Control Interview

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

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

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

(Int6) \_\_\_\_\_\_ **Age of Interviewee** (Int7) **Birth date** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_\_\_\_ \_\_\_

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.

***In this next section, I would like to ask you some questions about your health history.***

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

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

**Neurological History**

**Have you ever been told by a doctor that you 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)

(NHx11) \_\_\_\_ **Ataxia**

(NHx12) \_\_\_\_ **Autism**

(NHx13) \_\_\_\_ **Dystonia**

(NHx14) \_\_\_\_ **Memory loss**

(NHx15) **\_\_\_\_ Multiple Sclerosis**

(NHx16) \_\_\_\_ **Muscle Disease**

(NHx17) \_\_\_\_ **Tourettes**

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

**Other Medical Conditions**

**Have you ever been told by a doctor that you 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

(H1d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specify medication(s)

(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 / defribrillator 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)

**Have you ever been told by a doctor that you had any of following:** 1=yes 2=no 5=refused 8=DK

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

(Hx21a) **\_\_\_\_ Bipolar Disorder**

(Hx21b) **\_\_\_\_ Schizophrenia**

(Hx21c) **\_\_\_\_ Obsessive Compulsive Disorder**

(Hx21d) **\_\_\_\_ Suicide Attempt**

(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 (**1=yes 2=no 5=refused 8=DK)

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

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

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

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

**Have you ever been told by a doctor that you 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 trying to lower your******cholesterol?*** 1=yes 2=no 5=refused 8=DK

If yes, ***how are you trying to lower your 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**

(EXE1x) \_\_\_\_ **How often do you exercise?** 1=daily 2=every other day 3= <3x/week

4=once a week 5=refused 6= < once a week

(EXE1a) 7=other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8=DK 9=never

(EXE1) \_\_\_\_ **In the past month, did you exercise?**  1=yes 2=no 8=DK

***If yes, how often did you 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)

**Have you ever been told by a doctor that you 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 see for your diabetes care,***

***i.e., who prescribes the medications and reviews your*** ***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*** Give number of times a day,

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

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

(DM9) \_\_\_\_ ***Has your doctor or diabetic counselor told you 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 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** **been pregnant?** 88=unknown

(OB2) \_\_\_\_ **When you were** **pregnant, did the doctor say you 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 pregnant, did you 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 pregnant, did you have protein in your 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** **last child born?**

month day year

(OB10a) \_\_\_\_ **Have you been through menopause?**

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

(OB11) \_\_\_\_ **Have you had a hysterectomy** (surgical removal of uterus) 1=yes 2=no 8=unknown

(OB12) \_\_\_\_ **Have you had an oophorectomy** (surgical removal of ovary) 1=yes 2=no 8=unknown

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

(OB15a) \_\_\_\_ **Have you ever had fertility treatment?** 1=yes 2=no 8=unknown

(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 last week, how much stress did you** **feel in following parts of your 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) \_\_\_\_ **Do you 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 headaches more than once per month,**

**about how many days do you have a headache (even if minor)?** -2=unk

(HA3) \_\_\_\_\_ **How many months ago was your last headache?** 0=current month -1=N/A or never -2 unk

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

(HA5) \_\_\_\_ **Have 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 ever have any of the following symptoms with your 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 get an aura (blinking lights, spinning, numbness, tingling, or other)**

**with your 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 “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 snore?** 1=yes 2=no 8= don’t know (Skip to BER5 if not “yes)

(BER2) \_\_\_\_ **How loudly do you 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 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 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 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 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 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***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Now I will ask you about the medications that you take.**

**For each medication that you take, I will be asking how often you 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) \_\_\_\_\_ Did you take ***routine*** medications during the last 2 weeks?

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) \_\_\_\_ ***Do you take aspirin?*** 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 not always take your 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) \_\_\_\_\_ Have you taken any ***recent*** ***(in the past week)*** over-the-counter medications?

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

For each medication that you take I will be asking:

* how frequently you take these medications; and
* the last time you remember taking the medication.

***How frequently do you******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 use of drugs for other purposes.***

(SD0) \_\_\_\_\_ Did you take any ***street drugs*** in the last ***3 months***?

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

For each substance that you took I will be asking:

* how frequently did you take it
* how you ingested the substance; and
* the last time you remember taking it. ***Route of ingestion***

1 = orally (pills)

***How frequently did you******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) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(

(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) \_\_\_\_ Do **you drink any beverages with caffeine?** (coffee, teas, sodas, energy drinks) 1=yes 2=no 5=ref 8=DK

If yes, ***how much do you******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 family and their medical histories.**

First, could you tell me **how many siblings** you have?

(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.

**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*** ***Specify*** If other,

***members affected***  ***Relationship*** ***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) |

**FAMILY HISTORY (p. 2 of 2)**

**Is there a family history of any of the following conditions?**

***Relationship codes***

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

**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*** ***Specify*** If other,

***members affected***  ***Relationship*** ***specify***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (FHx14) | \_\_\_\_ **Multiple Sclerosis** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx15) | \_\_\_\_ **Migraines** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx16) | \_\_\_\_ **Ataxia** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx17) | \_\_\_\_ **Autism** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx18) | \_\_\_\_ **Dystonia** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx19) | \_\_\_\_ **Memory loss** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx20) | \_\_\_\_ **Muscle Disease** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx21) | \_\_\_\_ **Tourettes** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx22) | \_\_\_\_ **Coronary artery**  **disease** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx23) | \_\_\_\_ **Heart attack** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx24) | \_\_\_\_ **Heart valve**  **disease** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx25) | \_\_\_\_ **Cancer** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx26) | \_\_\_\_ **Major** Depression | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx27) | \_\_\_\_ **Bipolar Disorder** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx28) | \_\_\_\_ **Schizophrenia** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx29) | \_\_\_\_ **Obsessive-Comp-**  **ulsive Disorder** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (FHx30) | \_\_\_\_ **Suicide Attempt** | \_\_\_\_\_ | 1.\_\_\_\_\_\_ | 2.\_\_\_\_\_\_ | 3.\_\_\_\_\_\_ | 4.\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

(FHx31) **NOTES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SES AND DEMOGRAPHIC INFORMATION**

(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 lived in the US?**

###### Living Arrangements

(Liv1) \_\_\_\_ **Present Residence** 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?***

***What is their relationship to you?***

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

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

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

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

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

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

(Liv3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What is the zip code of your residence?**

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

(Liv5) \_\_\_\_ **Do you drive regularly?** 1=yes 2=no 5=refused 8=DK 9=N/A

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

###### EDUCATION

(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 55=refused 88=unknown

###### ENVIRONMENTAL EXPOSURES (p. 1 of 3)

**Now we're going to review some questions about environmental exposures.**

**PhenX Measure: HOBBIES** Protocol Source: <https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=61401>

(Hob1a) \_\_\_\_\_ Have you ever participated for 6 months or longer in **hobbies using glues?** 1=yes 2=no

(Hob2a) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you first involved in this hobby?

(Hob3a) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you last involved in this hobby? 0=still involved

(Hob4a) \_\_\_\_\_\_\_\_\_ Overall, for how many years were you involved in this hobby? 0 = <1 year

(Hob5a\_HR) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ On average, about how many hours per week, month, or year

(hours) per (unit) have you participated in this hobby

(Hob5a\_UNIT) Codes for unit: 1=weeks 2=months 3=years

(Hob1b) \_\_\_\_\_ Have you ever participated for 6 months or longer in **hobbies involving soldering,**

**such as jewelry making or stained glass?** 1=yes 2=no

(Hob2b) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you first involved in this hobby?

(Hob3b) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you last involved in this hobby? 0=still involved

(Hob4b) \_\_\_\_\_\_\_\_\_ Overall, for how many years were you involved in this hobby? 0 = <1 year

(Hob5b\_HR) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ On average, about how many hours per week, month, or year

(hours) per (unit) have you participated in this hobby

(Hob5b\_UNIT) Codes for unit: 1=weeks 2=months 3=years

(Hob1c) \_\_\_\_\_ Have you ever participated for 6 months or longer in **developing photographs?** 1=yes 2=no

(Hob2c) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you first involved in this hobby?

(Hob3c) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you last involved in this hobby? 0=still involved

(Hob4c) \_\_\_\_\_\_\_\_\_ Overall, for how many years were you involved in this hobby? 0 = <1 year

(Hob5c\_HR) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ On average, about how many hours per week, month, or year

(hours) per (unit) have you participated in this hobby

(Hob5c\_UNIT) Codes for unit: 1=weeks 2=months 3=years

(Hob1d) \_\_\_\_\_ Have you ever participated for 6 months or longer in **oil painting?** 1=yes 2=no

(Hob2d) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you first involved in this hobby?

(Hob3d) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you last involved in this hobby? 0=still involved

(Hob4d) \_\_\_\_\_\_\_\_\_ Overall, for how many years were you involved in this hobby? 0 = <1 year

(Hob5d\_HR) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ On average, about how many hours per week, month, or year

(hours) per (unit) have you participated in this hobby

(Hob5d\_UNIT) Codes for unit: 1=weeks 2=months 3=years

###### ENVIRONMENTAL EXPOSURES (p. 2 of 3)

**PhenX Measure: HOBBIES** (continued)

(Hob1e) \_\_\_\_\_ Have you ever participated for 6 months or longer in **woodworking or refinishing furniture?**

1=yes 2=no

(Hob2e) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you first involved in this hobby?

(Hob3e) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you last involved in this hobby? 0=still involved

(Hob4e) \_\_\_\_\_\_\_\_\_ Overall, for how many years were you involved in this hobby? 0 = <1 year

(Hob5e\_HR) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ On average, about how many hours per week, month, or year

(hours) per (unit) have you participated in this hobby

(Hob5e\_UNIT) Codes for unit: 1=weeks 2=months 3=years

(Hob1f) \_\_\_\_\_ Have you ever participated for 6 months or longer in **ceramics or pottery making?** 1=yes 2=no

(Hob2f) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you first involved in this hobby?

(Hob3f) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you last involved in this hobby? 0=still involved

(Hob4f) \_\_\_\_\_\_\_\_\_ Overall, for how many years were you involved in this hobby? 0 = <1 year

(Hob5f\_HR) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ On average, about how many hours per week, month, or year

(hours) per (unit) have you participated in this hobby

(Hob5f\_UNIT) Codes for unit: 1=weeks 2=months 3=years

(Hob1g) \_\_\_\_\_ Have you ever participated for 6 months or longer in **leather crafting?** 1=yes 2=no

(Hob2g) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you first involved in this hobby?

(Hob3g) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you last involved in this hobby? 0=still involved

(Hob4g) \_\_\_\_\_\_\_\_\_ Overall, for how many years were you involved in this hobby? 0 = <1 year

(Hob5g\_HR) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ On average, about how many hours per week, month, or year

(hours) per (unit) have you participated in this hobby

(Hob5g\_UNIT) Codes for unit: 1=weeks 2=months 3=years

(Hob1h) \_\_\_\_\_ Have you ever participated for 6 months or longer in **other activities involving**

**the use of chemicals?** 1=yes 2=no

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hob2h) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you first involved in this hobby?

(Hob3h) \_\_\_\_\_\_\_\_\_\_\_\_\_ In what year were you last involved in this hobby? 0=still involved

(Hob4h) \_\_\_\_\_\_\_\_\_ Overall, for how many years were you involved in this hobby? 0 = <1 year

(Hob5h\_HR) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ On average, about how many hours per week, month, or year

(hours) per (unit) have you participated in this hobby

(Hob5h\_UNIT) Codes for unit: 1=weeks 2=months 3=years

###### ENVIRONMENTAL EXPOSURES (p. 3 of 3)

**PhenX Measure: PLASTIC EXPOSURES AT WORK AND HOME**

modified from Protocol Source: <https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=61401>

**WORK ENVIRONMENT**

(Plas1) \_\_\_\_\_ Has there been renovation or repairs in your workspace because of **moisture damage?**

1=yes 2=no

(Plas1a) \_\_\_\_\_ If yes, when? 2 = during the past 12 months 3 = 1-3 years ago

4 = more than 3 years ago 8 = I don’t know

(Plas2) \_\_\_\_\_ What is the **floor** material in your workspace?

1 = concrete 2 = wood 3 = cork 4 = vinyl 5 = wall-to-wall carpet

(Plas2\_SPEC) 7 = other, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = I don’t know

(Plas3) \_\_\_\_\_ Is the **wall** material of your workspace **textile?** (cloth, jute, etc.) 1=yes 2=no

(Plas3a) \_\_\_\_\_ If yes, does it cover at least half of the wall surfaces? 1=yes 2=no

(Plas4) \_\_\_\_\_ Is the **wall** material of your workspace **plastic?**  1=yes 2=no

(Plas4a) \_\_\_\_\_ If yes, does it cover at least half of the wall surfaces? 1=yes 2=no

**HOME ENVIRONMENT**

(Plas5) \_\_\_\_\_ Has there been renovation or repairs in your home due to **moisture damage?** 1=yes 2=no

(Plas5a) \_\_\_\_\_ If yes, when? 2 = during the past 12 months 3 = 1-3 years ago

4 = more than 3 years ago 8 = I don’t know

(Plas6a) \_\_\_\_\_ Has there been **painting** in your home during the past 12 months? 1=yes 2=no

(Plas6b) \_\_\_\_\_ If yes, did painting involve at least half of the wall area? 1=yes 2=no

(Plas6c) \_\_\_\_\_ Has **wall papering** been done in your home during the past 12 months? 1=yes 2=no

(Plas6d) \_\_\_\_\_ If yes, did the wall papering involve at least half of the wall area? 1=yes 2=no

(Plas6e) \_\_\_\_\_ Has any **floor** surface in your home been **lacquered** in the past 12 months? 1=yes 2=no

(Plas6f) \_\_\_\_\_ Has **floor putty** been applied to any floor surface in your home in the past 12 months?

1=yes 2=no

(Plas6g) \_\_\_\_\_ Have any **other repairs** been done in your home during the past 12 months? 1=yes 2=no

(Plas6h) Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Plas7) \_\_\_\_\_ Do you have **wall-to-wall carpeting** in your home? 1=yes 2=no

(Plas7a) \_\_\_\_\_ If yes, does it cover at least half of the floor area? 1=yes 2=no

(Plas8) \_\_\_\_\_ Is the **floor** material in your home **plastic/vinyl**? (excluding the bathroom) 1=yes 2=no

(Plas8a) \_\_\_\_\_ If yes, does it cover at least half of the floor area? 1=yes 2=no

(Plas9) \_\_\_\_\_ Is the **wall** material in your home **textile** (cloth, jute, etc.)? 1=yes 2=no

(Plas9a) \_\_\_\_\_ If yes, does it cover at least half of the wall surface area? 1=yes 2=no

(Plas10) \_\_\_\_\_ Is the **wall** material in your home **plastic**? (excluding the bathroom) 1=yes 2=no

(Plas10a) \_\_\_\_\_ If yes, does it cover at least half of the wall surface area? 1=yes 2=no

###### EMPLOYMENT (personal)

(Emp1) \_\_\_\_ **What is your 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 current occupation***

(Emp1b)  ***or what was your last job held***? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LONGEST HELD JOB from PhenX Measure: OCCUPATIONAL HISTORY**

Protocol Source: [https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=60501](https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=61401)

(Occ9) **Thinking of all the paid jobs you ever had, what kind of work were you doing the longest?**

(For example, electrical engineer, stock clerk, typist, farmer.)

ENTER OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If ARMED FORCES, REFUSED, or DON’T KNOW, skip to **Occ11**

If NEVER WORKED, skip to **Emp2**

(Occ10) **What kind of business or industry did you work in for the longest period of time as a**

(OCCUPATION given in Occ9)?

(For example, a TV or radio station, retail shoe store, state labor department, farm, plastics manufacturer.)

ENTER DESCRIPTION FOR KIND OF BUSINESS/INDUSTRY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter text “REFUSED” or “DON’T KNOW” if appropriate.

(Occ11) **What were your most important activities on this job or business?**

(For example: sells cars, keeps account books, operates printing press.)

ENTER NAME OF DUTIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter text “REFUSED” or “DON’T KNOW” if appropriate.

(Occ12\_QUAN) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ **About how long did you work at that job or business?**

(quantity) (unit)

(Occ12\_UNIT) Codes for unit: 1=days 2=weeks 3=months 4=years 7=refused 8=don’t know

Leave quantity blank if “refused” or “don’t know.”

###### EMPLOYMENT (family)

(Emp2) \_\_\_\_\_ **What is your 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 childhood***

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

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

###### FINANCIAL

I would now like to ask you a few questions that involve your 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) **\_\_\_\_** **Are you currently 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, ***do you pay a percentage or a co-pay for PCP visit?*** 1=yes 2=no 5=refused 8=DK

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

(Fin5) \_\_\_\_ **Do you have insurance to cover the cost of your medications?** 1=yes 2=no 5=refused 8=DK

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

(Fin7) $\_\_\_\_\_\_\_\_\_\_\_\_\_ **What is your total monthly out-of-pocket cost for your medications?**

(Fin7a) $\_\_\_\_\_\_\_\_\_\_\_\_\_ **What is your total monthly *HOUSEHOLD* out-of-pocket cost for medications?**

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

(Fin8) \_\_\_\_ **Do you receive medication samples from your physician?**  1=yes 2=no 5=refused 8=DK

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

(Fin9) \_\_\_\_ **Do you regularly have trouble paying your monthly bills?**  1=yes 2=no 5=refused

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

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

(Fin10) \_\_\_\_ **Do you regularly have trouble paying your 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 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

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

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

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: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

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: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_