Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

BLSA Medical Interview - Ver. 1.1

Section Title: Medical History

Instructions:

Date Completed ☐ Blank

Tester ID

(0) Interview was conducted with:
NOTE: *Proxy Only - only answer questions with* ***(bracket)***
- ○ Participant only
- ○ Participant and proxy
- ○ Proxy only
- ○ Telephone interview
- ○ Interview not done

(1) Have you seen a MD, PA or NP for any reason within the past 2 years?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(2) How often do you have a routine physical examination for a general check up?
- ○ At least annually
- ○ At least biannually
- ○ At least every 5 years
- ○ Less than every 5 years
- ○ Does not get routine exams
- ○ Don't know
- ○ Refused

2a. Did you receive the flu shot this year?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2b. If no, do you plan to get the flu shot?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(3) Has a doctor (or other health professional) ever said you had a heart attack or myocardial infarction?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

3a. How long ago was your most recent heart attack?
- ○ Within 1 year
- ○ Within 2 years
- ○ Within 5 years
- ○ Over 5 years
- ○ Don't know
- ○ Refused

(4) Has a doctor (or other health professional) ever said you had heart failure or congestive heart failure?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(5) Has doctor ever said you had angina (pectoris), chest pain due to heart disease or coronary artery disease?
- ○ Yes
- ○ No
- ○ 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 year
- ○ Within 2 years
- ○ Within 5 years
- ○ Over 5 years
- ○ Don't know
- ○ Refused

(13) Has doctor ever said you had a transient ischemic attack or TIA?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

13a How long ago was your most recent TIA?
- ○ 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?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

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 your high blood pressure?
- Yes
- No
- Don't know
- Refused

15b. If not taking medication, 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 Intolerance - High Blood Sugar

(16) Has doctor ever said you had diabetes, glucose intolerance or high blood sugar?
- Yes
- No
- Don't know
- Refused

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?
- Yes
- No
- Don't know
- Refused

High Cholesterol (Lipids)

(17) Has doctor ever said you had high choelsterol, triglycerides, (dyslipidemia or hypercholesterolemia)?
- Yes
- No
- Don't know
- Refused

17a. Are you currently taking prescribed medication to treat your high cholesterol (lipids)?
- Yes
- No
- Don't know
- Refused

17b. If not currently taking medication, 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

(18) Have you ever had any of the following procedures:

Bypass surgery or (baloon) angioplasty on your coronary (heart), leg, or femoral arteries, carotid endarterectomy (surgery on neck arteries) or aortic aneurysm repair?
- Yes
- No
- Don't know
- Refused

18a. If yes, which procedured did you have?

Coronary bypass surgery, heart bypass, or CABG?	○ Yes ○ No ○ Don't know	Click to deselect entry
Angioplasty (baloon) of coronary arteries?	○ Yes ○ No ○ Don't know	Click to deselect entry
Bypass Surgery on leg or femoral arteries?	○ Yes ○ No ○ Don't know	Click to deselect entry
Angioplasty (baloon) on leg or femoral arteries?	○ Yes ○ No ○ Don't know	Click to deselect entry
Carotid endarterectomy, surgery on your neck arteries?	○ Yes ○ No ○ Don't know	Click to deselect entry
Repair of aortic aneurysm?	○ Yes ○ No ○ Don't know	Click to deselect entry

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

Section Title: Cancer History

Instructions:

(19) (Has a doctor or other health professional) ever said you had cancer, a malignant growth or malignant tumor?
○ Yes ○ No ○ Don't know ○ Refused Click to deselect entry

19a What kind of cancer or malignant growth did you have? *(Only mark "Yes" for named sites as "No" is the default response)*

19b How old were you when a doctor first told you that you had this cancer?

19c Have you had a recurrence?

19d Age at most 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 ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Breast	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Cervical	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Colon/Rectal	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Endometrial	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Leukemia	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Liver	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Lung	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Lymphoma	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Melanoma	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)
Ovarian	○ No ○ Yes	Age first diagnosed	(years)	Had recurrence?	○ No ○ Yes	Age most recent recurrence	(years)

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)

Other - Specify:

19e. If yes to any cancer, *What type of treatment(s) did you receive for your cancer(s)? Select all that apply.*

19e. Type of Treatment(s) ☐ Chemotherapy ☐ Surgery ☐ Radiation ☐ Other specify (immunotherapy stem cell therapy etc)

Other - Specify:

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

Section Title: Medical Hx Continued

Instructions:

(20) Has a doctor (or other health professional) ever said you had arthritis or osteoarthritis?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

20a. In which of the following areas have you been told you have arthritis?

Knee(s)	○ Yes	○ No	○ Don't know	Click to deselect entry
Hip(s)	○ Yes	○ No	○ Don't know	Click to deselect entry
Hand(s)	○ Yes	○ No	○ Don't know	Click to deselect entry
Back	○ Yes	○ No	○ Don't know	Click to deselect entry
Neck	○ Yes	○ No	○ Don't know	Click to deselect entry
Feet	○ Yes	○ No	○ Don't know	Click to deselect entry
Shoulder(s)	○ Yes	○ No	○ Don't know	Click to deselect entry

(21) Has a doctor (or other health professional) ever said you had spinal stenosis?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(22) Has a doctor (or other health professional) ever said you had osteoporosis or thinning of the bones?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Do not include osteopenia

22a. Are you currently following lifestyle recommendations (e.g., exercise) or taking over-the-counter calcium or Vitamin D supplements to manage your osteoporosis?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(23) Has a doctor (or other health professional) ever said you had connective tissue disease such as rheumatoid arthritis, gout, psoriatic arthritis, anklosing spondylitis, lupus, ulcerative colitis, Chron's disease, scleroderma, vasculitis or polymyositis?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(24) Has a doctor (or other health professional) ever said you had Parkinsons?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(25) Has a doctor (or other health professional) ever said you had Intermittent Claudication PAD, peripheral arterial disease or PAD?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(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?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(27) *Has a doctor (or other health professional) ever said you had any of the following eye conditions:*

Cataract? ○ Yes ○ No ○ Don't know Click to deselect entry

Which eye?
- ○ Right eye only
- ○ Left eye only
- ○ Both eyes

If cataract in both eyes, was this at the same time?
- ○ Yes
- ○ No
- ○ Don't know

Have you ever had cataract surgery?
- ○ Yes
- ○ No
- ○ Don't know

Which eye?
- ○ Right eye only
- ○ Left eye only
- ○ Both eyes

Glaucoma? ○ Yes ○ No ○ Don't know Click to deselect entry

Which eye?
- ○ Right eye only
- ○ Left eye only
- ○ Both eyes

Problems with our retina, retinopathy or retinal changes? ○ Yes ○ No ○ Don't know Click to deselect entry

Which eye?
- ○ Right eye only
- ○ Left eye only
- ○ Both eyes

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)? ○ Never ○ Sometimes ○ Often ○ Constantly ○ Refused ○ Don't know Click to deselect entry

How often do your eyes feel irritated? ○ Never ○ Sometimes ○ Often ○ Constantly ○ Refused ○ Don't know Click to deselect entry

(28) Has a doctor (or other health professional) ever said you had a stomach, gastric or duodenal ulcer?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

28a. Do you still have this condition?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(29) Has a doctor (or other health professional) ever said you had depression?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

29a. Have you ever received treatment, medications and/or counseling for depression?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
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Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

Section Title: Cardiovascular and Respiratory

Instructions:

INTRODUCTION: "The following questions concern symptoms related to the functioning of your heart, lungs and other major body systems."

(1) Have you ever had any pain or discomfort in your chest
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

1a. Have you had any pain or discomfort in your chest [since your last BLSA visit / within the past 2 years (*for new participants*)]?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

If No, Don't know, Refused, Go to Question 2)

1b. Do you get it when you walk uphill or hurry?
If No, go to 1h.
- ○ Yes
- ○ Never hurry/walk uphill
- ○ No
- ○ Don't know
- ○ Refused

1c. Do you get it when you walk at an ordinary pace on a level surface?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

1d. What do you do if you get any pain or discomfort in your chest while you are walking?
- ○ Stop/slow down
- ○ Take nitroglycerine
- ○ Continue at same pace
- ○ Don't know
- ○ Refused

1e. If you stand still, what happens to the pain? Is it relieved or not relieved?
- ○ Relieved
- ○ Not relieved
- ○ Don't know
- ○ Refused

If Not relieved, Don't know or Refused, Go to Question 1g.

1f. How soon is it relieved?
- ○ 10 minutes or less
- ○ More than 10 minutes
- ○ Don't know

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	○ Yes	○ No	○ Don't know	Click to deselect entry
Lower sternum	○ 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

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, Refused, Go to Question 2)**
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

If Yes, Go to Question 1j

1j. What did your doctor say it was?
- ○ Did not see doctor
- ○ Angina
- ○ Heart attack
- ○ Gas/Indigestion
- ○ Don't know
- ○ Refused

(2) Do you get pain or discomfort in either leg when you walk?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2a. Does this pain ever begin when you are standing still or sitting?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2b. Do you get this pain in your calf (calves)?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2c. Do you get this pain if you walk uphill or hurry?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2d. Do you get this pain when you walk at an ordinary pace on a level surface?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2e. Does this pain ever disappear while you are still walking?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2f. What happens to the pain if you stop walking and stand still? Does it usually….
- ○ Disappear in 10 minutes or less
- ○ Continue for more than 10 minuters
- ○ Don't know
- ○ Refused

(3) Do you get shortness of breath when you walk uphill, hurry or climb a single flight of stairs?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

If <u>No</u> or <u>Refused</u>, Go to Question 4

3a. Do you ever get shortness of breath when walking at your own pace on a level surface?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

3b. Do you ever get shortness of breath when you are lying down flat?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(4) In the past 12 months, were there times when you had a cough almost every morning?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

4a. Did you have this morning cough for a total of 3 months or more out of the last 12 months? *(Note: Months do not have to be consecutive.)*
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(5) In the past 12 months, have you had wheezing or whistling in your chest at any time?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

5a. Does your chest sound wheezy or whistling most days or nights?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

5b. Have you required medicine or treatment for any episodes of wheezing or whistling?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(6) In the past 12 months, have you had to sleep on 2 or more pillows to help you breathe?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(7) In the past 12 months, have you been awakened at night by trouble breathing?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(8) In the past 12 months, have you had swelling in your feet or ankles (*excluding pregnancy*)?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

8a. Does this swelling tend to come on during the day and go down overnight?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

(9) Since your last BLSA visit / within the past 2 years, have you had any sudden loss of or changes in speech?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

9b. How long did the (longest) episode last?
- ○ Less than 1 hour
- ○ At least 1 but < 24hr
- ○ 24 or more hours
- ○ Don't know
- ○ Refused

(10) Since your last BLSA visit / within the past 2 years, have you had any sudden loss of vision, complete or partial?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

10b. How long did the (worst) episode last?
- ○ Less than 1 hour
- ○ At least 1 but < 24hr
- ○ 24 or more hours
- ○ Don't know
- ○ Refused

(11) Since your last BLSA visit / within the past 2 years, have you had any sudden spells of double vision?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

11b. How long did the (worst) episode last?
- ○ Less than 1 hour
- ○ At least 1 but < 24hr
- ○ 24 or more hours
- ○ Don't know
- ○ Refused

(12) Since your last BLSA visit / within the past 2 years, have you had any sudden numbness, tingling or loss of feeling on one side of your body?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

12b. How long did the (worst) episode last?
- Less than 1 hour
- At least 1 but < 24hr
- 24 or more hours
- Don't know
- Refused

12c. During this (the worst) episode, which side was affected?
- Right side only
- Left side only
- Both sides
- Don't know
- Refused

(13) Since your last BLSA visit / within the past 2 years, have you had any sudden 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 sudden spells of dizziness, loss of balance, or sensation of spinning?
- Yes
- No
- Don't know
- Refused

14a. During this time, how many episodes of dizziness, loss of balance or sensation of spinning have you had?
- 1
- 2
- 3
- 4
- 5
- 6 or more
- 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
- Refused

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

Section Title: Reproductive History

Instructions:

INTRODUCTION: "These questions are about your reproductive and gynecological (female) 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?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

1a. How many of your pregnancies resulted in the birth of a live child? (live births)

1b. How old were you when your first child was born? (years old)

(2) Have you had a hysterectomy (surgery to remove your uterus or womb)?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2a. How old were you when you had this surgery? (years old)

(3) Have you had a one or both ovaries removed?
If One, Go to Question 3a.
If Both, Go to Question 3a and 3b
- ○ One
- ○ Both
- ○ No
- ○ Don't know
- ○ Refused

If No, Don't know or Refused, Go to Question 4

3a. Age (first) ovary removed? (years old)

3b. Age (second) ovary removed? (years old)

(4) Have you ever taken birth control pills?
- ○ No
- ○ Yes in the past
- ○ Yes currently
- ○ Don't know
- ○ Refused

(5) *Have you gone through menopause? (If hysterectomy without removing both ovaries mark "Don't know", leave 5b and 5c blank)*

If 2 is Yes and 3 is one **or** No then 5 should be Don't know.
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

5a. How old were you when you went through menopause? (years old)

If No or Don't know answer Questions 5b and 5c.

5b. How many months ago was your last menstrual period *(enter 0 if less than 1 month)*? (months)

5c. How many periods have you had in the last 12 months? (months)

(6) *Have you ever taken estrogen as hormone replacement therapy*, either orally (e.g., Premarin, Ogen, Estrace) or using a patch?*

*(*Do not incluse SERMs, e.g. Evista)*

- ○ Yes currently
- ○ Yes in the past
- ○ No
- ○ Pre-/perimenopausal
- ○ Don't know
- ○ Refused

If No, Pre/peri-menopausal, Don't know or Refused Go to Question 7

If Yes currently or Yes in the past, answer Questions 6a to 6c.

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 estrogen do/did you use?

Pills: ○ Yes ○ No Click to deselect entry

Patch: ○ Yes ○ No Click to deselect entry

Cream: ○ Yes ○ No Click to deselect entry

(7) Have you ever taken progesterone (alone or in combination with estrogen) as hormone replacement therapy?

- ○ Yes currently
- ○ Yes in the past
- ○ No
- ○ Pre-/perimenopausal
- ○ Don't know
- ○ Refused

If No, Pre/peri-menopausal, Don't know or Refused Go to Next Section

If Yes currently or Yes in the past, answer Questions 7a.

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 Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

Section Title: Prostatitis and Erectile Dysfunction

Instructions:

(1) *Has a doctor (or other health professional) ever said you had BPH, benign prostatic hyperplasia or an enlarged prostate*

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

1a. Have you ever had surgery for an enlarged prostate (exclusive of prostate cancer surgery)?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2. In the past month,
have you experienced any pain or discomfort in the perineum (area between the rectum and testicles), the testicles, tip of the penis, pubic or bladder area, during urination or during or after sexual climax (ejaculation)?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2a. In which of these areas did you have pain or discomfort (Read list if necessary)?

Perineum
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Testicles
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Tip of penis
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Bladder area
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

During urination
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

During or after sexual climax
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

2b. In the past month, how often have you had pain or discomfort in any of these areas?
- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Usually
- ○ Always
- ○ Don't know
- ○ Refused

2c. Which number best describes your AVERAGE pain or discomfort in any of these areas in the past month?

○ 0 no pain ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 pain as bad as you can imagine ○ Don't know ○ Refused Click to deselect entry

3. In the past 6 months, have you been sexually active?
- ○ Yes
- ○ No
- ○ 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
- ○ No
- ○ Don't know
- ○ Refused

4. How would you rate your ability (WITHOUT medication, if used) to get and keep an erection?
- ○ Very low
- ○ Low
- ○ Moderate
- ○ High
- ○ Very high
- ○ Don't know
- ○ Refused

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

Section Title: Urinary Problems

INTRODUCTION: "Now I would like to ask you some questions abuot urinary function."

1. During the last month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Don't know
- ○ Refused

2. During the last month or so, how often have you had to urinate less than 2 hours after you finished urinating?
- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Don't know
- ○ Refused

3. During the last month or so, how often have you found you stopped and started again several times when you urinate?
- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Don't know
- ○ Refused

4. During the last month or so, how often have you found it difficult to postpone urination?
- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Don't know
- ○ Refused

5. During the last month or so, how often have had a weak urinary stream?
- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Don't know
- ○ Refused

6. During the last month or so, how often have you had to push or strain to begin urination?
- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Don't know
- ○ Refused

7. During the last month, how 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?
- ○ None
- ○ One time
- ○ Two times
- ○ Three times
- ○ Four times
- ○ Five or more times
- ○ Don't know
- ○ Refused

8. Over the past month, how much have your (urinary) symptoms kept you from doing the kinds of things you usually do?
- ○ None
- ○ Only a little
- ○ Some
- ○ A lot
- ○ Don't know
- ○ Refused

9. If you were to spend the rest of your life with your symptoms just the way they have been over the past month, how would you feel?
- ○ Very satisfied
- ○ Mostly satisfied
- ○ Mixed
- ○ Mostly dissatisfied
- ○ Very dissatisfied
- ○ Don't know
- ○ Refused

INCONTINENCE

(10) Many people complain that they accidentally leak urine. In the past week, did you leak even a small amount of urine?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

During the past week (7 days), 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.

10a. With an activity like coughing, lifting or exercise? (times past wk)

10b. When you had a sense of urgency and could not get to a toilet fast enough? (times past wk)

10c. Unrelated to an activity or urge to urinate? (times past wk)

If Yes to Question 10, Skip Question 11

(11) In the past 12 months, did you leak even a small amount of urine?
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

11a. In the past 12 months, 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 past 12 months, did you ever lose control of normal bowel movements so that you soiled yourself?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

12a. In the past 12 months, how often have you llost control of normal bowel movements?

- ○ Less than once per month
- ○ One or more times per month
- ○ One or more times per week
- ○ Every day
- ○ Don't know
- ○ Refused

Protocol ID: _____
Study Name: _____
Site: _____
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Section Title: Medical History
Instructions: