rotocol ID:	Study Subject ID:
tudy Name:	Interviewer Name:
ite:	Interview Date:
vent Name:	

BLSA Medical Interview - Ver. 1.1

Section Title: Medical Hi	story		
Instructions:			
Date Completed			Blank
Tester ID			
(0) Interview was conducted with	: O Participant only		
NOTE: <u>Proxy Only</u> - only answer questions with (bracket)	O Participant and proxy		
questions with (bracket)	O Proxy only		
	O Telephone interview		
	O Interview not done		
(1) Have you seen a MD, PA or NI	P 🔾 Yes		
for any reason within the past 2 years?	○ No		
years.	O Don't know		
	O Refused		
(2) How often do you have a	O At least annually		
routine physical examination for a general check up?	O At least biannually		
	O At least every 5 years		
	O Less than every 5 years		
	O Does not get routine exams		
	O Don't know		
	O Refused		
2a. Did you receive the flu shot	○ Yes	2b. If no, do you plan to get the	Over
this year?	O No	flu shot?	○ No
	O Don't know		O Don't know
	O Refused		O Refused
	O Norabed		9.6356
(3) Has a doctor (or other health	○ Yes	3a. How long ago was your most	Within 1 year
professional) ever said you had a heart attack or myocardial	○ No	recent heart attack?	Within 2 years
infarction?	O Don't know		O Within 5 years
	O Refused		Over 5 years
			O Don't know
			○ Refused
	_		
(4) Has a doctor (or other health professional) ever said you had			
heart failure or congestive heart	O No		
failure?	O Don't know		
	O Refused		

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(5) Has doctor ever said you had angina (pectoris), chest pain due to heart disease or coronary artery disease?	O Don't know Refused		
(6) Has a doctor (or other health professional) ever said you had chronic bronchitis, emphysema, chronic obstructive pulmonary disease, or COPD?	○ Yes ○ No ○ Don't know ○ Refused		
(7) Has a doctor (or other health professional) ever said you had asthma?	○ Yes○ No○ Don't know○ Refused	7a Do you still have asthma?	Yes No Don't know Refused
(8) Has a doctor (or other health professional) ever said you had cirrhosis or liver disease?	○ Yes○ No○ Don't know○ Refused		
(9) Has a doctor (or other health professional) ever said you had hepatitis?	○ Yes○ No○ Don't know○ Refused		
(10) Has a doctor (or other health professional) ever said you had HIV or AIDS?	○ Yes ○ No ○ Don't know ○ Refused		
(11) Has doctor ever said you had kidney disease, nephritis, or renal insufficiency?	○ Yes ○ No ○ Don't know ○ Refused		
(12) Has doctor ever said you had a stroke, mini-stroke or slight stroke?	○ Yes ○ No ○ Don't know ○ Refused	12a. How long ago was your most recent stroke?	Within 1 yearWithin 2 yearsWithin 5 yearsOver 5 yearsDon't knowRefused
(13) Has doctor ever said you had a transient ischemic attack or TIA?		13a How long ago was your most recent TIA?	O Within 1 year Within 2 years Within 5 years Over 5 years Don't know Refused
(14) Has doctor ever said you had peripheral neuropathy or nerve damage in your lower legs, feet or hands?	○ No		

High Blood Pressure (15) Has doctor ever said you had high blood pressure or hypertension?	○ Yes ○ No ○ Don't know ○ Refused		
15a. Are you currently taking prescribed medication to treat you high blood pressure?	○ Yes ○ No ○ Don't know ○ Refused	15b. <u>If not taking medication</u> , do you still have high blood pressure?	Yes No Don't know Refused
15c. Are you following lifestyle recommendations to treat or manage your high blood pressure?	○ Yes○ No○ Don't know○ Refused		
Diabetes - Glucose Intolera (16) Has doctor ever said you had diabetes, glucose intolerance or high blood sugar?			
16a. Are you currently taking prescribed medication or therapies to treat your diabetes?	○ Yes ○ No ○ Don't know ○ Refused	16b. If not taking medication, do you still have high blood sugar?	Yes No Don't know Refused
16c. Are you following lifestyle recommendations to treat or manage your high blood sugar?	YesNoDon't knowRefused		
High Cholesterol (Lipids) (17) Has doctor ever said you had high choelsterol, triglycerides, (dyslipidemia or hypercholesterolemia)?	YesNoDon't knowRefused		
17a. Are you currently taking prescribed medication to treat your high cholesterol (lipids)?	Yes No Don't know Refused	17b. <u>If not currently taking medication</u> , do you still have high cholesterol?	Yes No Don't know Refused
17c. Are you following lifestyle recommendations to treat or manage your high cholesterol?	○ Yes ○ No ○ Don't know ○ Refused		
Bypass surgery or (baloon) angioplasty on your coronary (heart), leg, or femoral arteries, carotid endarterectomy (surgery on neck arteries) or aortic aneurysm repair?	y of the following procedures: Yes No Don't know Refused		
18a. If yes, which procedur	ed did you have?		

Coronary bypass surgery, heart bypass, or CABG?

Angioplasty (baloon) of coronary arteries?

Bypass Surgery on leg or femoral arteries?

Angioplasty (baloon) on leg or femoral arteries?

Carotid endarterectomy, surgery on your neck arteries?

Angioplasty (baloon) on leg or femoral arteries?

O Yes O No O Don't know Click to deselect entry on your neck arteries?

O Yes O No O Don't know Click to deselect entry on your neck arteries?

Protocol ID:					Study Sub	ject ID:	
Study Name:					Interviewe		
Site:	_				Interview	Date:	
Event Name:							
Event Date:							
Section Title: Cance	ur History						
Instructions:	н нізсогу						
(19) (Has a doctor or		ever said you had <u>cancer, a maligr</u> now O Refused Click to deselect entry	<u>nant growth or maligna</u>	nt tumor?			
19a What kind o	of cancer or malignant grow	vth did you have? (Only mark "Yes"	' for named sites as "N	o" is the default response)			
19b How old we	ere you when a doctor first	told you that you had this cancer?					
19c Have you ha	ad a recurrence?						
19d Age at most	t recent recurrence?						
19a Type: Bladder	○ No ○ Yes	19b Age first diagnosed	(years)	19c Had recurrence?	○ No ○ Yes	19d Age most recent recurrence	(years)
Brain	○ No	Age first diagnosed	(years)	Had recurrence?	○ No	Age most recent recurrence	(years)
	O Yes				O Yes		
Dunant	0.11	A 6:	(Had recurrence?	O N:	A	()
Breast	○ No ○ Yes	Age first diagnosed	(years)	nad recurrence?	O No O Yes	Age most recent recurrence	(years)
	O res				Oles		
Cervical	○ No	Age first diagnosed	(years)	Had recurrence?	O No	Age most recent recurrence	(years)
	O Yes		. ,		O Yes	-	. ,
Colon/Rectal	○ No	Age first diagnosed	(years)	Had recurrence?	○ No	Age most recent recurrence	(years)
	O Yes				O Yes		
Endometrial	O No	Age first diagnosed	(years)	Had recurrence?	O No	Age most recent recurrence	(years)
	O Yes				O Yes		
Leukemia	○ No	Age first diagnosed	(years)	Had recurrence?	○ No	Age most recent recurrence	(years)
Leukernia	O Yes	Age first diagnosed	(years)	riad recurrence:	O Yes	Age most recent recurrence	(years)
	0 103				0 163		
Liver	O No	Age first diagnosed	(years)	Had recurrence?	O No	Age most recent recurrence	(years)
	O Yes				O Yes		
Lung	○ No	Age first diagnosed	(years)	Had recurrence?	○ No	Age most recent recurrence	(years)
	O Yes				O Yes		
Lymphoma	O No	Age first diagnosed	(years)	Had recurrence?	O No	Age most recent recurrence	(years)
	O Yes				O Yes		
Malanama	O No	Ago first did	(vones)	Had ro	O No	Ago mostt	(vozva)
Melanoma	O No	Age first diagnosed	(years)	Had recurrence?	O No	Age most recent recurrence	(years)
	O Yes				O Yes		
Ovarian	○ No	Age first diagnosed	(years)	Had recurrence?	O No	Age most recent recurrence	(years)
	O Yes	J 	V/		O Yes	<u> </u>	v ·· · · · ·

Pancreatic	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Prostate	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Skin-Basal	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Skin-Squamous	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Stomach	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Thyroid	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Other	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Out - Court							

Other - Specify:

Other - Specify:

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Interviewer Name:_____
Interview Date:_____

Protocol ID:	<u> </u>					
Study Name:						
Site:						
Event Name:						
Event Date:	_					
Section Title: Medical H	x Continued					
Instructions:						
(20) Has a doctor (or other health	h 🔾 Yes					
professional) ever said you had arthritis or osteoarthritis?	○ No					
-	O Don't know					
	O Refused					
20a. In which of the follow	<u>ring areas have you been t</u>	old you have	e arthritis?			
Knee(s)	O Yes O No O Don't know	Click to dese	lect entry			
	0 0 0					
Hip(s)	O Yes O No O Don't know	Click to dese	lect entry			
Hand(s)	○ Yes ○ No ○ Don't know	Click to dese	lect entry			
rialia(3)	O Tes O No O Don't know	○ Yes ○ No ○ Don't know Click to deselect entry				
Back	○ Yes ○ No ○ Don't know	Click to dese	lect entry			
		•				
Neck	O Yes O No O Don't know	Click to dese	lect entry			
	0,4,0,4,0,5,4,1					
Feet	○ Yes ○ No ○ Don't know	Click to dese	lect entry			
Shoulder(s)	○ Yes ○ No ○ Don't know	Click to dese	lect entry			
			,			
(21) Has a doctor (or other health	h 🔾 Yes					
professional) ever said you had spinal stenosis?	○ No					
<u>spiriar secriosis</u> .	O Don't know					
	O Refused					
(22) Has a doctor (or other health	O Yes Do not include osteopenia		22a. Are you currently following	O Yes		
professional) ever said you had osteoporosis or thinning of the	○ No		lifestyle recommendations (e.g., exercise) or taking over-the- counter calcium or Vitamin D supplements to manage your	○ No		
bones?	O Don't know			O Don't know		
	O Refused			O Refused		
	•		osteoporosis?			
(23) Has a doctor (or other health	n O Yes					
professional) ever said you had	O Ni-					
<u>connective tissue disease</u> such as rheumatoid arthritis, gout, psoriat	_					
arthritis, anklosing spondylitis,	O Refused					
lupus, ulcerative colitis, Chron's disease, scleroderma, vasculitis or	_					
polymyositis?						
(24) Has a doctor (or other health professional) ever said you had						
Parkinsons?	O No					
	O Don't know					
	O Refused					
(25) Has a doctor (or other health professional) ever said you had	h 🔾 Yes					
Intermittent Claudication PAD,	○ No					
peripheral arterial disease or PAD	? O Don't know					
	O Refused					

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(26) Has a doctor (or other health professional) ever said you had varicose veins, damage to the veins in your lower legs, phlebitis, or venous insufficiency?	○ No		
(27) Has a doctor (or other	r health professional) ever	said you had any of the followin	na eve conditions:
Cataract?	O Yes O No O Don't know	Click to deselect entry	ig cyc corracions:
		,	
Which eye?	Right eye only		
	O Left eye only		
	O Both eyes		
If cataract in both eyes, was this a	t ○ Yes		
the same time?	○ No		
	O Don't know		
Have you ever had cataract	O Yes		
surgery?	O No		
	O Don't know		
	O DOTTE KNOW		
Which eye?	O Right eye only		
Wildireye.	O Left eye only		
	O Both eyes		
Glaucoma?	○ Yes ○ No ○ Don't know	Click to deselect entry	
Which eye?	Right eye only		
•	O Left eye only		
	O Both eyes		
	O = 1111 1/12		
Problems with our retina, retinopathy or retinal changes?	○ Yes ○ No ○ Don't know	Click to deselect entry	
Which eye?	O Right eye only		
	O Left eye only		
	O Both eyes		
	O boar cycs		
Macular degeneration?	○ Yes ○ No ○ Don't know	Click to deselect entry Which eye?	Right eye only Left eye only Both eyes
Have you ever been diagnosed by a clinician as having dry eye syndrome?	○ Yes ○ No ○ Don't know	Click to deselect entry	
How often do your eyes feel dry (not wet enough)?	O Never O Sometimes O Ofte	n 🔾 Constantly 🔾 Refused 🔘 Don't k	know Click to deselect entry
How often do your eyes feel irritated?	O Never O Sometimes O Ofte	n 🔾 Constantly 🔾 Refused 🔘 Don't k	know Click to deselect entry
(28) Has a doctor (or other health	. ○ Yes	28a. Do you still have this	O Yes
professional) ever said you had a	O No	condition?	O No
stomach, gastric or duodenal ulcer?			_
uicei:	O Don't know		O Don't know
	O Refused		O Refused

Site: Interview Date: Event Name:	Protocol ID:	_					Study Subject ID:
Section Title: Cardiovascular and Respiratory Interpretations: MITRODUCTION: "The following questions concern symptoms related to the functioning of your heart. Jurgs and other maker body systems." (1) there you need had any pain or your dead any pain or or your heart and your your your your your your your your	Study Name:						Interviewer Name:
Section Title: Cardiovascular and Respiratory Instructions: Instructions Ins	Site:						Interview Date:
Section Title: Cardiovascular and Respiratory Introduction: "The following questions concern symptoms related to the functioning of your heart. lungs and other major body systems." (1) Here yes seer had any pain or a local content in your chest store of the functioning of your heart. lungs and other major body systems." (1) Here yes seer had any pain or a local content or your chest store you will be provided any pain or disconding in your chest store you will be provided any pain or disconding in your chest store you will be provided and your chest store your will be provided and your chest your great and your chest your great and your chest your great will be your or walking?" In Boy you get the went you walk of you get any you will be provided and your chest your great and your chest your great walking? In Boy you get the your chest will be your great any your great and your chest your great and your chest your great walking? In Boy you get the your get the participant point to the area(s) on their upper forso where they feel this pain 12 minutes or less to the proof of the your chest store you chest store you chest store your chest store your chest store your chest store your chest your great your your walk your great	Event Name:						
Instructions:	Event Date:	_					
Instructions:							
Instructions:	Section Title: Cardiovas	cular and Bosnirator	•				
MITRODUCTION: "The following questions concern symptoms related to the functioning of your heart, lungs and other major body systems." (1) Have you seek had any pain or No Don't trook Personal Content of the pain of disconfient in your chest No Don't trook Personal Content of the pain of disconfient in your chest No Don't know, Refused No Don't know Personal Content of the pain of disconfient in your chest No Don't know Personal Content of the pain of disconfient in your chest No Don't know Personal Content of the pain of disconfient in your chest No Don't know Personal Content of the pain of disconfient in your chest No Personal Content of the pain of disconfient in your chest No Personal Content of the pain of disconfient in your chest No Personal Content of the pain of disconfient in your chest No Personal Content of the pain of disconfient in your chest Personal Content of the pain of disconfient in your chest Personal Content of the pain of disconfient in your chest Personal Content of the pain of disconfient in your chest Personal Content of the pain of disconfient (flave the participant point to the area(s) on their upper torso where they feel this pain)? Miller or upper sterrum		синат апи кезрітасот	<u>y</u> .				
(3) Hate you seek had any pain or of love disconfort in your cheek Shate of Shate	Instructions:						
(3) Hate you seek had any pain or O' Yes disconfort in your chest Oh to Ohn Innow Refused I.a. How you had any pain or disconfort in your chest (since you had any pain or disconfort in your chest (since you had any pain or disconfort in your chest (since you had any pain or disconfort in your chest (since you pain the sheet (since you had any pain or disconfort in your chest (since you had any pain or disconfort in your chest (since you had a you pain or disconfort in your chest Yes Man Ohn Ohn Innow Ohn Innow Ohn Ohn Innow Ohn Ohn Innow Ohn Ohn Innow Ohn Innow	INTRODUCTION: "The fall	ouing questions conse	en symptoms related to the functioni	ng of your boart lungs and o	thar major b	andy systems "	
Ia. How you had any gain or performed it has been been been been been been been bee			<u>IT Symptoms related to the functions</u>	<u>ng or your neart, lungs and o</u>	<u>инен ппајон ц</u>	ouy systems.	
Is. Have you had any pain or decorption in your cheek farince of control in your cheek farince past 2 years (for new past 2 years) from the your cheek farince past 2 years), have your bear and the past 2 years, have your past for years and the past 2 years, have your factor your factor your factor your factor past 2 years, have your factor past 2 years, have your factor past 2 years, have your factor your factor of the your factor your factor your factor past 2 years, have your factor factor your factor of the your factor your factor your factor past 2 years, have your factor factor past 2 years, have your factor factor your factor of the your factor your factor your factor your factor your factor your factor past 2 years, have your factor factor your factor y							
La. Libro you had any pain or discomfort in your chest, finise your set stEJA wait / within the past 2 years (for many past cyans) for many past 2 years (for		_					
La have you had any pain or disconfort in your chest fistors will be a provided the past 2 years (for new past 2 years), have your most resert spended or here shared will be a past 2 years from the your walk at 1 years and or here you walk at 1 years and ordinary past on a level surface. Years will be you are walking? Year wal		_					
disconfort in your chest [since of your pet at when you walk at \ Yes on the pair 2 years at 18L4 with a poor a refused or not on the pair 2 years at 18L4 with a poor at 18L5 and 18L5 and 18L5 and 18L6		Refused					
disconfort in your chest [since of your get at when you walk at \ Yes on ordinary pace on a level or ordinary pace on a level on ordinary pace on a level or ordinary pace or a level ordinary pace ord	1a. Have you had any pain or	O Vos. If No. I	Don't know Refused Go to Question 2)	1h. Do you get it when you walk	○ Voc		
The special control of the participants)? It. Do you get it when you walk at \ Yes an ordinary pace on a level surface? It. Do you get it when you walk at \ Yes an ordinary pace on a level surface? It. Do you get it when you walk at \ Yes an ordinary pace on a level on the participants)? It. If you stand still, what happens \ Refused It. If you stand still, w	discomfort in your chest [since	_	oon t know, Keruseu, do to Question 2)	uphill or hurry?			
Ic. Do you get it when you walk at Ves and alreved not you get it when you walk at Ves and reflected or not you get it when you walk at Ves and still, what happens Net level of not to hoo pan't know or Refused. It. If you stand still, what happens Net releved or not you get at your get and you get any of discomfort in your chest while you are walking? It. If you stand still, what happens Net releved or not your get this pain. Or discomfort they was your onest recent episoce of pain or discomfort. It. If you stand still, what happens Net releved or not your get this pain. Or discomfort. (have the participant point to the area(s). On their upper torso where they feel this pain.)? Id. Where do you get this pain. Or discomfort. (have the participant point to the area(s). On their upper torso where they feel this pain.)? Id. Where do you get this pain. Or discomfort. (have the participant point to the area(s). On their upper torso where they feel this pain.)? In the was your most recent episode of pain or discomfort in your chest. Past 5 months Past 5 months Past 5 months Past 3 months Past 2 wears), here you bont know Don't know Olick to deselect entry Within the past 2 years), here you bont know One throw One t		_		If No, go to 1h.		ту/мак ирпііі	
1c. Do you get it when you walk at \ Yes an ordinary pace on a level \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Ic. Do you get it when you walk at \ Yes an ordinary pace on a level and force? No No Don't know Refused Take nitroplyceine Take nitroplyceine	, , , ,	O Refused			_	W	
an ordinary pace on a level surface? Ont know Ont know Ont know or Refused. Ont know On Refused le. If you stand still, what happens O Relieved to the pain? Is it relieved or not relieved? Ont know On					O Refused		
an ordinary pace on a level surface? Ont know Ont know Ont know or Refused. Ont know On Refused le. If you stand still, what happens O Relieved to the pain? Is it relieved or not relieved? Ont know On							
Surface? Ont know	Do you get it when you walk an ordinary pace on a level	_	1d. What do you do if you get any				
I.e. If you stand still, what happens Relieved If Not relieved, Don't know or Refused, Go to Question 1g. If. How soon is it relieved? 10 minutes or less More than 10 minutes relieved? Don't know Not relieved? Don't know Refused Don't know Don't know Refused Don't know Don't k		_	while you are walking?				
Le. If you stand still, what happens Relieved or not to the pain? Is it relieved or not relieved? Not relieved Not relieved Don't know Refused Not relieved Don't know Refused Not relieved? Don't know Refused Don't know D		_					
1e. If you stand still, what happens Relieved to the pain? Is it relieved or not relieved? Not relieved or not relieved? Don't know Refused Don't kno		O Refused		O Don't know			
to the pain? Is it relieved or not relieved? Not relieved? No Not relieved Opn't know Opn'				O Refused			
to the pain? Is it relieved or not relieved? Not relieved? No Not relieved Opn't know Opn'							
relieved? Not relieved Don't know Don't know Don't know Pefused Don't know Don't k			relieved, Don't know or Refused, Go to	Question 1g. 1f. How soon is it r	elieved?	10 minutes or less	
Refused Refu		O Not relieved				O More than 10 minutes	
1g. Where do you get this pain or discomfort (have the participant point to the area(s) on their upper torso where they feel thlis pain)? Middle or upper sternum		O Don't know				O Don't know	
Middle or upper sternum Yes No Don't know Click to deselect entry Left anterior chest Yes No Don't know Click to deselect entry Left anterior chest Yes No Don't know Click to deselect entry Left arm Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry Past month Past 3 months Past 6 months Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Yes If Yes, Go to Question 1j Within the past 2 years], have you And a severe pain across the front of your chest lasting half an hr or more? If No, Don't know Past gent across the front of your chest lasting half an hr or more? If No, Don't know Past gent across the front of your chest lasting half an hr or pore? If No, Don't know Past gent across the front of your chest lasting half an hr or pore? If No, Don't know Past gent across the front Of your chest lasting half an hr or pore? If No, Don't know Past gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or Of yo		O Refused					
Middle or upper sternum Yes No Don't know Click to deselect entry Left anterior chest Yes No Don't know Click to deselect entry Left anterior chest Yes No Don't know Click to deselect entry Left arm Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry Past month Past 3 months Past 6 months Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Yes If Yes, Go to Question 1j Within the past 2 years], have you And a severe pain across the front of your chest lasting half an hr or more? If No, Don't know Past gent across the front of your chest lasting half an hr or more? If No, Don't know Past gent across the front of your chest lasting half an hr or pore? If No, Don't know Past gent across the front of your chest lasting half an hr or pore? If No, Don't know Past gent across the front Of your chest lasting half an hr or pore? If No, Don't know Past gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or post gent across the front Of your chest lasting half an hr or Of yo							
Left anterior chest Left arm Yes No Don't know Click to deselect entry Left arm Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry 1h. When was your most recent episode of pain or discomfort in your chest? Past a month Past 3 months Past 6 months Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Within the past 2 years], have you Anywhere else If Yes, Go to Question 1j Within the past 2 years], have you Bon't know Past BLSA visit / Within the past 2 years], have you Don't know Don't know Past Go to Question 1j Past go to Question 1j Past go to Question 1j				<u>) on their upper torso where</u>	they feel thi	l <u>is pain)?</u>	
Left anterior chest Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry 1h. When was your most recent episode of pain or discomfort in your chest? Past a month Past 3 months Past 12 months Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Past (series) No Don't know Click to deselect entry Click to deselect entry Click to deselect entry If Yes, Go to Question 1j	Middle or upper sternum	O Yes O No O Don't kno	ow Click to deselect entry				
Left anterior chest Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry 1h. When was your most recent episode of pain or discomfort in your chest? Past a month Past 3 months Past 12 months Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Past (series) No Don't know Click to deselect entry Click to deselect entry Click to deselect entry If Yes, Go to Question 1j	Lower stornum	O Voc O No O Don't kno	Click to desalect entry				
Left arm Yes No Don't know Click to deselect entry Anywhere else Yes No Don't know Click to deselect entry 1h. When was your most recent episode of pain or discomfort in your chest? Past month Past 3 months Past 6 months Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Don't know Past nonth Past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Don't know Past nonth Past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Don't know Past nonth Past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Past nonth Past nonth Past nonth Past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Past nonth Past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Past nonth Past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more year.	Lower Sterrium	O res O No O Doilt kin	ow Click to deselect entry				
Anywhere else Yes No Don't know Click to deselect entry 1h. When was your most recent episode of pain or discomfort in your chest? Past month Past 3 months Past 6 months Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or of your chest lasting half an hr or of your Chest lasting half an hr or of your Don't know, Past 17 Mo, Don't know, On Past 18 Mo Past 19 Mo Past	Left anterior chest	○ Yes ○ No ○ Don't kno	ow Click to deselect entry				
Anywhere else Yes No Don't know Click to deselect entry 1h. When was your most recent episode of pain or discomfort in your chest? Past month Past 3 months Past 6 months Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or of your chest lasting half an hr or of your Chest lasting half an hr or of your Don't know, Past 17 Mo, Don't know, On Past 18 Mo Past 19 Mo Past			•				
1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, 1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or Don't know 1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or Don't know 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes June 1] 1i. [Since your last BLSA visit / Wes June 1] 1ii. [Since your last BLSA visit / Wes June 1] 1ii. [Since your last BLSA visit / Wes June 1] 1ii. [Since your last BLSA visit / Wes June 1] 1ii. [Since your last BLSA visit / Wes June 1] 1ii. [Since your last BLSA visit / Wes June 1] 1ii. [Since your last BLSA visit / Wes June 1] 1ii. [Since your last BLSA visit / Wes June 1] 1ii. [Since your last BLSA visit / Wes June 1] 2iii. [Since your last BLSA visit / Wes June 1] 2iii. [Since your last B	Left arm	○ Yes ○ No ○ Don't kno	ow Click to deselect entry				
1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, 1i. [The past 2 years] have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, 1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or Don't know 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1i. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1ii. [Since your last BLSA visit / Wes If Yes, Go to Question 1j 1ii. [Since your last BLSA visit / Wes If Yes, Go to Question 1j							
episode of pain or discomfort in your chest? Past 3 months Past 6 months Past 12 months Over 12 months ago Don't know Past 15 Myes, Go to Question 1j Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know Past 3 months No Past 4 months No Past 12 months No Pas	Anywhere else	O Yes O No O Don't kno	ow Click to deselect entry				
episode of pain or discomfort in your chest? Past 3 months Past 6 months Past 12 months Over 12 months ago Don't know Past 15 Myes, Go to Question 1j Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know Past 3 months No Past 4 months No Past 12 months No Pas	1h When was your most recent	O Past month					
Past 6 months Past 12 months Over 12 months ago Don't know	episode of pain or discomfort in						
Past 12 months Over 12 months ago Don't know 1i. [Since your last BLSA visit / Yes If Yes, Go to Question 1j Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Openity of the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or or Don't know, Openity of the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or or Don't know more? If No, Don't know,	your chest?	_					
Over 12 months ago Don't know 1i. [Since your last BLSA visit / Yes If Yes, Go to Question 1j Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know, Opening		_					
1i. [Since your last BLSA visit / Yes If Yes, Go to Question 1j Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? If No, Don't know,							
1i. [Since your last BLSA visit / Yes If Yes, Go to Question 1j Within the past 2 years], have you had a severe pain across the front O your chest lasting half an hr or O Don't know more? If No, Don't know,		=					
Within the past 2 years], have you had a severe pain across the front O No of your chest lasting half an hr or O Don't know more? If No, Don't know,		O Don't know					
Within the past 2 years], have you had a severe pain across the front O No of your chest lasting half an hr or O Don't know more? If No, Don't know,		_					
had a severe pain across the front One of your chest lasting half an hr or One of your Chest lasting half an hr or One throw, One of your Chest lasting half an hr or One of your Chest lasting half an hr or One of your Chest lasting half and you can be set of your Chest lasting half and you can be set of your Chest lasting half and you can be set of your Chest lasting half and you can be set of your Chest lasting half and you can be set of your chest last lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and your chest lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and you can be set of your chest lasting half and your chest lasting half			Go to Question 1j				
more? If No, Don't know,	had a severe pain across the front	ONO					
	of your chest lasting half an hr or	O Don't know					
		O Refused					

			1j. What did your doct was?		Did not see doctorAnginaHeart attackGas/IndigestionDon't knowRefused
(2) Do you get pain or discomfort in either leg when you walk?	O Yes O No		2a. Does this pain ever begin wher you are standing still or sitting?	Yes O No	
	O Don't know			O Don't kn	ow
	O Refused			O Refused	
2b. Do you get this pain in your	O Yes		2c. Do you get this pain if you wall	⟨○ Yes	
calf (calves)?	○ No		uphill or hurry?	O No	
	O Don't know			O Don't kn	ow
	Refused			O Refused	
2d. Do you get this pain when you walk at an ordinary pace on a level			2e. Does this pain ever disappear while you are still walking?	O Yes	
surface?	O No		write you are suit walking:	O No	
	O Don't know			O Don't kn	ow
	O Refused			O Refused	
2f. What happens to the pain if you stop walking and stand still?		10 minutes or less			
Does it usually	_	more than 10 minute	ers		
	O Don't know				
	Refused				
(3) Do you get shortness of breath when you walk uphill, hurry or	_	If <u>No</u> or <u>Refused</u>	d, Go to Question 4		
climb a single flight of stairs?	O No				
	O Don't know				
	O Refused				
3a. Do you ever get shortness of breath when walking at your own	O Yes		3b. Do you ever get shortness of breath when you are lying down	O Yes	
pace on a level surface?	O No		flat?	O No	
	O Don't know			O Don't kn	ow
	Refused			O Refused	
(4) In the past 12 months, were	O Yes		4a. Did you have this morning cough for a total of 3 months or	O Yes	
there times when you had a cough almost every morning?	○ No		more out of the last 12 months?	O No	
	O Don't know		(Note: Months do not have to be	O Don't kn	ow
	O Refused		consecutive.)	O Refused	
(5) In the past 12 months, have	O Yes				
you had wheezing or whistling in your chest at any time?	O No				
	O Don't know				
	O Refused				
5a. Does your chest sound wheezy	O Yes		5b. Have you required medicine or	O Yes	
or whistling most days or nights?	○ No		treatment for any episodes of wheezing or whistling?	O No	
	O Don't know		- *	O Don't kn	ow
	O Refused			O Refused	

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you had to sleep on 2 or more	O les		
pillows to help you breathe?	○ No		
	O Don't know		
	O Refused		
(7) In the past 12 months, have	○ Yes		
you been awakened at night by	○ No		
trouble breathing?	O Don't know		
	O Refused		
(8) In the past 12 months, have	O Yes	8a. Does this swelling tend to	O Yes
you had swelling in your feet or	O No	come on during the day and go	O No
ankles (excluding pregnancy)?	O Don't know	down overnight?	O Don't kno
	O Refused		O Refused
	Neruseu		O Refuseu
(9) Since your last BLSA visit /	O Yes		
vithin the past 2 years, have you	O No.		
had any <u>sudden</u> loss of or changes in speech?	_		
iii speecii:	O Don't know		
	O Refused		
9b. How long did the (longest)	O Loss than 1 hour		
episode last?	O Less than 1 hour		
	O At least 1 but < 24hr		
	O 24 or more hours		
	O Don't know		
	O Refused		
(10) Cinco your last PLCA visit /	○ Vos		
(10) Since your last BLSA visit / within the past 2 years, have you	O Yes		
had any <u>sudden</u> loss of vision,	O No		
complete or partial?	O Don't know		
	O Refused		
10h	01		
10b. How long did the (worst) episode last?	O Less than 1 hour		
	O At least 1 but < 24hr		
	24 or more hours		
	O Don't know		
	O Refused		
(44) (1)	0.4		
(11) Since your last BLSA visit / within the past 2 years, have you	O Yes		
had any <u>sudden</u> spells of double	O No		
vision?	O Don't know		
	Refused		
446 11	01		
11b. How long did the (worst) episode last?	O Less than 1 hour		
.,	O At least 1 but < 24hr		
	24 or more hours		
	O Don't know		
	O Refused		
(40) 61	0.4		
(12) Since your last BLSA visit / within the past 2 years, have you	O Yes		
had any <u>sudden</u> numbness,	O No		
tingling or loss of feeling on one side of your body?	O Don't know		
, 50. 500) .	○ Refused		

episode last?	At least 1 but < 24hr 24 or more hours Don't know Refused	episode, which side was affected?	Left side only Both sides Don't know Refused
(13) Since your last BLSA visit / within the past 2 years, have you had any <u>sudden</u> paralysis or weakness on one side of your body?	○ Yes ○ No ○ Don't know ○ Refused		
13b. How long did the (worst) episode last?	Less than 1 hour At least 1 but < 24hr 24 or more hours Don't know Refused	13c. During this (the worst) episode, which side was affected?	Right side only Left side only Both sides Don't know Refused
(14) Since your last BLSA visit / within the past 2 years, have you had any <u>sudden</u> spells of dizziness, loss of balance, or sensation of spinning? 14a. During this time, how many episodes of dizziness, loss of balance or sensation of spinning	 Yes No Don't know Refused 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or m 	ore () Don't know () Refused	Click to deselect entry
14b. How long did the (longest) episode last?	Less than 1 hour At least 1 but < 24hr 24 or more hours Don't know Perfused		

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Protocol ID:	_		Study Subject ID:
Study Name:	_		Interviewer Name:
Site:			Interview Date:
Event Name:			
Event Date:			
Event Bater	_		
Section Title: Reproduct	ive History		
Instructions:			
INTRODUCTION: "These go	uestions are ab	out your reproductive and gynecological (fen	emale) history." Note: For all requested ages, time periods and births, enter 88 (8) if unknown and 77 (7) if refused.)
(1) Have you ever been pregnant?			
	O No		
	O Don't know		
	O Refused		
1a. How many of your pregnancies	(live births)	1b. How old were you when your	(years old)
resulted in the birth of a live child?		first child was born?	(1-1-1-1-)
	_		
(2) Have you had a hysterectomy (surgery to remove your uterus or	O Yes	2a. How old were you when you had this surgery?	(years old)
womb)?	O No	nau uns surgery:	
	O Don't know		
	 Refused 		
(3) Have you had a one or both	One	If No, Don't know or Refused, Go to Question 4	4
ovaries removed? If One, Go to Question 3a.	OBoth		
If Both, Go to Question 3a and	O No		
3b	O Don't know		
	O Refused		
3a. Age (first) ovary removed?	(years old)	3b. Age (second) ovary removed?	? (years old)
	(, -=,	g- (,,,	V-2
(4) Have you ever taken birth	O No		
control pills?	O Yes in the pas	t	
	O Yes currently		
	O Don't know		
	O Refused		
(5) Have you gone through	h menonause?	(If hysterectomy without removing both ovar	aries mark "Don't know", leave 5b and 5c blank)
(<u>=)</u>		<u>=</u>	<u> </u>
If 2 is Yes and 3 is one or No then	O Yes	5a. How old were you when you	(years old)
5 should be Don't know.	O No	went through menopause?	
	O Don't know		
	O Refused		
If No or Don't know answe	r Questions 5b	and 5c.	
5b. How many months ago was	(months)	5c. How many periods have you	(months)
your last menstrual period (enter to		had in the last 12 months?	(
if less than 1 month)?			
(6) Have you are tales -	ctrogon on he	none replacement there ** aither ar-11: /-	ng Bromaria Ogan Estracol er using a natch?
(O) nave you ever taken e	suogen as norr	<u>поне геріасетіені інегарут, еітпег огану (е.с</u>	e.g., Premarin, Ogen, Estrace) or using a patch?

(*Do not incluse SERMs, e.g.	O Yes currently	If No, Pre/peri-menopausal, Don't know or Refused Go to Question 7
Evista)	O Yes in the pa	st
	O No	
	O Pre-/perimen	opausal
	O Don't know	
	O Refused	
If Yes currently or Yes in to		
6a. How old were you when you started taking estrogen, either orally or using a patch?	(years old)	Note : If unsure, ask participant to make her best guess.
6b. How many years did you take have you been taking estrogen?	/ (years old)	Note : If unsure, ask participant to make her best guess. If less than 1 year, enter 1
6c. What form(s) of estrog	en do/did vou	use?
Pills:	O Yes O No	Click to deselect entry
Patch:	○ Yes ○ No	Click to deselect entry
Cream:	O Yes O No	Click to deselect entry
(7) Have you ever taken	O Yes currently	If No, Pre/peri-menopausal, Don't know or Refused Go to Next Section
progesterone (alone or in combination with estrogen) as	O Yes in the pa	st
hormone replacement therapy?	O No	
	O Pre-/perimen	opausal
	O Don't know	
	O Refused	
If Yes currently or Yes in to		
7a. How many years did you take have you been taking progesterone?	/ (years old)	Note : If unsure, ask participant to make her best guess. If less than 1 year, enter 1

Protocol ID:	_	Study Subject ID:
Study Name:	_	Interviewer Name:
Site:		Interview Date:
Event Name:		
Event Date:		
Coction Title: Prostatiti	s and Erectile Dysfunction	
	salu Liecule Dysiulicuoli	
<u>Instructions:</u>		
(1) Has a doctor (or other	health professional) ever said you had BPH, benign prostatic hyperplasia or an enlarged prostate	
.,	O Yes	
	○ No	
	O Don't know	
	○ Refused	
1a. Have you ever had sur	gery for an enlarged prostate (exclusive of prostate cancer surgery)?	
	○ Yes	
	○ No	
	O Don't know	
	O Refused	
2. In the past month,	and the second section of the section of the section and the section of the secti	duite a minetiae and mine an effect and discontinuous
<u>nave you experienced any</u>	pain or discomfort in the perineum (area between the rectum and testicles), the testicles, tip of the penis, pubic or bladder area, O Yes	, during urination or during or after sexual climax (ejaculation)?
	O No	
	O Don't know	
	© Refused	
	O Refused	
2a In which of these area	s did you have pain or discomfort (Read list if necessary)?	
Perineum	○ Yes	
	○ No	
	O Don't know	
	O Refused	
Testicles	○ Yes	
	○ No	
	O Don't know	
	Refused	
Tip of penis	○ Yes	
	O No	
	O Don't know	
	O Refused	
Bladder area	○ Yes	
	○ No	
	○ Don't know	
	○ Refused	
During urination	O Yes	
	○ No	
	O Don't know	
	○ Refused	

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O Yes During or after sexual climax O No O Don't know Refused 2b. In the past month, how often have you had pain or discomfort in any of these areas? O Never O Rarely Sometimes Often O Usually Always O Don't know O Refused 2c. Which number best describes your AVERAGE pain or discomfort in any of these areas in the past month? 0 no pain 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10 pain as bad as you can imagine 0 Don't know 0 Refused Click to deselect entry 3. In the past 6 months, have you been sexually active? O Yes O No O Don't know Refused 3a. In the past 6 months, have you used any medications (oral or injectable) or devices to help you get and/or keep an erection? Yes O No O Don't know Refused 4. How would you rate your ability (WITHOUT medication, if used) to get and keep an erection? O Very low O Low Moderate

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O High
O Very high
O Don't know
Refused

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Protocol ID:	_	Study Subject ID:
Study Name:		Interviewer Name:
Site:		Interview Date:
Event Name:	_	
Event Date:	_	
Castian Title: Uninem: Du	aktoma	
Section Title: Urinary Pro	DIEMS	
INTRODUCTION: "Now I w	ould like to ask you some questions abuot urinary function."	
During the last month or so,	Not at all	
how often have you had a	C Less than 1 time in 5	
sensation of not emptying your bladder completely after you	C Less than half the time	
finished urinating?	About half the time	
	O More than half the time	
	O Almost always	
	O Don't know	
	O Refused	
2. During the last month or so,	O Not at all	
how often have you had to urinate less than 2 hours after you finished	₄○ Less than 1 time in 5	
urinating?	Cless than half the time	
	O About half the time	
	O More than half the time	
	O Almost always	
	O Don't know	
	○ Refused	
3. During the last month or so,	O Not at all	
how often have you found you stopped and started again several	O Less than 1 time in 5	
times when you urinate?	O Less than half the time	
	O About half the time	
	O More than half the time	
	O Almost always	
	O Don't know	
	○ Refused	
 During the last month or so, how often have you found it 	O Not at all	
difficult to postpone urination?	O Less than 1 time in 5	
	O Less than half the time	
	O About half the time	
	O More than half the time	
	O Almost always	
	O Don't know	
	O Refused	
5. During the last month or so.		
how often have had a weak	O Not at all	
urinary stream?	O Less than 1 time in 5	
	O Less than half the time	
	O About half the time	
	O More than half the time	
	○ Almost always	
	O Don't know	
	O Refused	

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nent linica	- Printan	ie Forms

b. During the last month of so,	O Not at all
how often have you had to push o strain to begin urination?	O Less than 1 time in 5
strain to begin unhadon:	O Less than half the time
	O About half the time
	O More than half the time
	○ Almost always
	O Don't know
	O Refused
7. During the last month, how	○ None
many times did you most typically	
get up to urinate from the time you went to bed at night until the	
time you got up in the morning?	O Three times
	O Four times
	O Five or more times
	O Don't know
	© Refused
	Circlescu
8. Over the past month, how much	2 C Norse
have your (urinary) symptoms kep you from doing the kinds of things	to none
you usually do?	O Some
	O A lot
	O Don't know
	O Refused
0.75	
If you were to spend the rest of your life with your symptoms just	
the way they have been over the	O Mostly satisfied
past month, how would you feel?	
	O Mostly dissatisfied
	O Very dissatisfied
	O Don't know
	○ Refused

INCONTINENCE	Over
(10) Many people complain that they accidentally leak urine. In the	O tes
past week, did you leak even a	
small amount of urine?	O Don't know
	○ Refused
Divisions that want would (7 de	have been street and any local variety and the fellowing and the fellowing and the second street of the second str
10a. With an activity like coughing	ays), how many times did you leak urine under the following conditions? Examiner Note: Enter 99 if all the time, 88 if don't know and 77 if refused.
lifting or exercise?	, Come pass my
10b. When you had a sense of urgency and could not get to a	(times past wk)
toilet fast enough?	
10c. Unrelated to an activity or urge to urinate?	(times past wk)
- 24	
If Yes to Question 10, S.	
(11) In the <u>past 12 months</u> , did you leak even a small amount of	○ Yes
urine?	○ No
	O Don't know
	O Refused

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11a. In the past <u>12 months</u> , how often have you leaked urine?	 Less than once per month One or more times per month One or more times per week Every day Don't know Refused
11b. When did you usually leak urine?	With an activity like coughing lifting or exercising When you have the urge to urinate but can't get to a toilet fast enough Both with activy and inability to get to toilet fast enough You leak urine unrelated to an activity or urge Don't know Refused
(12) In the <u>past 12 months</u> , did you ever lose control of normal bowel movements so that you soiled yourself?	○ Yes○ No○ Don't know○ Refused
12a. In the past <u>12 months</u> , how often have you liost control of normal bowel movements?	Cless than once per month One or more times per month One or more times per week Every day Don't know

https://oclinica.irp.nia.nih.gov:8443/OpenClinica/rest/metadata/html/print/*/*/F_BLSAMEDI...

	Study Subject ID
Study Name:	Interviewer Name:
Site:	Interview Date:
Event Name:	
Event Date:	
Section Title: Medical History	
Instructions:	