ERICH Case Interview

(Int1) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ **Date of Interview Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Int2) \_\_ \_\_: \_\_ \_\_ **Time**

(Int3) \_\_\_ \_\_\_ \_\_\_ **Interviewer**

(Int4) **\_\_\_\_ Interviewee** 1=patient 2=proxy ***(specify relationship)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3=both

(Int4a)

(Int5) **\_\_\_\_ Interview site** 1=hospital setting 2=patient’s residence 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Int5a)

(Int6) \_\_\_\_ **Age of Patient** (Int7) **Birthdate: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_**

month day year

Note: For dates, if month is unknown, enter 88 for month and 88 for day.

If month is known, but day is unknown, enter 88 for day. If year is unknown, enter 88 / 88 / 8888.

**REVIEW OF ONSET DATE AND PRECEDING TIME PERIOD**

***Thank you for agreeing to participate in our study. In the first section of the interview,***

***I’d like to ask some questions about events when your*** *([name’s])* ***stroke occurred.***

**First started having symptoms on:**

(Ons1) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ **DATE OF STROKE**

(Ons2) \_\_\_\_ **IS TIME OF STROKE KNOWN?** 1=yes 2=no (if yes, document time)

(Ons3) \_\_ \_\_: \_\_ \_\_ **TIME OF STROKE ONSET** (if known, 24-hour clock)

(Ons4) \_\_\_\_ **ESTIMATED TIME OF STROKE ONSET (leave blank if time recorded)**

1 = awoke with symptoms 2 = after midnight (00:01 am - 06:00 am)

3 = morning (06:01 am - 12:00 pm) 4 = afternoon (12:01 pm - 18:00 pm)

5 = refused 6 = evening (18:01 pm - 00:00 am)

8 = unknown

**Activity at stroke onset**

(Ons5) \_\_\_\_ **What were you doing right before the stroke started?**

*Proxy version:* **What was [name]** d**oing right before the stroke started?**

1 = asleep (awoke with symptoms)

2 = sedentary (i.e., lying, sitting)

3 = light activity (e.g., walking, standing, driving)

4 = exertional activity (e.g., exercising, physical work, sexual activity)

8 = unknown

(Ons6) \_\_\_\_ **How did you** ([name]) **feel right before the stroke started?**

1 =fine, no problems before the stroke symptoms began

2 =emotionally stressed (e.g., angry, tearful, frightened)

3 =unknown

(Med0) \_\_\_\_ **Did you** ([name]) **take any medications between the time stroke symptoms**

**began and the time you were** (he/she was) **admitted to hospital?** 1=yes 2=no 8=unk

*If yes,* ***list all medications that apply.*** 9=N/A (as with in-house strokes)

(Med1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Med2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Med3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Med4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Med5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Med6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Med7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Med8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In this next section, I would like to ask you some questions about your*** *([name’s])* ***health history.***

**MEDICAL HISTORY** (p. 1 of 8)

(MD0) \_\_\_\_ **How many times did you** (did [name]) **see a PCP in the last year?** 7=more than 6 times 8=DK

**Before onset of stroke:**

(MD9) \_\_\_\_ **Do you** (Does [name]) **use a cane?** 1=yes 2=no 5=refused 8=DK

(MD10) \_\_\_\_ **Do you** (Does [name]) **use a walker?** 1=yes 2=no 5=refused 8=DK

(MD11) \_\_\_\_ **Do you** (Does [name]) **use a wheelchair?** 1=yes 2=no 5=refused 8=DK

**Neurological History**

**Before your** ([name’s]) **stroke, were you** (was he/she) **ever told**

**by a doctor that you** (he/she) **had any of following:** 1=yes 2=no 5=refused 8=DK

***If yes,*** 1=actual date

***date of most recent*** 2=approximate date

(NHx1) \_\_\_\_ **Ischemic stroke** (NHx1a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx1b) \_\_\_\_

(NHx2) \_\_\_\_ **TIA**(NHx2a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx2b) \_\_\_\_

(NHx3) \_\_\_\_ **ICH** (NHx3a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx3b) \_\_\_\_

(NHx4) \_\_\_\_ **SAH** (NHx4a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx4b) \_\_\_\_

(NHx5) \_\_\_\_ **Alzheimer’s disease**  (NHx5a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx5b) \_\_\_\_

(NHx6) \_\_\_\_ **Dementia**(NHx6a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx6b) \_\_\_\_

(NHx7) \_\_\_\_ **Brain Aneurysm**  (NHx7a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx7b) \_\_\_\_

***If yes,*** 1=actual date

***date of onset***  2=approximate date

(NHx8) **\_\_\_\_ Parkinson’s disease** (NHx8a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx8b) \_\_\_\_

(NHx9) **\_\_\_\_ ALS** (NHx9a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx9b) \_\_\_\_

(Lou Gehrig’s Syndrome)

(NHx10) \_\_\_\_ **Seizure** (NHx10a) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (NHx10b) \_\_\_\_

(NHx10c) **\_\_\_\_ Grand mal** (shaking all over)

(NHx10d) **\_\_\_\_ Petit Mal** (staring episodes)

(NHx10e) **\_\_\_\_ Other** (specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(NHx10f)

**MEDICAL HISTORY** (p. 2 of 8)

**Other Medical Conditions**

**Before your** ([name’s]) **stroke, were you** (was he/she) **ever told**

**by a doctor that you** (he/she) **had any of following:** 1=yes 2=no 5=refused 8=DK

(Hx1) \_\_\_\_ **Hypertension or high blood pressure** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

*If yes 🡪* ***date of diagnosis*** 1=actual 2=approx

(Hx1a) (Hx1b)

(Hx1c) \_\_\_\_ **Hypertension treated with medication?**

1=yes 2=no 8=dk

(Hx2) \_\_\_\_ **History of coronary artery disease (heart disease)**

(Hx3) \_\_\_\_ **Heart attack** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

*If yes 🡪* ***date of last heart attack*** 1=actual 2=approx

(Hx3a) (Hx3b)

(Hx4) \_\_\_\_ **Ever had any surgery or procedures for heart disease?**

(Hx5) \_\_\_\_ **Ever had angioplasty or stent on the heart?** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

*If yes 🡪* ***date of procedure*** 1=actual 2=approx

(Hx5a) (Hx5b)

(Hx6) \_\_\_\_ **Ever had CABG (bypass surgery on the heart)?** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

*If yes 🡪* ***date of procedure*** 1=actual 2=approx

(Hx6a) (Hx6b)

(Hx7) \_\_\_\_ **Heart valve disease**

(Hx8) \_\_\_\_ *If yes,* ***ever had surgery to***

***fix or replace a heart valve****?* 1=yes 2=no 5=ref 8=DK

(Hx8a) \_\_\_\_ *If surgery,* ***type*** 1=biological 2=mechanical 8=unk

(Hx8b) \_\_\_\_ ***site*** 1=mitral 2=aortic 3=both 4=pulmonic 6=tricuspid 8=unk

(Hx9) \_\_\_\_ **Currently have a pacemaker?**

(Hx10) \_\_\_\_ **Cardiac angina (chest pain)**

(Hx11) \_\_\_\_ **Shortness of breath due to heart trouble (CHF)**

(Hx12) \_\_\_\_ **Atrial fibrillation**

(Hx13) \_\_\_\_ **AICD / defibrillator placed**

(Hx14) \_\_\_\_ **Cardiomyopathy**

(Hx15) \_\_\_\_ **History of carotid artery disease**

(Hx16) \_\_\_\_ **Carotid endarterectomy** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

*If yes 🡪* ***date of most recent*** 1=actual 2=approx

(Hx16a) (Hx16b)

(Hx16c) \_\_\_\_ *If yes,* ***side involved*** R=right L=left B=both U=unk

(Hx17) \_\_\_\_ **Carotid stenting / angioplasty** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

*If yes 🡪* ***date of most recent*** 1=actual 2=approx

(Hx17a) (Hx17b)

(Hx17c) \_\_\_\_ *If yes,* ***side involved*** R=right L=left B=both U=unk

(Hx18) \_\_\_\_ **Surgery within the last 30 days** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

***date of most recent*** 1=actual 2=approx

(Hx18a) (Hx18b)

(Hx18c) *If yes,* ***type:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY** (p. 3 of 8)

**Before your** ([name’s]) **stroke, were you** (was he/she) **ever told**

**by a doctor that you** (he/she) **had any of following:** 1=yes 2=no 5=refused 8=DK

(Hx21) \_\_\_\_ **Depression**

(Hx22) \_\_\_\_ **Sickle cell disease**

(Hx23) \_\_\_\_ **Hemophilia**

(Hx24) \_\_\_\_ **HIV positive**

(Hx25) \_\_\_\_ **History of brain tumor**

(Hx25a) *If yes,* ***type:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hx26) \_\_\_\_ **History of cancer**

(Hx26a) *If yes,* ***type:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hx28) \_\_\_\_ **History of migraine**

(Hx29) \_\_\_\_ **Infection within the last 2 weeks**

(Hx29a) \_\_\_\_ *If yes,* ***type of infection*** 1=URI 2=pneumonia 3=UTI

(Hx29b) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=DK

(Hx30) \_\_\_\_ **Visual Loss / Blindness (Retinopathy)**

(Hx31) \_\_\_\_ **Laser Eye Surgery (not cataract surgery)**

(Hx32) \_\_\_\_ **Neuropathy (loss of sensation, usually feet/legs)**

(Hx33) \_\_\_\_ **Medical Therapy / Medication for Nerve Pain**

(Hx34) \_\_\_\_ **Trouble walking, *If yes, due to*** □ **Neuropathy** □ **Arthritis** □ **other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Hx34a) (Hx34b) (Hx34c) (Hx34d)

(Hx35) \_\_\_\_ **Kidney Damage / Nephropathy**

(Hx35a) **\_\_\_\_\_ If yes, type** 1=chronic renal failure 2=acute renal failure

3=other kidney damage/anomaly 8=unknown

(Hx36) \_\_\_\_ **Required Hemodialysis**

(Hx37) \_\_\_\_ **Hyperglycemia (requiring hospitalization)**

(Hx38) \_\_\_\_ **Hypoglycemia (requiring hospitalization)**

(Hx39) \_\_\_\_ **Limb Amputation (non-traumatic)**

**MEDICAL HISTORY** (p. 4 of 8)

**Before your** ([name’s]) **stroke, were you** (was he/she) **ever told**

**by a doctor that you** (he/she) **had:**  1=yes 2=no 5=refused 8=DK

(Lip1) \_\_\_\_ **History of elevated cholesterol**

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

*If yes 🡪* ***date of diagnosis*** 1=actual 2=approx

(Lip1a) (Lip1b)

(Lip2) \_\_\_\_ *If yes,* ***are you*** *(is [name])* ***trying to lower your*** *(his/her)* ***cholesterol?***

1=yes 2=no 5=refused 8=DK

*If yes,* ***how are you*** *(is [name])* ***trying to lower your*** *(his/her)* ***cholesterol?***

(Lip3) \_\_\_\_ **Diet**1=yes 2=no 5=refused 8=DK

(Lip4) \_\_\_\_ **Medication**

(Lip5) \_\_\_\_ **Exercise**

(Lip6) \_\_\_\_ **What is the goal of the treatment?**  1 = LDL<100 mg/dL 2 = LDL 101-18

3 = total cholesterol < 200 mg/dL 5=refused

6=to lower cholesterol, but desired level unknown

(Lip6a) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8=DK 9=N/A

**EXERCISE**

(EXE1) \_\_\_\_ **In the month leading up to your** [name’s] **stroke, did you** [he/she] **exercise?**

1=yes 2=no 8=DK

***If yes, how often did you*** *[name]* ***do the following:***

***How long was a typical exercise session?***

1=daily 2=every other day 3= < 3x per week 4=once a week

5=refused 6= < once per week 7=other **(specify)** 8=DK 9=never **hours minutes**

**|**

**V**

(EXE2) \_\_\_\_ **Walking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

(EXE3) \_\_\_\_ **Running \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

(EXE4) \_\_\_\_ **Swimming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

(EXE5) \_\_\_\_ **Biking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

(EXE6) \_\_\_\_ **LiftingWeights \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

(EXE7) \_\_\_\_ **PlayingSports \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

(EXE8) \_\_\_\_ **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

(EXE8a) **(specify exercise )**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY** (p. 5 of 8)

**Before your** ([name’s]) **stroke, were you** (was he/she) **ever told**

**by a doctor that you** (he/she) **had:**  1=yes 2=no 5=refused 8=DK

(DM1) \_\_\_\_ **Diabetes** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_\_\_

*If yes 🡪* ***date of diagnosis*** 1=actual 2=approx

(DM1a) (DM1b)

**Type of treatment** 1=yes 2=no 5=refused 8=DK 9=N/A

(DM2) \_\_\_\_ **Diet**

(DM3) \_\_\_\_ **Oral meds**

(DM4) \_\_\_\_ **Insulin**

(DM5) \_\_\_\_ **Insulin pump therapy**

(DM5a) \_\_\_\_ **Exercise**

(DM6) \_\_\_\_ **don’t know**

(DM7) \_\_\_\_ **What kind of doctor do you** (does [name]) **see for your** (his/her) **diabetes care,**

**i.e., who prescribes the medications and reviews your** (his/her) **blood sugars?**

1=Primary Care Physician (Internal Medicine, Family Physician)

2=Endocrinologist

3=Both Primary Care Physician and Endocrinologist

(DM7a) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DM8) \_\_\_\_ **How many times a day do you** (does [name]) Give number of times a day,

**check your** (his/her) **blood glucose (on average)?**or 55=refused

(DM8a) 77=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 88=unk

(DM9) \_\_\_\_ **Has your** ([name’s]) **doctor or diabetic counselor told you** (him/her) **to follow a special diet?**

1=yes 2=no 5=refused 8=DK

*If yes,* ***what type?***

(DM9a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DM10) \_\_\_\_ **Which of the following statements best describes how well**

**you keep your** ([name] keeps his/her) **diet?**

1 = I never break my diet.

2 = I rarely break my diet.

3 = I sometimes break my diet.

4 = I often break my diet

5= refused

6 = I almost never follow my diet.

8= unknown

**MEDICAL HISTORY** (p. 6 of 8)

**Obstetrics History IF SUBJECT IS MALE, SKIP TO Hx42, BELOW.**

(OB1) \_\_\_\_\_\_\_\_ **How many times have you** (has [name]) **been pregnant?** 88=unknown

(OB2) \_\_\_\_ **When you were** ([name] was) **pregnant, did the doctor say**

**you** (she) **had toxemia or pre-eclampsia or eclampsia?** 1=yes 2=no 8=unknown

(OB3) \_\_\_\_ ***If yes, which pregnancy?*** 1=1st 2=2nd 3=3rd 4=4th 7=other

(OB4) \_\_\_\_ **When you were** ([name] was) **pregnant, did you** (she) **have high blood pressure?**

1=yes 2=no 8=unknown

(OB5) \_\_\_\_ ***If yes, which pregnancy?*** 1=1st 2=2nd 3=3rd 4=4th 7=other

(OB6) \_\_\_\_ **When you were** ([name] was) **pregnant, did you** (she) **have protein in your** (her) **urine?**

1=yes 2=no 8=unknown

(OB7) \_\_\_\_ ***If yes, which pregnancy?*** 1=1st 2=2nd 3=3rd 4=4th 7=other

(OB8) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ **When was your** ([name’s]) **last child born?**

month day year

(OB10a) \_\_\_\_ **Have you** (has [name]) **been through menopause?**

(OB10b) **\_\_\_\_\_\_\_\_\_\_\_ If so, what year did menopause occur?**

(OB11) \_\_\_\_ **Have you** (has [name]) **had a hysterectomy** (surgical removal of uterus) 1=yes 2=no 8=unk

(OB12) \_\_\_\_ **Have you** (has [name]) **had an oophorectomy** (surgical removal of ovary) 1=yes 2=no 8=unk

(OB13) \_\_\_\_ ***If yes:*** 1=**one ovary** 2=**both ovaries** 8=unknown

(OB15a) \_\_\_\_ **Have you** (has [name]) **ever had fertility treatment?** 1=yes 2=no 8=unk

(Hx42) \_\_\_\_ **ANY OTHER SIGNIFICANT MEDICAL CONDITIONS?**1=yes 2=no 5=refused 8=DK

(Hx42a) *If yes, list:* 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hx42b) 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hx42c) 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hx42d) 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STRESS**

**On a scale of 0-10**(0=NO STRESS and 10=HIGHEST STRESS LEVEL POSSIBLE),

**In the week prior to your** ([name’s]) **stroke,**

**how much stress did you** (he/she) **feel in following parts of your** (his/her) **life?**

(55=refused 88=unknown 99=non-applicable)

(St1) \_\_\_\_\_ **Job *(if not working, record 99)***

(St2) \_\_\_\_\_ **Finances**

(St3) \_\_\_\_\_ **Health**

(St4) \_\_\_\_\_ **Emotional *well being***

(St5) \_\_\_\_\_ **Family**

**MEDICAL HISTORY** (p. 7 of 8)

***In this section I’m going to ask you some questions about headaches as well as sleep.***

**Headache**

(HA1) \_\_\_\_ **Before your** ([name’s]) **stroke, did you** (he/she) **have headaches more than once a month?**

1=yes 2=no 8=unk (if no or unk, skip to HA 3)

(HA2) \_\_\_\_\_ **If you have** ([name has]) **headaches more than once per month, in the 30 days prior to**

**your** (his/her) **stroke, about how many days did you have a headache (even if minor)?** -2=unk

(HA3) \_\_\_\_\_ **How many months before your** ([name’s]) **stroke was your** (his/her) **last headache?**

0=month of stroke -1=N/A or never -2=unk

(HA4) \_\_\_\_\_ **How many hours does your** ([name’s]) **typical headache last?** -1=N/A or never -2=unk

(HA5) \_\_\_\_ **Before your** ([name’s]) **stroke, had you ever been diagnosed with migraine headaches by a physician?**

1=yes 2=no 8=unk

HA6a-HA7 do not apply if all of the above questions are no or N/A.

**Do you** (Does [name]) **ever have any of the following symptoms with your** (his/her) **headache?** 1=yes 2=no 8=unk

Estimated frequency codes: 1=never or almost never 2=less than half of headaches

3=half or more than half 4= nearly or all headaches

If yes, estimated frequency

(HA6a) \_\_\_\_ **Head pressure**  (HA6a\_FREQ) \_\_\_\_\_

(HA6b) \_\_\_\_ **Head pounding**  (HA6b\_FREQ) \_\_\_\_\_

(HA6c) \_\_\_\_ **Throbbing headache**  (HA6c\_FREQ) \_\_\_\_\_

(HA6d) \_\_\_\_ **Sharp pain**  (HA6d\_FREQ) \_\_\_\_\_

(HA6e) \_\_\_\_ **Aching pain** (HA6e\_FREQ) \_\_\_\_\_

(HA6f) \_\_\_\_ **Sensitivity to light**  (HA6f\_FREQ) \_\_\_\_\_

(HA6g) \_\_\_\_ **Sensitivity to sound**  (HA6g\_FREQ) \_\_\_\_\_

(HA6h) \_\_\_\_ **Nausea**  (HA6h\_FREQ) \_\_\_\_\_

(HA6i) \_\_\_\_ **Do you** (Does [name]) **get an aura (blinking lights, spinning, numbness,**

**tingling, or other) with your** (his/her) **headache?** (HA6i\_FREQ) \_\_\_\_\_ If yes, estimated frequency

(HA7) \_\_\_\_\_\_ **On a scale of 1 to 10,** with 1 being so mild that you wouldn’t notice pain unless you thought about it,

and 10 being so severe that you would be ready to “shoot yourself,”

**how would you rate your** ([name’s]) **“typical” or “usual” headache?**

**MEDICAL HISTORY** (p. 8 of 8)

**Berlin Questionnaire**

***Please avoid using “don’t know” responses for the Berlin Questionnaire, if at all possible. Instead, attempt to elicit the best possible response.***

***“Don’t know” responses essentially invalidate the entire questionnaire.***

**Category 1**

(BER1) \_\_\_\_ **Do you** (Does [name]) **snore?** 1=yes 2=no 8= don’t know (Skip to BER5 if not “yes)

(BER2) \_\_\_\_ **How loudly do you** (does [name]) **snore?** 1=loud as breathing 2=loud as talking

3=louder than talking 4=very loud 8=don’t know

(BER3) \_\_\_\_ **How often do you** (does [name]) **snore ?** 1=almost every day 2= 3-4 x a week 3= 1-2 x a week

4= 1-2 x a month 5= hardly ever 8= don’t know

(BER4) \_\_\_\_ **Does your** ([name’s]) **snoring bother other people?** 1=yes 2=no 8=don’t know

(BER5) \_\_\_\_ **How often have breathing pauses been noted while asleep?**

1=almost every day 2= 3-4 x a week 3= 1-2 x a week

**Category 2** 4= 1-2 x a month 5=hardly ever 8=don’t know

(BER6) \_\_\_\_ **Are you** (is [name]) **tired after sleeping?** 1=almost every day 2= 3-4 x a week 3= 1-2 x a week

4= 1-2 x a month 5= hardly ever 8= don’t know

(BER7) \_\_\_\_  **Are you** (is [name]) **tired during wake time?** 1=almost every day 2= 3-4 x a week 3= 1-2 x a week

4= 1-2 x a month 5= hardly ever 8= don’t know

(BER8) \_\_\_\_ **Have you** (Has [name])**ever fallen asleep while driving?** 1=yes 2=no 8=don’t know

**Sleep Apnea**

(SA1\_INT) \_\_\_\_ **History of sleep apnea** 1=yes 2=no 8=don’t know

***If yes, how is / was it treated?***  (Check all that apply.)

(SA2\_INT) \_\_\_\_\_ **Weight loss**

(SA3\_INT) \_\_\_\_\_ **Surgery**

(SA4\_INT) \_\_\_\_\_ **Positional therapy**

(SA5\_INT) \_\_\_\_\_ **Oral appliance**

(SA6\_INT) \_\_\_\_\_ **CPAP / Bilevel PAP**

(SA7\_INT) \_\_\_\_\_ ***How often do you*** *(does [name])* ***use the machine at least 4 hours a night?***

1 = every night

2 = 5 or more times a week

3 = 1–4 times a week

(SA7a\_INT) 4 = less than once a week **🡪** date last used: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

5 = never

8 = don’t know

(SA8\_INT) \_\_\_\_\_ **Other therapy** (***specify***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SA8\_SPEC\_INT)

**MEDICATIONS** (p. 1 of 2)

**Now I will ask you about the medications that you were** ([name] was) **taking prior to your** (his/her) **stroke.**

**For each medication that you were taking** (he/she was taking)**, I will be asking how often you** (he/she) **missed taking the medication** (*compliance*)**:**

0 = N/A, taken PRN 5 = refused

1 = more than once a day 6= less than once a week

2 = once a day 7= never miss

3 = several times a week 8= don’t know

4 = once a week

**Prescription/Daily Medications**

(including vitamins and

herbal supplements)

(Rx0) \_\_\_\_\_ Were you (Was [name]) taking ***routine*** medications during the 2 weeks prior to your (his/her) stroke?

1=yes 2=no 3=yes, but unsure of names 5=refused 8=DK

***Name of Medication Compliance***

(Rx1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx1a) \_\_\_\_

(Rx2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx2a) \_\_\_\_

(Rx3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx3a) \_\_\_\_

(Rx4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx4a) \_\_\_\_

(Rx5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx5a) \_\_\_\_

(Rx6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx6a) \_\_\_\_

(Rx7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx7a) \_\_\_\_

(Rx8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx8a) \_\_\_\_

(Rx9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx9a) \_\_\_\_

(Rx10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx10a) \_\_\_\_

(Rx11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx11a) \_\_\_\_

(Rx12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx12a) \_\_\_\_

(Rx13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx13a) \_\_\_\_

***Name of Medication Compliance*** (Rx14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx14a) \_\_\_\_

(Rx15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx15a) \_\_\_\_

(Rx16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx16a) \_\_\_\_

(Rx17) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx17a) \_\_\_\_

(Rx18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx18a) \_\_\_\_

(Rx19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx19a) \_\_\_\_

(Rx20) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx20a) \_\_\_\_

(Rx21) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx21a) \_\_\_\_

(Rx22) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx22a) \_\_\_\_

(Rx23) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx23a) \_\_\_\_

(Rx24) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx24a) \_\_\_\_

(Rx25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rx25a) \_\_\_\_

###### Aspirin

Now, I would like to specifically ask you about ***aspirin***:

(Asp1) \_\_\_\_ **Didyou** ([name]) **take aspirin prior to your** (his/her) **stroke?** 1=yes, daily 2=no 3=yes, occasionally

(Asp1a) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=DK

(If Asp1 is “3=yes, occasionally,” skip to Com 1.)

(Asp2) \_\_\_\_ If daily, **total** daily dosage 1=81mg 2=325mg

3=162mg (2 baby aspirins) 4=650mg (2 regular aspirins)

(Asp2a) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=DK

(Asp3) \_\_\_\_ Aspirin compliance (see compliance box above)

***If the answer to any compliance question*** (Rx1a thru Rx25a, or Asp3) ***is 1, 2, 3, 4, or 6,***

***ask the following question in an open-ended manner:***

(Com1) \_\_\_\_\_ If you do ([name] does) not always take your (his/her) medication,

what is the reason for missing doses or not taking it at all?

1=I forget 2=I ran out 3= I don’t like the way it makes me feel 4=financial burden 5=refused

(Com2) 7=other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=DK

(Com3) **Comment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS** (p. 2 of 2)  **Over-the-Counter Medications**

(OTC0) \_\_\_\_\_ Did you ([name]) take anyover-the-counter medications the week prior to your (his/her) stroke?

1=yes 2=no 5=refused 8=DK

For each medication that you were ([name] was) taking, I will be asking:

* how frequently you were (he/she was) taking these medications; and
* the last time you remember ([name]) taking the medication.

***How frequently did you*** *(did [name])* ***take this medication?***

0 = PRN

1 = more than once a day

2 = once a day

3 = several times a week

4 = once a week

5 = refused

6= less than once a week

8= don’t know

***Name of Medication Frequency Date of last dose***

(OTC1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OTC1a) \_\_\_\_ (OTC1b) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(OTC2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OTC2a) \_\_\_\_ (OTC2b) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(OTC3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OTC3a) \_\_\_\_ (OTC3b) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(OTC4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OTC4a) \_\_\_\_ (OTC4b) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(OTC5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OTC5a) \_\_\_\_ (OTC5b) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

**Street Drugs**

***I would like to ask you some questions about your*** *([name’s])* ***use of drugs for other purposes.***

(SD0) \_\_\_\_\_ Did you (name]) take any ***street drugs*** in the ***3 months prior to your*** *(his/her)* ***stroke***?

1=yes 2=no 5=refused 8=DK

For each substance that you ([name]) took, I will be asking:

* how frequently did you (he/she) take it
* how you (he/she) ingested the substance; and
* the last time you remember ([name]) taking it. ***Route of ingestion***

1 = orally (pills)

***How frequently did you*** *(did [name])* ***take this substance?*** 2 = inhaled/smoked through mouth

1 = more than once a day 3 = inhaled/snorted through nose

2 = once a day 4 = injected into vein

3 = several times a week 5 = injected under the skin

4 = once a week 7 = other (describe in notes)

5 = less than once a week 8 = unknown

**Note: Use a different line for the same substance ingested in more than one way (e.g., cocaine inhaled thru mouth and snorted thru nose).**

***Name of Substance Frequency Route Date of last use***

(SD1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD1a) \_\_\_\_ (SD1b) \_\_\_\_ (SD1c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD2a) \_\_\_\_ (SD2b) \_\_\_\_ (SD2c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD3a) \_\_\_\_ (SD3b) \_\_\_\_ (SD3c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD4a) \_\_\_\_ (SD4b) \_\_\_\_ (SD4c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD5a) \_\_\_\_ (SD5b) \_\_\_\_ (SD5c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD6a) \_\_\_\_ (SD6b) \_\_\_\_ (SD6c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD7a) \_\_\_\_ (SD7b) \_\_\_\_ (SD7c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD8a) \_\_\_\_ (SD8b) \_\_\_\_ (SD8c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD9a) \_\_\_\_ (SD9b) \_\_\_\_ (SD9c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SD10a) \_\_\_\_ (SD10b) \_\_\_\_ (SD10c) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(SD11) Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In this next section, I would like to ask you some questions about your** ([name’s]) **health habits.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SMOKING HISTORY** | (a)  **Cigar-ettes** | (b)  **Cigars** | (c)  **Pipe** | (d)  **Chewing tobacco** | (e)  **Snuff** |
| (Smk1) **Have you** (Has [name]) **ever smoked or used any of the**  **following tobacco products?**  1=yes 2=no 5=refused 8=DK | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| (Smk2) If Smk1 is yes: **At what age did you** ([name]) **start smoking?**  (or using this product) | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| (Smk3) If Smk1 is yes: **Do you** (Does [name’s]) **still smoke** (or use the  product)**?**  1=yes 2=no 5=refused 8=DK | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| (Smk4) If Smk3 is yes: **How many do you** (does [name]) **smoke** (use)  **in an average day?**  If Smk3 is no: **How many did you** ([name]) **smoke** (use) **in an average day during the years you** (he/she) **smoked** (used …)**?** | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| (Smk5) If an ex-smoker: **How long has it been**  (user) **since you** ([name]) **last smoked** (used …)**?** | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| (Smk5a) Time unit: 1=years 2=months 3=weeks 4=days | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

(Smk6) **Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### ALCOHOL HISTORY

(Alc1) \_\_\_\_ **Did you** ([name]) **consume any alcohol in 3 months prior to your** (his/her) **stroke?**

1=yes 2=no 5=ref 8=DK

**Questions from original form**

(Alc6) \_\_\_\_ **Prior to your** ([name’s]) **stroke, how often did you** (he/she) **drink?**

1=more than once a day

2=once a day

3=several times a week

4=once a week

5=refused

8=unknown

(Alc7) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions from revised form**

(Alc6a) \_\_\_\_ **If once a week or more**, **how many days a week, on average,**

**did you** (he/she) **drink alcoholic beverages in the last three months?** 8 = unknown

*If less than once a week, enter 0 and then answer Alc6b.*

*Otherwise, skip Alc6b.*

(Alc6b) \_\_\_\_ **If less than once a week, how often did you** (he/she) **consume alcohol in the last 3 months?**

1 = weekends only

2 = a few times per month

3 = once a month

4 = less than once a month

5 = holidays, special occasions, social events only

6 = rarely, seldom, infrequently, occasionally

**When you** ([name]) **did drink, *how much* did you** (he/she) **consume in a given day?**

55=refused 88=unknown 99=non-applicable

(Alc9) \_\_\_\_\_ ***Glasses of******wine (amount)***

(Alc10) \_\_\_\_\_ ***Cans/bottles of******beer (amount)***

(Alc11) \_\_\_\_\_ ***Mixed drinks / ounces of liquor (amount)***

(Alc12) \_\_\_\_\_ ***other******(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Alc12a)

(Alc13)\_\_\_\_ **Have you** (Has [name]) **ever had a problem with alcohol?** 1=yes 2=no 5=ref 8=DK

(Alc14) **Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Alc15) \_\_\_\_ **Binge drinking**

**MEN: Before your** ([name’s]) **stroke, how often did you** (did he) **have <6> or more drinks on one occasion?**

**WOMEN: Before your** ([name’s]) **stroke, how often did you** (did she) **have <4> or more drinks on one occasion?**

1 = never 2 = < monthly 3 = monthly 4 = weekly 5 = daily or almost daily 8 = unk

(Alc16) \_\_\_\_ **How many times during the 30 days prior to your** ([name’s]) **stroke**

**MEN: did you** (he) **have <6> or more drinks on one occasion?**

**WOMEN: did you** (she) **have <4> or more drinks on one occasion?**

1 = none 2 = 1-4 3 = 4-8 4 = > 8 8 = don’t know

###### CAFFEINE HISTORY

(Caf1) \_\_\_\_ **Before your** ([name’s]) **stroke, did you** (he/she) **drink any beverages with caffeine?** (coffee, teas, sodas)

1=yes 2=no 5=refused 8=don’t know

If yes, ***how much did you*** *([name])* ***drink in an average day?***

(Caf2) \_\_\_\_\_ **Coffee** (number of cups) or 88=DK 99=NA 0=less than once a day

(Caf3) \_\_\_\_\_ **Teas** (number of cups) or 88=DK 99=NA 0=less than once a day

(Caf4) \_\_\_\_\_ **Sodas** (number of 8 oz servings) or 88=DK 99=NA 0=less than once a day

(Caf4a) \_\_\_\_\_ **Energy drinks** (number of cans) or 88=DK 99=NA 0=less than once a day

(Caf5) **Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY HISTORY**

**I am going to ask you questions about your** ([name’s]) **family and their medical histories.**

First, could you tell me **how many siblings** you have ([name] has)?

(Sib1) \_\_\_\_\_ Number of full sisters (share two biological parents)

(Sib2) \_\_\_\_\_ Number of full brothers (share two biological parents)

(Sib3) \_\_\_\_\_ Number of half sisters (share one biological parent)

(Sib4) \_\_\_\_\_ Number of half brothers (share one biological parent)

**Is there a family history of any of the following conditions?**  1=yes 2=no 5=refused 8=DK

If you answer yes to any of the conditions, I will ask:

* how many family members are affected, and ***Relationship codes***
* how the family members are related to you [name].

**F**=father

**B**=brother

**HB**=half brother

**CS**=child / son

**PGF**=paternal grandfather

**MGF**=maternal grandfather

**U**=DK

**M**=mother

**S**=sister

**HS**=half-sister

**CD**=child / daughter

**PGM**=paternal grandmother

**MGM**=maternal grandmother

**O**=other

Note: When assigning a sibling or child to a condition, assign a number to each sibling or child recorded so we can track how many conditions can be attributed to each individual—e.g., S1, S2, B1, B2, HS1, HS2, HB1, HB2,

CD1, CD2, CS1, CS2, etc.

***Number of family***

***members affected***  ***Specify*** ***Relationship*** If other, ***specify***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (FHx1) | \_\_\_\_ **Diabetes** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx2) | \_\_\_\_ **Hypertension** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx3) | \_\_\_\_ **Ischemic Stroke** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx4) | \_\_\_\_ **TIA** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx5) | \_\_\_\_ **ICH** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx6) | \_\_\_\_ **SAH** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx7) | \_\_\_\_ **Stroke**,  don’t know type | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx8) | \_\_\_\_ **Alzheimer’s** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx9) | \_\_\_\_ **Dementia** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx10) | \_\_\_\_ **Brain Aneurysm** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx11) | \_\_\_\_ **Parkinson’s** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx12) | \_\_\_\_ **ALS** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx13) | \_\_\_\_ **Seizure** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx13a) | \_\_\_\_ **Sleep apnea** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | (a) | (b) | (c) | (d) | (e) | (f) |

(FHx14) **NOTES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SES AND DEMOGRAPHIC INFORMATION** (p. 1 of 2)

(SES1) \_\_\_\_ **GENDER** M=male F=female

(SES2) \_\_\_\_ **RACE** W=White B=Black A=Asian N=Native Hawaiian/Pacific Islander I=American Indian/Alaskan Native

(SES2a) O=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U=unknown

(SES3) \_\_\_\_ **ETHNICITY** H=Hispanic N=Non-Hispanic U=unknown

(SES3a) **If Hispanic, specify as the following or of descent of the following:**

\_\_\_\_ 1=Dominican 2=Central American 3=Cuban 4=Mexican 5=Puerto-Rican 6=South American

(SES3a\_OTH) 7=other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=unknown/unspecified

(SES3b) **If BLACK NON-HISPANIC, indicate national origin, if available:**

\_\_\_\_ 1=African-American 2=Haiti 3=Trinidad/Tobago 4=Jamaica 5=Bahamas 6=Africa

(SES3b\_OTH) 7=other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=unknown/unspecified 9=Spain

(SES4) \_\_\_\_ **MARITAL STATUS** 1=single 2=married 3=living with partner 4=widowed 5=refused 6=divorced

(SES5) 7=other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=unk 9=separated

(SES6) \_\_\_\_ **SPOKEN LANGUAGE** 1=English 2=non-English speaking 3=partial understanding of English

(SES6a) 7=other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### (SES7) Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SES8) \_\_\_\_\_\_\_\_ **How many years have you** (has [name]) **lived in the US?**

###### Living Arrangements

(Liv1) \_\_\_\_ **Residence prior to stroke** 1=home 2=nursing home 3=assisted living 4=hospital

5=refused 6=staying with relative or friend

(Liv1a) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=unknown

(Liv2) \_\_\_\_\_ If ***1***, ***3***, ***6***, or ***7*, *how many people live with you*** *([name])****?***

***What is their relationship to you*** *([name])****?***

(Liv2a) 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Liv2b) 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Liv2c) 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Liv2d) 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Liv2e) 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Liv2f) 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Liv3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What is the zip code of your** ([name’s]) **residence?**

(Liv4) \_\_\_\_ **Do you** [Does [name]) **own your** (his/her) **home?** 1=yes 2=no 5=refused 8=DK 9=N/A

(Liv5) \_\_\_\_ **Did you** [[name]) **drive regularly prior to this stroke?** 1=yes 2=no 5=refused 8=DK 9=N/A

(Liv6) \_\_\_\_ **Do you** [Does [name]) **own your** (his/her) **car?**  1=yes 2=no 5=refused 8=DK 9=N/A

###### Employment / Education Data (55=refused 88=unknown)

(Edu) \_\_\_\_\_ **What is the highest level of education completed?** If no HS diploma or GED, list last grade # completed;

or 13= GED 14=HS Diploma 15=technical school 16=some college

17=Associate Degree 18=Bachelor’s Degree 19=Master’s Degree 20=Doctorate

(Emp1) \_\_\_\_ **What is your** ([name’s]) **current employment status?**

1=currently employed 2=unemployed 3=on disability 4=retired 5=refused

6=homemaker 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=unk 9=NA

(Emp1a)

***What is your*** *([name’s])* ***current occupation***

(Emp1b) ***or what was***  ***your*** *([name’s]))* ***last job held***? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***What was your*** *([name’s]))* ***main occupation***

(Emp1c) ***or profession most of your*** *(his/her)* ***life***? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SES AND DEMOGRAPHIC INFORMATION** (p. 2 of 2)

(Emp2) \_\_\_\_ **What is your** *([name’s])* **spouse/significant other’s current employment status?**

***(ask only if still alive)*** 1=currently employed 2=unemployed 3=disability 4=retired 5=refused

6=homemaker 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=unk 9=NA

(Emp2a)

***What is his/her current occupation***

(Emp2b) ***or what was his/her*** ***last job held***? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***What was his/her main occupation or***

(Emp2c) ***profession most of his/her life***? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***During your*** *([name’s])* ***childhood***

(Emp3a) **What was your** (his/her) **father’s occupation?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Emp3b) **What was your** (his/her) **mother’s occupation?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Financial Data

###### I would now like to ask you a few questions that involve your *([name’s])* money situation. We understand that these questions may be especially sensitive, and, of course, you always have the option of refusing to answer. But since financial matters often have a profound effect on one’s health, answering these questions will provide more complete data for our research. The answers you provide during this interview will be held in the strictest confidentiality.

(Fin1) **\_\_\_\_** **PRIOR TO THE STROKE,** **were you** (was [name]) **covered by medical insurance?**

1=yes 2=no 5=refused 8=DK

If yes, ***what type of insurance?***  (Record as many as two responses.)

(Fin2a) \_\_\_\_ 1=Medicare 2=Medicaid 4=private 5=refused

(Fin2b) \_\_\_\_ 6=VA 7=other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=unk 9=NA

(Fin2c)

(Fin3) \_\_\_\_ If yes, ***did you*** *([name])* ***pay a percentage or a co-pay for PCP visit?*** 1=yes 2=no 5=refused 8=DK

(Fin4) \_\_\_\_ **Did you** ([name]) **have disability insurance?**  1=yes 2=no 5=refused 8=DK

(Fin5) \_\_\_\_ **Did you** ([name]) **have insurance to cover the cost of your** (his/her) **medications?**

1=yes 2=no 5=refused 8=DK

(Fin6) \_\_\_\_ If yes, ***did you*** *[[name])* ***pay a percentage or a co-pay?*** 1=yes 2=no 5=refused 8=DK

(Fin7) $\_\_\_\_\_\_\_\_\_\_\_\_\_ **What was your** ([name’s]) **total monthly out-of-pocket cost for your** (his/her) **medications?**

(Fin7a) $\_\_\_\_\_\_\_\_\_\_\_\_\_ **What was your** ([name’s]) **total monthly *HOUSEHOLD* out-of-pocket cost for medications?**

**-1=refused -2=unknown**

(Fin8) \_\_\_\_ **Did you** ([name]) **receive medication samples from your** (his/her) **physician?**

1=yes 2=no 5=refused 8=DK

(Fin8a) ***Comment***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Fin9) \_\_\_\_ **Did you** ([name]) **regularly have trouble paying your** (his/her) **monthly bills?**

1=yes 2=no 5=refused

(Fin9a) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=DK

(Fin9b) ***Comment***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Fin10) \_\_\_\_ **Did you** ([name]) **regularly have trouble paying your** (his/her) **healthcare bills?**

1=yes 2=no 5=refused

(Fin10a) 7=other ***(specify)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=DK

(Fin10b) ***Comment***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Fin11) \_\_\_\_\_ **Total household income** (all members) (use card) -1=refused -2=unknown

(Fin12) \_\_\_\_\_ **Total personal income** (use card) -1=refused -2=unknown

**MEASUREMENTS**

(M1, M2) **Height**: \_\_\_\_\_ ft. \_\_\_\_\_ in. (M2\_SOURCE) \_\_\_\_\_ Source 1=measured 2=reported

(M3) **Weight:** \_\_\_\_\_\_\_ lbs. (M3\_SOURCE) \_\_\_\_\_ Source 1=measured 2=reported

(M4, M5) **Blood Pressure Readings:** \_\_\_\_\_\_ / \_\_\_\_\_\_

(M4a, M5a) \_\_\_\_\_\_ / \_\_\_\_\_\_

(M4b, M5b) \_\_\_\_\_\_ / \_\_\_\_\_\_

(M6) \_\_\_\_ ***May we measure your*** *([name’s])* ***waist and hips?*** 1=yes 2=no 5=refused 7=unable

(M7) **Hips** \_\_\_\_\_\_\_ inches

(M8) **Waist** \_\_\_\_\_\_\_ inches

(M8a) \_\_\_\_ **measurements taken** 1=lying 2=sitting 3=standing 4=reported

(M9) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ **Date of blood draw**

month day year

(M10) \_\_\_\_ **Study-related MRI done?** 1=yes 2=no 8=unknown

(M11) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ **Date of study MRI**

month day year

(M12) \_\_\_\_ **Are you** (Is [name]) **enrolled in another research study?** 1=yes 2=no 8=uknown

(M12a) If yes, **name of study** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(M12b) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ **Date of enrollment**

month day year

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* END OF INTERVIEW \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**CONTACT INFORMATION**

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL / WORK PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL / WORK PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL / WORK PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL / WORK PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL / WORK PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_