BASELINE FORM **PFDN - ROSETTA** **05 - Functional Comorbidity Index**

PAPER FORM MAY BE USED AS SOURCE DOCUMENT

Subject ID: ___ ___ ___ ___ ___ ___ ___ Date of Interview | | | | | | | | | | Staff Initials: ___ ___ ___

Day Month Year

Complete this form for all eligible subjects

1. Has a doctor ever told you that you have any of the following conditions? (Yes, No, or Don't Know)

a.	Arthritis (rheumatoid and osteoarthritis)	☐ Y	☐ N	☐ Don't Know
b.	Osteoporosis	☐ Y	☐ N	☐ Don't Know
c.	Asthma	☐ Y	☐ N	☐ Don't Know
d.	Chronic obstructive pulmonary disease (COPD), acquired respiratory distress syndrome (ARDS), or emphysema.	☐ Y	☐ N	☐ Don't Know
e.	Angina.	☐ Y	☐ N	☐ Don't Know
f.	Congestive heart failure (or heart disease) .	☐ Y	☐ N	☐ Don't Know
g.	Heart attack (myocardial infarct) .	☐ Y	☐ N	☐ Don't Know
h.	Neurological disease (such as multiple sclerosis or Parkinson's) .	☐ Y	☐ N	☐ Don't Know
i.	Stroke or TIA.	☐ Y	☐ N	☐ Don't Know
j.	Peripheral vascular disease.	☐ Y	☐ N	☐ Don't Know
k.	Diabetes types I and II.	☐ Y	☐ N	☐ Don't Know
l.	Upper gastrointestinal disease (ulcer, hernia, reflux) .	☐ Y	☐ N	☐ Don't Know
m.	Depression.	☐ Y	☐ N	☐ Don't Know
n.	Anxiety or panic disorders.	☐ Y	☐ N	☐ Don't Know
o.	Visual impairment (such as cataracts, glaucoma, macular degeneration) .	☐ Y	☐ N	☐ Don't Know
p.	Hearing Impairment (very hard of hearing, even with hearing aids) .	☐ Y	☐ N	☐ Don't Know
q.	Degenerative disc disease (back disease, spinal stenosis, or severe chronic back pain) .	☐ Y	☐ N	☐ Don't Know
r.	Obesity and/or body mass index >30 (weight in kg/height in meters2).	☐ Y	☐ N	☐ Don't Know

2. Height ☐☐☐.☐ ☐ Inches ☐ Centimeters

3. Weight ☐☐☐.☐ ☐ Pounds ☐ Kilograms

4. BMI _____ (derived) ***This value is calculated in the data management system and is not keyed***

Not keyed in data management system:

Other Baseline Medical Conditions:

.....

.....

.....

.....