. I did not feel like eating; my appetite was poor.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[9] CES4_2</td>
</tr>
<tr>
<td>3. I felt that I could not shake the blues even with help from my family or friends.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[9] CES4_3</td>
</tr>
<tr>
<td>4. I felt that I was just as good as other people.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[9] CES4_4</td>
</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[9] CES4_5</td>
</tr>
<tr>
<td>7. I felt that everything I did was an effort.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[9] CES4_7</td>
</tr>
<tr>
<td>11. My sleep was restless.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[9] CES4_11</td>
</tr>
</tbody>
</table>

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

During the **past week** . . .

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

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

For Question 21, please use the following scale: Rarely or Not At All, Some of the time, Often, or Most of the Time.

21. I have felt depressed or sad in this **past year**.

22. **Interviewer/Reviewer:**

23. **Date of interview:**

---

**Strong Heart – Family Study – 03/15/01**

**CES-D Scale**
How was the questionnaire administered?  \[1\] 1=By interviewer  \[2\] 2=By self  \[8\] 8=Refused

Each item below is a belief statement about your medical condition with which you may agree or disagree. Each statement is a scale which ranges from strongly disagree (0) to strongly agree (3). For each item we would like you to write the number that represents the extent to which you agree or disagree with that statement. The more you agree with a statement, the higher will be the number you write. This is a measure of your personal beliefs; obviously, there are no right or wrong answers.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1. If I become sick, I have the power to make myself well again.  \[0\] \[1\] \[2\] \[3\] MHLC4_1

2. Often I feel that no matter what I do, if I am going to get sick, I will get sick.  \[0\] \[1\] \[2\] \[3\] MHLC4_2

3. If I see an excellent doctor regularly, I am less likely to have health problems.  \[0\] \[1\] \[2\] \[3\] MHLC4_3

4. Most things that affect my health happen by accidental happenings.  \[0\] \[1\] \[2\] \[3\] MHLC4_4

5. I can only maintain my health by consulting health professionals.  \[0\] \[1\] \[2\] \[3\] MHLC4_5

6. I am directly responsible for my health.  \[0\] \[1\] \[2\] \[3\] MHLC4_6

7. Other people play a big part in whether I stay healthy or become sick.  \[0\] \[1\] \[2\] \[3\] MHLC4_7

8. Whatever goes wrong with my health is my own fault  \[0\] \[1\] \[2\] \[3\] MHLC4_8

9. When I am sick, I just have to let nature run its course.  \[0\] \[1\] \[2\] \[3\] MHLC4_9

10. Health professionals keep me healthy.  \[0\] \[1\] \[2\] \[3\] MHLC4_10

11. When I stay healthy, I'm just plain lucky.  \[0\] \[1\] \[2\] \[3\] MHLC4_11
<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. My physical well-being depends on how well I take care of myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. When I feel ill, I know it is because I have not been taking care of myself properly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. The type of care I receive from other people is what is responsible for how well I recover from an illness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Even when I take care of myself, it's easy to get sick.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. When I become ill, it's a matter of fate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I can pretty much stay healthy by taking good care of myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Following doctor's orders to the letter is the best way for me to stay healthy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Interviewer/ Reviewer: _________

20. Date of interview: _________

MHLC4_12
MHLC4_13
MHLC4_14
MHLC4_15
MHLC4_16
MHLC4_17
MHLC4_18

INT_CODE
INT_DATE
THE STRONG HEART-FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

SOCIAL SUPPORT

How was the questionnaire administered? [ ] 1=By interviewer [ ] 2=By self [ ] 8=Refused

This scale is an assessment of social support, and is made up of a list of statements, which may or may not be true about you. For each statement, check the response that best describes you.

1. How often do you talk on the phone or get together with friends or relatives who do not live with you? . . .
   - Every day . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |5 AI4_1
   - A few times a week . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .4
   - A few times a month . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .3
   - Once a month . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .2
   - Less than once a month, or . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .1
   - Never (IF VOL.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .0

2. How much do your friends or relatives really care about you--a lot, some, or not much at all?
   - [ ] 1 [ ] 2 [ ] 3 AI4_2

3. How much do they understand the way you feel about things?
   - [ ] 1 [ ] 2 [ ] 3 AI4_3

4. How much do they appreciate you?
   - [ ] 1 [ ] 2 [ ] 3 AI4_4

5. How much can you rely on them for help if you have a serious problem?
   - [ ] 1 [ ] 2 [ ] 3 AI4_5

6. How much can you talk to them about your worries?
   - [ ] 1 [ ] 2 [ ] 3 AI4_6

7. How much can you relax and be yourself around them?
   - [ ] 1 [ ] 2 [ ] 3 AI14_7

RARELY
8. How often do your friends or relatives make too many demands on you—often, sometimes, rarely or never?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

9. How often do they argue with you?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

10. How often do they criticize you?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

11. How often do they let you down when you are counting on them?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

12. How often do they get on your nerves?  

<table>
<thead>
<tr>
<th></th>
<th>RARELY</th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

13. How often do they drink or use drugs too much?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

14. Among the people you know, is there someone . . .

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

15. you can go with to play cards, or go to bingo, a powwow, or a community meeting?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

16. who would lend you money if you needed it in an emergency?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

17. who would lend you a car or drive you somewhere else if you really needed it?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

18. you could call who would bail you out if you were arrested and put in jail?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

19. you could count on to check in on you regularly?  

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th>Very isolated</th>
<th>Somewhat isolated</th>
<th>Not very isolated at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

20. How often do you purposefully avoid family gatherings? . . .
A lot . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|3 AI4_20
Sometimes, or . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|2
Not very much at all . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|1

21. Of those family gatherings you go to, how likely are you to leave early? . . .

Very likely . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|3 AI4_21
Somewhat likely, or . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|2
Not at all likely . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|1

22. Interviewer/Reviewer: |____|____|____| INT_CODE

23. Date of interview: |____|____|____|____|____|____|___| INT_DATE
THE STRONG HEART – FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

SPIELBERGER - AX/COOK MEDLEY SCALE

How was the questionnaire administered? 1=By interviewer 2=By self 8=Refused

A number of statements which people have used to describe themselves when they feel angry or furious are given below (Q1-Q20). Please read each statement and then indicate how often you feel or act in the manner described when you are angry. This is a measure of your feelings; so there are no right or wrong answers.

When I feel angry....

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely/Or Never</th>
<th>Sometimes</th>
<th>Often/Always</th>
<th>Almost/Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I control my temper.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>2. I express my anger.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>3. I keep my feelings to myself.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>4. I make threats I don't really mean to carry out.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>5. I withdraw from people when I'm angry.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>6. I give people &quot;the silent treatment&quot; when I'm angry.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>7. I make hurtful remarks to others.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>8. I keep my cool.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>9. I do things like slam doors when I'm angry.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>10. I boil inside, but don't show it.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>11. I argue with others.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>12. I hold grudges that I don't tell anyone about.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>13. I strike out (emotionally or physically) at whatever makes me angry.</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>Question</td>
<td>Rating</td>
<td>True</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------</td>
<td>------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>14. I am more critical of (judge or find fault with) others than I let people know.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I get angrier than I usually admit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I calm down faster than most people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I say mean things.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I am irritated (frustrated, annoyed) much more than people are aware of.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I lose my temper.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. If someone bothers (frustrates, irritates) me, I am likely to tell him/her.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These next questions (Q21- Q28) are about how you think about other people. Although we cannot really know what people would think or do unless they tell us, we would like to know you opinion as to whether you think each of the following statements is "True or False". Once again, this is your opinion, so there is no right or wrong answer.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. No one cares much about what happens to me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. It is safer to trust nobody.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Most people would lie to get ahead.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Most people inwardly dislike putting themselves out to help other people.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Most people will use unfair means to gain an advantage rather than lose it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Most people are honest mainly through fear of being caught.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. I often wonder what hidden reason another person may have for doing something nice for me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Most people make friends because friends are likely to be useful to them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Interviewer/Reviewer:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Date of interview:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THE STRONG HEART – FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

PSYCHOSOCIAL CHECKLIST

SHS Family I.D. | F | A | M | I | D | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | _
THE STRONG HEART – FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

DIRECTIONS TO PARTICIPANTS FOR USING THE ACTIVITY METER
(Pedometer)

The Accusplit Activity Meter (pedometer) counts the number of steps taken while walking. You have been requested to wear this meter EVERY DAY for a seven day period from _______ to _______. The pedometer is to be clipped at the waist to your clothes, underwear, or on a belt and worn on the _______ hip and must be kept in an upright position. Please keep the pedometer firmly against your body so it does not move around freely. You can use a belt or elastic strap to keep it in place on your hip. Please DO NOT LET THE Pedometer GET WET by wearing it in the rain or while bathing or swimming. Please remember to reset the pedometer to “0” (zero) when you put it on in the morning and to record the pedometer number in your activity record when you take it off at night.

If you have any questions, please contact:
_________________________________________ at
___________________________________________.

Specific Instructions
1. Every morning, just before you put the pedometer on, push the reset button to read “0”.
2. Record the time you reset the pedometer on the activity record page.
3. Wear the pedometer all day except for bathing, swimming or in the rain (unless you can keep it dry). If you take it off, record the length of time it was off (minutes or hours) on your activity record page.
4. At bedtime, take off the pedometer. Record on your activity record page (a) the pedometer number (the number of steps taken), and (b) the time you removed the pedometer.
5. Please do not touch the reset button during the day or you will erase your activity numbers.
6. Wear the pedometer on your dominant hip (right hip for right handed people and left hip for left handed people), keep it upright, and make sure it fits firmly against your body so it does not move around.
7. Keep the cover closed or it will not record your steps.
8. The pedometer will not work correctly if it is in a pants, coat, or shirt pocket. It will not work correctly if it is sideways either.
9. Please mail the activity record to us in the self-addressed stamped envelope after you complete your week.
10. Please keep the pedometer as a token of our appreciation of your participation in the Strong Heart Family Study.

Thank you very much for your time and effort!
SHS Family Study – Cardiovascular Disease in American Indians
National Heart, Lung, and Blood Institute

ACTIVITY METER SEVEN-DAY RECORD

Name: ________________________ Strong Heart Study ID No: _

Family Study ID No: ___

Reminder: Reset the Activity Meter (pedometer) to “0” every morning

<table>
<thead>
<tr>
<th>Date</th>
<th>ACT4_1A</th>
<th>ACT4_2A</th>
<th>ACT4_3A</th>
<th>ACT4_4A</th>
<th>ACT4_5A</th>
<th>ACT4_6A</th>
<th>ACT4_7A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day of week</td>
<td>ACT4_1B</td>
<td>ACT4_2B</td>
<td>ACT4_3B</td>
<td>ACT4_4B</td>
<td>ACT4_5B</td>
<td>ACT4_6B</td>
<td>ACT4_7B</td>
</tr>
<tr>
<td>Time attached</td>
<td>ACT4_1C</td>
<td>ACT4_2C</td>
<td>ACT4_3C</td>
<td>ACT4_4C</td>
<td>ACT4_5C</td>
<td>ACT4_6C</td>
<td>ACT4_7C</td>
</tr>
<tr>
<td>Meter number at bedtime</td>
<td>ACT4_1D</td>
<td>ACT4_2D</td>
<td>ACT4_3D</td>
<td>ACT4_4D</td>
<td>ACT4_5D</td>
<td>ACT4_6D</td>
<td>ACT4_7D</td>
</tr>
<tr>
<td>Time removed</td>
<td>ACT4_1E</td>
<td>ACT4_2E</td>
<td>ACT4_3E</td>
<td>ACT4_4E</td>
<td>ACT4_5E</td>
<td>ACT4_6E</td>
<td>ACT4_7E</td>
</tr>
<tr>
<td>Did you take off the meter for any reason?</td>
<td>ACT4_1F</td>
<td>ACT4_2F</td>
<td>ACT4_3F</td>
<td>ACT4_4F</td>
<td>ACT4_5F</td>
<td>ACT4_6F</td>
<td>ACT4_7F</td>
</tr>
<tr>
<td>If yes, for how long?</td>
<td>ACT4_1G</td>
<td>ACT4_2G</td>
<td>ACT4_3G</td>
<td>ACT4_4G</td>
<td>ACT4_5G</td>
<td>ACT4_6G</td>
<td>ACT4_7G</td>
</tr>
</tbody>
</table>

Complete this question after completing this journal.

Has your physical activity in the past seven (7) days been typical for you compared to your regular activity level? Yes ___ | No ___

ACT4_8
A. MEDICATION RECEPTION:

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

(Make arrangements to obtain)

Took no meds | 3 (Go to Section C) |

Refused | 4 |

(Cite reasons for refusal in the space below)

Reasons for refusal: __________________________________________________________ : Go to Section C

B. PRESCRIPTION MEDICATIONS

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

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

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>Number Prescribed</th>
<th>PRN Medicine?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print the first 20 letters only. Write the decimal as one of the digits. Circle: day, week, month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please print clearly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### PRESCRIPTION MEDICATIONS (cont.)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>Prescribed</th>
<th>PRN Medicine?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Circle: day, week, month</td>
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<tr>
<td>15</td>
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</tbody>
</table>

Number unable to transcribe: ___________________

### C. OVER-THE-COUNTER MEDICATIONS

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

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>Circle: day, week, month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>D W M</td>
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<td>9</td>
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</tbody>
</table>

4. On the average during the last two weeks, how many of these pills did you take a day/week/month?
<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>Circle: day week, month</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
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</tbody>
</table>

Comments: ____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

5. Interviewer: _______ _______ _______ _______

6. Date of interview: _______ / _______ / _______ / _______ / _______ / _______ /_______
I. BLOOD PRESSURE

1. Right arm circumference, measured in CENTIMETERS (cm)  
   *Midway between acromium and olecranon*  
   ____ ____  SQC4_42

2. Cuff size (arm circumference in brackets)  
   SQC4_43
   
   Pediatric (under 24cm) |____|1  
   Large arm (33-41cm) |____|3

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

3. Pulse obliteration pressure  
   ____ ____  SQC4_44

4. Seated Blood Pressure  
   Systolic BP  
   Diastolic BP
   a) First Blood Pressure Measurement  
      ____ ____  SQC4_45  ____ ____  SQC4_46
   b) Second Blood Pressure Measurement  
      ____ ____  SQC4_47  ____ ____  SQC4_48
   c) Third Blood Pressure Measurement  
      ____ ____  SQC4_49  ____ ____  SQC4_50

5. Were the above blood pressures taken from RIGHT arm?  
   Yes |____|1  
   No |____|2  SQC4_51

   If no, please specify: ______________________________________  SQC4_51A

6. Recorder ID:  
   ____ ____  SQC4_52

II. ANTHROPOMETRIC MEASUREMENTS
7. Height (Standing) cm
8. Weight (Standing) kg
9. Hip circumference (Standing) cm
10. Waist (Supine) cm

III. IMPEDANCE MEASUREMENT

9. a) Was impedance taken? Yes | (Go to b) No |

If NO, due to: Amputation | Wound/dressing | Cast | Refusal |

b) Taken on RIGHT side? Yes | No |

If NO, due to: Amputation | Wound/dressing | Cast | Refusal |

c) Resistance 
d) Reactance 

IV. ACANTHOSIS NIGRICANS

10. Acanthosis Nigricans in the back of neck: Not Present | Grade 1 | Grade 2 | Grade 3 | Grade 4 |

V. ADMINISTRATIVE INFORMATION

11. Code number of person completing this form

12. Date of data collection