1. Would you say, in general, your health is:  **HLTH159**
   - [ ] 1 EXCELLENT
   - [ ] 2 VERY GOOD
   - [ ] 3 GOOD
   - [ ] 4 FAIR
   - [ ] 5 POOR

2. During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? (Do not include days in a hospital or nursing home. If you do not remember the exact number of days, please estimate as closely as possible.)  **BED59**

   _____ _____ DAYS

   Answer "0" if you haven’t spent any days in bed in the last two weeks.

3. Are you currently involved in any medical studies other than CHS?  **MEDST059**
   - [ ] 1 YES
   - [ ] 0 NO
   - [ ] 9 DON'T KNOW

   IF YES, please name:  **NAMST059**

---

The next set of questions have to do with diseases or procedures you may have had in the past six months. We are looking for changes in your health since we last contacted you.

*Continue to page 2*
Has a doctor told you that you had a new myocardial infarction or heart attack since we spoke with you on the phone about six months ago? NEWMI59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 5 on page 3.

A. What was the doctor's name and address?

Name ____________________________

Address ____________________________

City ___________________ State _______ Zip _______

B. Date of event or diagnosis: MIM059 / MD059 / MYR59

   Month   Day    Year

C. How many times altogether did you see a doctor for this condition since we last spoke to you?

   MIM059 TIMES

D. Were you in the hospital at least one night for this condition since we last spoke to you?

   MIHOSP59

    ☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

   If NO or DON'T KNOW, Skip to Question 5 on page 3.

E. How many different times were you in the hospital for this condition?

   MIGHTME59 TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (Use another sheet of paper to list additional admissions.)

   Date MIM059/MIT059 / MYR59

   Month   Day    Year

   Name ____________________________

   Address ____________________________

   City ___________________ State _______ Zip _______

G. How many days altogether were you hospitalized for this condition?

   MIDAYS59 DAYS

5/21/98, Form 59
Has a doctor told you that you had a new incident of angina pectoris or chest pain due to heart disease since we spoke with you on the phone about six months ago?

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 6 on page 4.

A. What was the doctor's name and address?

Name

Address

City  State  Zip

B. Date of event or diagnosis: ANGM059  ANGA059  ANGYR59

Month  Day  Year

C. How many times altogether did you see a doctor for this condition since we last spoke to you?

ANGMD59 TIMES

D. Were you in the hospital at least one night for this condition since we last spoke to you?

ANGHOSP59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 6 on page 4.

E. How many different times were you in the hospital for this condition?

ANTI55M5 TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (List additional admissions on an extra sheet of paper.)

Date: ANAM059  ANAD59  ANARYR59

Month  Day  Year

Name

Address

City  State  Zip

G. How many days altogether were you hospitalized for this condition?

ANDAYS59 DAYS
Has a doctor told you that you had a new incident of heart failure or congestive heart failure since we spoke with you on the phone about six months ago?

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 7 on page 5.

A. What was the doctor's name and address?

Name

Address

City ___________________________ State _______ Zip _______

B. Date of event or diagnosis: CHFM059 / CHF0A059 / CHFVR59 ______

Month Day Year

C. How many times altogether did you see a doctor for this condition since we last spoke to you?

CHFM059 ______ TIMES

D. Were you in the hospital at least one night for this condition since we last spoke to you?

CHHOSP59 ☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 7 on page 5.

E. How many different times were you in the hospital for this condition?

CHTIME59 ______ TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (Use another sheet of paper to list additional admissions.)

Date: CHH0059 / CHHA0A59 / CHHVR59 ______

Month Day Year

Name

Address

City ___________________________ State _______ Zip _______

G. How many days altogether were you hospitalized for this condition?

CHHA0R59 ______ DAYS
Has a doctor told you that you had a new incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke to you on the phone about six months ago? **NEWCLO59**

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 8 on page 6.

A. What was the doctor's name and address?

Name

Address

City   State   Zip

B. Date of event or diagnosis: **CLDM069 / CLDH059 / CLDYR59**

Month   Day   Year

C. How many times altogether did you see a doctor for this condition since we last spoke to you? **CLDM069** TIMES

D. Were you in the hospital at least one night for this condition since we last spoke to you? **CLHOSP59**

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 8 on page 6.

E. How many different times were you in the hospital for this condition? **CLTIME59** TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (List additional admissions on an extra sheet of paper.)

Date **CLHIM059 / CLHDA59 / CLHYR59**

Month   Day   Year

Name

Address

City   State   Zip

G. How many days altogether were you hospitalized for this condition? **CLDA0459** DAYS
Has a doctor told you that you had a **new stroke or cerebrovascular accident** since we spoke to you on the phone about six months ago? **NEWSTK59**

- **YES**
- **NO**
- **DON'T KNOW**

If NO or DON'T KNOW, Skip to Question 9 on page 7.

A. What was the doctor's name and address?

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Date of event or diagnosis: **STK059 / STKDA59 / STKVR59**
   **Month**  **Day**  **Year**

C. How many times altogether did you see a doctor for this condition since we last spoke to you?
   **STK059** TIMES

D. Were you in the hospital at least one night for this condition since we last spoke to you?
   **STHOSP59**

- **YES**
- **NO**
- **DON'T KNOW**

If NO or DON'T KNOW, Skip to Question 9 on page 7.

E. How many different times were you in the hospital for this condition?
   **STETIME59** TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (Use another sheet of paper to list additional admissions.)

<table>
<thead>
<tr>
<th>Date: <strong>STIM059 / STIMDA59 / STIMVR59</strong></th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. How many days altogether were you hospitalized for this condition?
   **STDAYS59** DAYS
9 Has a doctor told you that you had a **new transient ischemic attack or TIA or silent stroke** since we spoke to you on the phone about six months ago? **NEWTIA59**

- □ 1 YES  □ 0 NO  □ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 10 on page 8.

A. What was the doctor's name and address?

Name

Address

City State Zip

B. Date of event or diagnosis: **TIA059** / **TIA059** / **TIA4Y59**

Month Day Year

C. How many times altogether did you see a doctor for this condition **since we last spoke to you?**

**TIA0MD59** TIMES

D. Were you in the hospital at least one night for this condition **since we last spoke to you?**

**TIA0HOSP59**

- □ 1 YES  □ 0 NO  □ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 10 on page 8.

E. How many different times were you in the hospital for this condition?

**TIA0TIME59** TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (List additional admissions on an extra sheet of paper.)

Date: **TIA0M059** / **TIA0DAY59** / **TIA04Y59**

Month Day Year

Name

Address

City State Zip

G. How many days altogether were you hospitalized for this condition?

**TIA0DAYS59** DAYS
10 Have you stayed overnight as a patient in a hospital for any other reasons not reported in Questions 4 through 9 since we spoke to you on the phone about six months ago? HOSPITAL59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 11.

Please record the reason you were admitted, the name of the hospital and the month and year you were a patient for EACH time you stayed overnight in a hospital. (Use another sheet of paper to list additional admissions.)

(1) Reason for admission RSHOS159

Hospital name ____________________________

Address ____________________________ City/ State ____________________________

Date of hospitalization: ___/___/___ Length of stay: ___ days

(Month) (Day) (Year)

(2) Reason for admission RSHOS259

Hospital name ____________________________

Address ____________________________ City/ State ____________________________

Date of hospitalization: ___/___/___ Length of stay: ___ days

Month Day Year

11 Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you on the phone about six months ago? NURSHOM59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 12 on page 9

Please record the reason you were admitted, the name of the nursing home or rehabilitation center and the month and year you were a patient for EACH time you stayed overnight in a nursing home or rehabilitation center. (Use another sheet of paper to list additional admissions.)

(1) Reason for admission RSNUR559

Nursing home name ____________________________

City ____________________________ State ____________________________

Date of admission: ___/___/___ Length of stay: ___ days

Month Day Year

(2) Are you currently staying in a nursing home or rehabilitation center? CURNUR59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW
Have you received any home health care in the past six months?  

- [ ] 1 YES  
- [ ] 0 NO  
- [ ] 9 DON'T KNOW  

If NO or DON'T KNOW, Skip to Question 13.

What type of care did you receive through home health care? (Check all that apply.)

- Physical Therapy
  - [ ] 1 YES  
  - [ ] 0 NO  
  - [ ] 9 DON'T KNOW

- Occupational Therapy
  - [ ] 1 YES  
  - [ ] 0 NO  
  - [ ] 9 DON'T KNOW

- Nursing Care
  - [ ] 1 YES  
  - [ ] 0 NO  
  - [ ] 9 DON'T KNOW

- Other Type of Care
  - [ ] 1 YES  
  - [ ] 0 NO  
  - [ ] 9 DON'T KNOW

If Other, please specify:  **CARSPC59**

Have you had a flu shot since we saw you last year?  

- [ ] 1 YES  
- [ ] 0 NO  
- [ ] 9 DON'T KNOW

Have you had a shot to prevent pneumonia, sometimes called pneumovax, since we saw you last year?  

- [ ] 1 YES  
- [ ] 0 NO  
- [ ] 9 DON'T KNOW

Did a doctor prescribe nitroglycerin for you since we saw you last year?  

- [ ] 1 YES  
- [ ] 0 NO  
- [ ] 9 DON'T KNOW

If YES, specify reason:  **NITSPC59**

Have you had pneumonia since we saw you last year?  

- [ ] 1 YES  
- [ ] 0 NO  
- [ ] 9 DON'T KNOW

Have you had an attack of bronchitis since we saw you last year?  

- [ ] 1 YES  
- [ ] 0 NO  
- [ ] 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 18.

Was this confirmed by a doctor?  

- [ ] 1 YES  
- [ ] 0 NO  
- [ ] 9 DON'T KNOW
18. Has a doctor ever told you that you had any of the following conditions or diseases; and if so, when were you FIRST told that you had the condition?

For each condition or disease listed below, please check the appropriate box as follows:

- If a doctor has never told you that you had the condition, please mark “Never told.”
- If a doctor first told you DURING THE PAST YEAR that you had the condition, please mark “First told during the past year.”
- If a doctor first told you MORE THAN ONE YEAR AGO that you had the condition, please mark “First told more than one year ago.”

<table>
<thead>
<tr>
<th>Condition</th>
<th>Never Told</th>
<th>First Told During the Past Year</th>
<th>First Told More Than One Year Ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>A High blood pressure</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B Asthma</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C Atrial Fibrillation</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D Deep vein thrombosis (or blood clots in legs)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E Rheumatic fever or heart valve problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>F Emphysema</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>G Diabetes</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

What month and year were you first told you had diabetes?

19a. Have you ever had any of the following problems?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Foot ulcers / sores on feet</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>B High blood sugar</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>C Low blood sugar</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>D Fainting or passing out</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>E Eye problems</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

19b. Has a doctor told you that you had other heart or circulatory problems since we saw you last year? [OThHart59]

1 Yes 0 No 9 Don’t Know

If YES, specify reason: OThHS269
20 Are you currently taking medication prescribed by a doctor for any of the following conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Deep vein thrombosis (or blood clots in your legs)</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

a. How are you treated for diabetes? 01ABSTR59

- 1 INSULIN
- 2 ORAL HYPOGLYCEMIC AGENT
- 3 OTHER: 01ABSTP59

21 Have you had coronary angiography or heart catheterization as an outpatient procedure since we last saw you? AN61O89

- 1 YES
- 0 NO
- 9 DON'T KNOW

a. Date of Procedure: AN61M059 / AN61D059 / AN61Y059

b. Where was this procedure done? (doctor, clinic, hospital)

NAME: ____________________________
ADDRESS: _________________________
CITY: ___________________ STATE: ________

22 Did you have a procedure in or out of the hospital to open up the arteries in either of your legs since we last saw you? 0PNMRT59

- 1 YES
- 0 NO
- 9 DON'T KNOW

a. Date of Procedure: 0PNMRT59 / 0PNMRT59 / 0PNMRT59

b. Where was this procedure done? (doctor, clinic, hospital)

NAME: ____________________________
ADDRESS: _________________________
CITY: ___________________ STATE: ________
23. Have you been told by a doctor that you currently have any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Arthritis of the Hands</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>B. Arthritis of the Shoulder</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>C. Arthritis of Hips or Knees</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>D. Osteoporosis</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>E. Liver Disease, Cirrhosis, or Hepatitis</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>F. Kidney (Renal) Disease or Failure</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

24. During the last year have you had pain in any bones or joints for at least half the days of a month?  PNDONE59

1 YES  0 NO  9 DON'T KNOW

If NO or DON'T KNOW, skip to Question 25.

Please indicate where you had this pain (check all below):

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Hands</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>B. Feet</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>C. Knees</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>D. Hips</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>E. Neck</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>F. Back</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>G. Shoulders</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>H. Other area</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Specify other area: PNDSPC59

25. Have you been told by a doctor that you currently have cancer? CANCER69

1 YES  0 NO  9 DON'T KNOW

If NO or DON'T KNOW, skip to Question 26.

If YES, please answer questions at the top of next page
(Question 25 continued)

If you answered YES, please specify the kind of cancer(s). Check all below.

<table>
<thead>
<tr>
<th>CANBRS59</th>
<th>A. Breast cancer</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANBLO59</td>
<td>B. Blood cancer, leukemia or lymphoma</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>CANCOL59</td>
<td>C. Colon (bowel) or Rectum cancer</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>CANLNG59</td>
<td>D. Lung cancer</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>CANMML59</td>
<td>E. Malignant melanoma</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>CANOSK59</td>
<td>F. Other skin cancer</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>CANPRO59</td>
<td>G. Prostate cancer</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>CANPAN59</td>
<td>H. Pancreatic cancer</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>CANES59</td>
<td>I. Esophageal cancer</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>CANOTH59</td>
<td>J. Other cancer</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Specify other cancer: CANOSP59

26. Have you been treated by a doctor for any of the following since we last saw you?

<table>
<thead>
<tr>
<th>BRKHIP59</th>
<th>A. Broken hip (fracture)</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRKLEG59</td>
<td>B. Broken lower leg (fracture)</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>BRKARM59</td>
<td>C. Broken arm, wrist, or shoulder (fracture)</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>BRXSPN59</td>
<td>D. Spine (vertebral) compression fracture</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>OTHINJ59</td>
<td>E. Other injury</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Specify other injury: SPINJ59

| ARTTRT59 | F. Did you have arthritis that was treated with medication? | 1   | 0  | 9          |
27 Have you had a cold, the flu, a dental infection, or other infections in the last two weeks?  INFTWOS9

<table>
<thead>
<tr>
<th></th>
<th>YES—IN PAST WEEK</th>
<th>YES—7 TO 14 DAYS AGO</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

28 Have you had any of the following symptoms in the past two weeks?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>YES—IN PAST WEEK</th>
<th>YES—7 TO 14 DAYS AGO</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fever or chills</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>B. Sore throat</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>C. Cough</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>D. Sputum or mucous</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>E. Runny nose or congestion</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>F. Pain on urination</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>G. Cloudy or discolored urine</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>H. Tests showing a urine infection</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>I. Diarrhea</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>J. Other Infection</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

If OTHER, specify:  OTHSPC59

29 During the past year, have you had spells of dizziness, loss of balance, or sensation of spinning?  DIZZYN59

<table>
<thead>
<tr>
<th></th>
<th>1 YES</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30 During the past year, have you had a fall? (Do not include falls during skiing, skating, or other activities that may affect balance.)  FALL59

<table>
<thead>
<tr>
<th></th>
<th>1 YES</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. How many times have you fallen during the past year?  TIMFAL5A TIMES

If NO or DON'T KNOW, Skip to Question 31.
31. During the past year, have you injured your head? INJH059

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

B. During the past year, have you injured your neck? INJNCK59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

C. During the past year, have you ever fainted, lost consciousness, or "blacked out"? FAINT59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

If NO or DON'T KNOW, skip to Question 32.

When did this occur? PUTM059 / PUTY059

Month ___ Year ___

32. Would you say that your appetite is usually: APPET59

☐ 4 VERY GOOD ☐ 3 GOOD ☐ 2 FAIR ☐ 1 POOR

33. During the past year, have you gained or lost more than 10 pounds? WEIGHT59

☐ 1 LOST MORE THAN 10 POUNDS

☐ 2 GAINED MORE THAN 10 POUNDS

☐ 3 BOTH LOST AND GAINED MORE THAN 10 POUNDS

☐ 4 LITTLE OR NO CHANGE

☐ 9 DON'T KNOW

If LITTLE or NO CHANGE or DON'T KNOW, Skip to Question 34.

Please answer these questions if you lost or gained more than 10 pounds.

A. Were any of the following a major factor in your weight change?

DIET59

Diet ☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

ILL59

Surgery, illness or medication ☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

EXER59

Exercise ☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

B. Were you trying to lose weight? TRYTEN59

☐ 1 YES ☐ 0 NO
34 Have you had to sleep on two or more pillows to help you breathe at any time during the past 12 months?  

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

35 How often, if ever, have you awakened suddenly with a feeling of gasping, choking or shortness of breath?  

<table>
<thead>
<tr>
<th>Never</th>
<th>☐ 0</th>
<th>At least once weekly, but pattern may not be regular</th>
<th>☐ 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely — only once or twice ever</td>
<td>☐ 1</td>
<td>Several (3 - 5) nights a week</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Sometimes — a few nights a month under special circumstances</td>
<td>☐ 2</td>
<td>Every night or almost nightly</td>
<td>☐ 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don't know</td>
<td>☐ 9</td>
</tr>
</tbody>
</table>

36 During the last 30 days, did you start taking any medicine(s)?

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 37.

What is (are) the name(s) of the medicine(s)?

37 During the last 30 days, did you stop taking any medicine(s)?

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 38.

What is (are) the name(s) of the medicine(s)?

38 During the last thirty days, did you change the dosage of any medicine(s)?

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 39.

What is (are) the name(s) of the medicine(s)?  

(Use another sheet of paper to list additional medicines.)

Did the dosage:

☐ 1 INCREASE  ☐ 2 DECREASE  ☐ 3 DON'T KNOW

005E159, 005E259, 005E359
39. During the last two weeks, did you take any aspirin or aspirin-containing medicines such as Bufferin, Anacin, or Ascriptin? [ASPR59]

- [ ] 1 YES
- [ ] 0 NO
- [ ] 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 40.

What was the reason you took aspirin?

- [ ] 1 YES
- [ ] 0 NO
- [ ] 9 DON'T KNOW

- [ ] Headache
- [ ] Arthritis
- [ ] Cardiovascular protection
- [ ] Other body aches/pains

(specify: ____________________________)

On about how many days did you take it during the last 2 weeks? [DAVAS59]

40. Have you smoked cigarettes during the past 30 days? [SMK3059]

- [ ] 1 YES
- [ ] 0 NO
- [ ] 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 41.

On average, how many cigarettes do you smoke per day? [NUMC5659] __________ cigarettes

41. Have you smoked a pipe or cigar during the past 30 days? [PIPE59]

- [ ] 1 YES
- [ ] 0 NO
- [ ] 9 DON'T KNOW

42. Which of the following best describes your current smoking status? [SMOKE59]

- [ ] 1 NEVER SMOKED
- [ ] 2 FORMER SMOKER, QUIT MORE THAN 1 YEAR AGO
- [ ] 4 CURRENT SMOKER
- [ ] 3 FORMER SMOKER, QUIT LESS THAN 1 YEAR AGO
- [ ] 9 DON'T KNOW
43  Do you ever use snuff or smokeless tobacco?  Snuff59
   □ : YES  □  0 NO  □  9 DON'T KNOW

44  Do you ever drink beer?  Beer59
   □  1 YES  □  0 NO  □  9 DON'T KNOW
   ➔ If No or Don't Know, Skip to Question 45.
   A About how often do you drink beer?  Beer59
      □  1 DAILY  □  2 WEEKLY  □  3 MONTHLY
      □  4 YEARLY  □  0 RARELY/NEVER
   B How many 12-ounce cans or bottles of beer do you usually drink on one occasion?  Beer59
      □  □

45  Do you ever drink wine?  Wine59
   □  1 YES  □  0 NO  □  9 DON'T KNOW
   ➔ If No or Don't Know, Skip to Question 46.
   A About how often do you drink wine?  Wine59
      □  1 DAILY  □  2 WEEKLY  □  3 MONTHLY
      □  4 YEARLY  □  0 RARELY/NEVER
   B How many medium six-ounce glasses of wine do you usually drink on one occasion?  Wine59
      □  □

46  Do you ever drink liquor?  Liquor59
   □  1 YES  □  0 NO  □  9 DON'T KNOW
   ➔ If No or Don't Know, Skip to Question 47.
   A About how often do you drink liquor?  Liquor59
      □  1 DAILY  □  2 WEEKLY  □  3 MONTHLY
      □  4 YEARLY  □  0 RARELY/NEVER
   B How many drinks, equal to one shot of liquor, do you usually drink on one occasion?  Liquor59
      □  □
47. Can you see well enough to drive (with or without) glasses? DRIVE59
   - [ ] 1 YES
   - [ ] 2 DON'T DRIVE
   - [ ] 9 DON'T KNOW

48. Can you see well enough to watch TV (with or without) glasses? TV59
   - [ ] 0 NO
   - [ ] 9 DON'T KNOW

49. Can you see well enough to recognize someone across the room (with or without) glasses? RECOGN59
   - [ ] 1 YES
   - [ ] 0 NO
   - [ ] 9 DON'T KNOW

50. Can you see well enough to read the newspaper (with or without) glasses? READER59
   - [ ] 0 NO
   - [ ] 9 DON'T KNOW

51. Can you hear well enough to use the telephone (with or without) a hearing aid? TELE59
   - [ ] 1 YES
   - [ ] 0 NO
   - [ ] 9 DON'T KNOW

52. Can you hear well enough to listen to a radio (with or without) a hearing aid? RADIO59
   - [ ] 1 YES
   - [ ] 0 NO
   - [ ] 9 DON'T KNOW

53. Can you hear well enough to carry on a conversation in a crowded room (with or without) a hearing aid? CONVERS59
   - [ ] 1 YES
   - [ ] 0 NO
   - [ ] 9 DON'T KNOW

54. Think about the walking you do outside your home. During the last week, about how many city blocks or miles did you walk? BLOCK59
   - [ ] 1 BLOCKS OR
   - [ ] 2 MILES

55. When you walk outside your home, what is your usual pace? PAGE59
   - [ ] 1 No walking at all
   - [ ] 2 Casual strolling (greater than 0 to 2 mph)
   - [ ] 3 Average or normal (greater than 2 to 3 mph)
   - [ ] 4 Fairly brisk (greater than 3 to 4 mph)
   - [ ] 5 Brisk or striding (greater than 4 mph)
   - [ ] 9 Unknown

56. Think about how often you use stairs. Include stairs inside and outside your home, and stairs at other places. In the last week, about how many flights of stairs did you climb up? (Ten steps = one flight of stairs)
   - [ ] FLIGHTS59 FLIGHTS OF STAIRS

5/6/98, Form 59
57. How would you describe your level of activity since we saw you last year? [ACTLEV59]
   □   1 A lot less active
   □   2 A little less active
   □   3 About as active
   □   4 A little more active
   □   5 A lot more active
   □   9 Unknown

58. In a usual 24-hour period, how many hours do you spend sleeping during the day? [SLDAY59] HOURS

59. In a usual 24-hour period, how many hours do you spend sleeping during the night? [SLNITE59] HOURS

60. In a usual 24-hour period, how many hours do you spend seated or lying down during the day (excluding time sleeping)? Include all day-time resting or lying down AND all time spent watching TV while seated, eating, reading, or any other time sitting down. [SEAT59] HOURS

61. During the past two weeks, have you taken a multiple vitamin or any other vitamin supplement? [MULTVIT59]
   □   1 YES
   □   9 DON'T KNOW
   □   0 NO
   If No or Don't Know, Skip to Question 62

   Indicate which vitamins you took and the number of days you took the vitamin during the past two weeks.

   1 YES          Days Taken
   0 NO          9 DON'T KNOW

   MULT59    Multiple vitamin
   VITA59    Vitamin A or beta-carotene
   VITC59    Vitamin C
   VITE59    Vitamin E

5/6/98, Form 59 Page 20 of 30
62. Do you have any of the following types of health insurance in addition to Medicare to help pay for your medical bills? 

☐ 0 NONE
☐ 1 PRIVATE INSURANCE
☐ 2 MEDICAL ASSISTANCE OR MEDICAID
☐ 3 OTHER (SPECIFY): INSSPC59
☐ 9 DON'T KNOW

63. What is your current occupational status? 

☐ 1 EMPLOYED AT A JOB FOR PAY, EITHER FULL- OR PART-TIME
☐ 2 HOMEMAKING, NOT WORKING OUTSIDE THE HOME
☐ 3 HOMEMAKING AND VOLUNTEERING
☐ 4 EMPLOYED, BUT TEMPORARILY AWAY FROM MY REGULAR JOB
☐ 5 RETIRED FROM MY USUAL OCCUPATION AND NOT WORKING
☐ 6 RETIRED FROM MY USUAL OCCUPATION BUT WORKING FOR PAY
☐ 7 RETIRED FROM MY USUAL OCCUPATION BUT VOLUNTEERING
☐ 8 UNEMPLOYED AND LOOKING FOR WORK
☐ 9 UNEMPLOYED AND NOT LOOKING FOR WORK
☐ 10 OTHER (SPECIFY): OCESPC59

A. If you work or volunteer, how many hours per month do you do this?

HRSWKRAA HOURS PER MONTH

64. Do you often have shaking or tremor that you can't control? 

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

65. Do other people often tell you that you have a tremor? 

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

66. Has a doctor diagnosed you as having a familial tremor or a benign essential tremor? 

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW
67. Do you often have shaking or tremor in your hands or arms that you can't control?  

<table>
<thead>
<tr>
<th></th>
<th>1 YES, right arm</th>
<th>2 YES, left arm</th>
<th>3 YES, both arms</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
</table>

68. Does your head often shake uncontrollably?  

<table>
<thead>
<tr>
<th></th>
<th>1 YES</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
</table>

69. Do you often have an uncontrollable tremor anywhere else in your body (legs, voice, mouth, chin, chest)?  

<table>
<thead>
<tr>
<th></th>
<th>A. Nowhere else</th>
<th>1 YES</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Right leg</td>
<td>1 YES</td>
<td>0 NO</td>
<td>9 DON'T KNOW</td>
</tr>
<tr>
<td></td>
<td>C. Left leg</td>
<td>1 YES</td>
<td>0 NO</td>
<td>9 DON'T KNOW</td>
</tr>
<tr>
<td></td>
<td>D. Voice</td>
<td>1 YES</td>
<td>0 NO</td>
<td>9 DON'T KNOW</td>
</tr>
<tr>
<td></td>
<td>E. Mouth or chin</td>
<td>1 YES</td>
<td>0 NO</td>
<td>9 DON'T KNOW</td>
</tr>
<tr>
<td></td>
<td>F. Chest or stomach</td>
<td>1 YES</td>
<td>0 NO</td>
<td>9 DON'T KNOW</td>
</tr>
<tr>
<td></td>
<td>G. Other</td>
<td>1 YES</td>
<td>0 NO</td>
<td>9 DON'T KNOW</td>
</tr>
</tbody>
</table>

70. Does your voice almost always tremble when you talk?  

<table>
<thead>
<tr>
<th></th>
<th>1 YES</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
</table>

71. Does your hand usually tremble when you hold a pen or write your name?  

<table>
<thead>
<tr>
<th></th>
<th>1 YES</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
</table>

72. Do you have a problem because your hand shakes when you drink or pour from a cup or a glass?  

<table>
<thead>
<tr>
<th></th>
<th>1 YES</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
</table>

73. Do you have a problem because your hand shakes when you hold a fork, spoon, or knife?  

<table>
<thead>
<tr>
<th></th>
<th>1 YES</th>
<th>0 NO</th>
<th>9 DON'T KNOW</th>
</tr>
</thead>
</table>
74. Does shaking or tremor make you spill when drinking from a cup or eating soup with a spoon? TRMB6CP59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

75. Do your hands tremble uncontrollably when you button your shirt? (This is not the same as having difficulty buttoning.) TRMB6BT59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

76. To what extent does each of the following statements describe you?

PASSK59
A. I try to pass along the knowledge I have gained through my experiences.

NTNEED59
B. I do not feel that other people need me.

TEACHER59
C. I think I would like the work of a teacher.

MADDI5F9
D. I feel as though I have made a difference to many people.

MTYOLN59
E. I do not volunteer to work for a charity.

WASHINGTON
F. I have made and created things that have had an impact on other people.

CREATV59
G. I try to be creative in most things that I do.

REMEMB59
H. I think that I will be remembered for a long time after I die.

SOCNOT59
I. I believe that society cannot be responsible for providing food and shelter for all homeless people.

UNIQUE59
J. Others would say that I have made unique contributions to society.

SKILLS59
K. I have important skills that I try to teach others.

NTSURV59
L. I feel that I have done nothing that will survive after I die.

NTPOS59
M. In general, my actions do not have a positive effect on others.

NORTH59
N. I feel as though I have done nothing of worth to contribute to others.

COMMIT59
O. I have made many commitments to many different kinds of people, groups and activities in my life.

PRODUCT59
P. Other people say I am a very productive person.

IMPNBH59
Q. I have a responsibility to improve the neighborhood in which I live.

SERVICE59
R. People come to me for advice.

JNTREX59
S. I feel as though my contributions will exist after I die.
Have you ever had any pain or discomfort in your chest?  

Yes (_) No (_)  

If No, Skip to Question 78. 

Do you feel the pain when you walk uphill or hurry? 

Yes (_) No (_) 

If No, Skip to Question 77-1. 

Do you feel the pain when you walk at an ordinary pace on the level? 

Yes (_) No (_) 

What do you do if you feel it while you are walking? 

Stop or slow down, or continue at same pace after taking nitroglycerin (__) or continue at same pace (__). 

If you stand still, what happens to the pain? 

Relieved in 10 minutes or less (__) 
Takes longer than 10 minutes to be relieved (__) 
Not relieved (__) 
Don't know (__) 

Where do you get this pain or discomfort? 

Mark the place or places with an "X" on the body diagram at right.
F

Have you had this pain in the past two weeks?

☐ 1 YES ☐ 0 NO

If yes, how many times in the past two weeks have you had this pain?

PAIN TIMES

G

Has there been an increase in frequency or severity in the past two weeks?

☐ 1 YES ☐ 0 NO

H

Have you seen a doctor about this pain?

☐ 1 YES ☐ 0 NO

I

Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

☐ 1 YES ☐ 0 NO

If NO, Skip to Question 78.

J

Did you see a doctor because of this pain?

☐ 1 YES ☐ 0 NO

If NO, Skip to Question 78.

K

If you saw a doctor, what did your doctor say it was?

☐ 1 Angina
☐ 2 Heart attack
☐ 3 Other, specify:  

CHSPEC59
Have you had swelling of your feet or ankles since we saw you last year? SID0659

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 79.

A Did it tend to come on during the day and go down overnight?

CMDAY59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

79 Do you get pain in either leg when walking? LEGWALK59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 80.

A Do you feel this pain in your calf or calves?

CALF59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

B Does this pain ever begin when you are standing still or sitting?

SIT59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

C Do you feel it when you walk uphill or hurry?

WLKHRY59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

D Do you feel it when you walk at an ordinary pace on the level?

LEGPC59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

E Does this pain ever disappear while you are walking?

LEGDIS59

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

F What do you do if you feel it while you are walking?

LEGDO59

☐ 1 STOP OR SLOW DOWN
☐ 2 CONTINUE AT SAME PACE
G  What happens to the pain if you stand still?

LEGST059

☐  1 RELIEVED IN 10 MINUTES OR LESS
☐  2 TAKES LONGER THAN 10 MINUTES TO BE RELIEVED
☐  3 NOT RELIEVED
☐  9 DON'T KNOW

80  Has a doctor ever told you that you have Parkinson’s disease? PARKM059

☐  1 YES  ☐  0 NO
                          →  9 DON'T KNOW
If NO or DON'T KNOW, Skip to Question 81.

A  Are you currently being treated for Parkinson’s Disease?
PARKTR059

☐  1 YES  ☐  0 NO  ☐  9 DON'T KNOW

B  At what age were you first told that you had Parkinson's disease?
PARKA059  years

81  Do you have trouble rising from a chair? RISING059

☐  1 YES  ☐  0 NO  ☐  9 DON'T KNOW

82  Is your handwriting smaller than it once was? HANOWR059

☐  1 YES  ☐  0 NO  ☐  9 DON'T KNOW

83  Do people tell you that your voice is softer than it once was? VOICE059

☐  1 YES  ☐  0 NO  ☐  9 DON'T KNOW

84  Is your balance poor? BALANC059

☐  1 YES  ☐  0 NO  ☐  9 DON'T KNOW

85  Do your feet suddenly seem to freeze in doorways? FTERZ059

☐  1 YES  ☐  0 NO  ☐  9 DON'T KNOW
86. Do people tell you that your face seems less expressive than it once did? [YES/NO/DON'T KNOW]

87. Do your arms or legs shake? [YES/NO/DON'T KNOW]

88. Have you ever taken L-dopa or Sinemet? [YES/NO/DON'T KNOW]

89. Can you take care of yourself, that is, eating, dressing, bathing or using the toilet? [YES/NO]

90. Can you walk indoors, such as around your home? [YES/NO]

91. Can you walk a block or two on level ground? [YES/NO]

92. Can you climb a flight of stairs or walk up a hill? [YES/NO]

93. Can you run a short distance? [YES/NO]

94. Can you do light work around the house like dusting or washing dishes? [YES/NO]

95. Can you do moderate work around the house like vacuuming, sweeping floors or carrying in groceries? [YES/NO]

96. Can you do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture? [YES/NO]

97. Can you do yardwork like raking leaves, weeding, or pushing a power mower? [YES/NO]

98. Can you have sexual relations? [YES/NO]
Can you participate in moderate recreational activities like golf, bowling, doubles tennis, dancing, or throwing a baseball or football?  

☐ 1 YES  ☐ 0 NO

Can you participate in strenuous sports like swimming, singles tennis, football, basketball or skiing?  

☐ 1 YES  ☐ 0 NO

Have you experienced any of these symptoms in the last year?

- COLOFT59 frequently cold feet?  
  ☐ 1 YES  ☐ 0 NO
- HRLOSS59 loss of hair on the lower legs?  
  ☐ 1 YES  ☐ 0 NO
- HEAL59 difficulty with wounds healing?  
  ☐ 1 YES  ☐ 0 NO
- FTAPAIN59 foot pain with walking?  
  ☐ 1 YES  ☐ 0 NO

The next set of questions are for women only. Men may skip to the end of the questionnaire.

FOR WOMEN ONLY: Women sometimes take female hormones after menopause. They may be taken for a variety of reasons, including hot flashes or other symptoms, and sometimes for the prevention of bone loss. These hormones are usually estrogens such as Premarin (conjugated estrogens), Estrace (estradiol), Ogen (estrace), or Prempro (estrogen plus progestin). Sometimes women take progestins such as Provera (medoxyprogesterone) or Norlutate (norethindrone). We are interested in whether you are currently using or have used these hormones for any reason.
102. Are you currently taking estrogens such as Premarin, Estrace, Ogen, Prempro, or any other estrogen? 

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW  

If NO or DON'T KNOW, Skip to Question 103

A. How many days per month do you take estrogen?  

ECDAV59 DAYS

B. Why are you taking estrogen?

ECHOTF59 To prevent hot flashes  ☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

ECSTX59 To prevent other post-menopausal symptoms  ☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

ECOSTE59 To prevent osteoporosis or bone loss  ☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

ECCHD59 To prevent heart disease  ☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

ECOTH59 For other reasons  ☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

Please specify: EC0SPC59

103. Are you currently taking progestins such as Provera, Norlutate, or Prempro? 

☐ 1 YES  ☐ 0 NO  ☐ 9 DON'T KNOW

A. How many days per month do you take progestin?  

PCDAV59 DAYS

Thank you for volunteering time out of your busy day to participate in the CARDIOVASCULAR HEALTH STUDY. We appreciate all that you have contributed to the study and are grateful for your commitment and enthusiasm. Again, thank you for your generosity. You are much appreciated.

For CHS Field Center Use Only:

Completed by:  

ADMIN59  ☐ 0 Self-Administered  ☐ 1 Interviewer Administered

DATAC59  ☐ 1 Participant  ☐ 2 Proxy

Interviewer or Reviewer: INTID59  Date: INTOAT59

5/6/98, Form 59  Page 30 of 30