MULTIPLE RISK FACTOR INTERVENTION TRIAL

FOURTH ANNUAL MEDICAL HISTORY AND BEHAVIOR QUESTIONNAIRE

Year of Follow-up **4**
24

Attach ID Label Here

The following set of questions includes a Medical History Questionnaire and some questions to study the relationship between the occurrence of heart disease and factors such as behavioral characteristics and physical activity. These questions are arranged in four parts. They are as follows:

Part I — Medical History
Part II — Nutrition
Part III — Events During the Past Year
Part IV — Leisure Time Physical Activities

Please follow these directions when completing this questionnaire:

1. Read every question carefully and answer every one. Unless otherwise indicated, only one response should be selected for each question. PLEASE USE BALLPOINT PEN AND PRESS FIRMLY.
2. It is essential that you bring this completed questionnaire with you to your scheduled appointment. A protective envelope is enclosed for your convenience. PLEASE DO NOT FOLD THE QUESTIONNAIRE.

   The answers you give are treated completely confidentially and will become part of your study record.

PLEASE BRING ALL MEDICINES THAT YOU ARE CURRENTLY TAKING, OR HAVE TAKEN DURING THE PAST TWO WEEKS, TO THE NEXT VISIT SO THAT THE DOCTOR CAN IDENTIFY THEM.

Your present address and telephone number:

CC USE 1☐ 25

ADDRESS: _____
Street Apartment No.

_____
City State Zip Code

_____ _____
Home Telephone Number Work Telephone Number

If you wish the results of the tests, the ECG and physical examination sent to your physician, please give his name and address below and check the box. ☐

CC USE 1☐ 26

NAME: _____

ADDRESS: _____
Street Apartment No.

_____
City State Zip Code

Please give the name and address of someone who is not living in your household but who will know where you are if we should need to contact you. If this person is a married woman, please give her husband's name also in the space provided.

CC USE 1☐ 27

_____
Name: First Last Husband

_____
Street No. and Name

City State Zip Code

PART I — MEDICAL HISTORY QUESTIONNAIRE

A complete and accurate medical history is essential in evaluating your health status. This questionnaire is intended to help you become more aware of your physical well-being and to help our staff with your examination at the next visit.

DURING THE PAST 12 MONTHS HAS A DOCTOR TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING? (Check either yes, no, or not sure for each item.)

MHQ01V48	1. High blood pressure (hypertension)	28	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ02V48	2. Heart attack (myocardial infarction, coronary occlusion or coronary thrombosis)	29	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ03V48	3. Angina	30	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ04V48	4. Congenital heart disease (born with heart defect)	31	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ05V48	5. Rheumatic fever, chorea (St. Vitus Dance)	32	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ06V48	6. Rheumatic heart disease	33	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ07V48	7. Stroke	34	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ08V48	8. Diabetes (sugar in the blood or urine)	35	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ09V48	9. Gout	36	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ10V48	10. Kidney disease (nephritis, pyelonephritis, glomerulonephritis, kidney infection)	37	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ11V48	11. Kidney stones	38	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ12V48	12. Prostate infection, enlargement or other prostate disease	39	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ13V48	13. Urinary tract infection, bladder infection, other bladder disease	40	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ14V48	14. Bronchitis	41	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ15V48	15. Pneumonia	42	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ16V48	16. Pleurisy	43	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ17V48	17. Emphysema	44	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ18V48	18. Tuberculosis	45	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ19V48	19. Thyroid problem or disease	46	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ20V48	20. Colitis or inflammation of the colon	47	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ21V48	21. Ulcer (stomach or duodenal), or intestinal bleeding	48	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ22V48	22. Hepatitis	49	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ23V48	23. Cirrhosis or other liver disease	50	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ24V48	24. Anemia	51	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ25V48	25. Cancer	52	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ26V48	26. Nervous, emotional or mental disorder	53	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ27V48	27. Rheumatoid arthritis	54	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ28V48	28. Other arthritis	55	1 ☐ yes	2 ☐ no	3 ☐ not sure
☐	29. Epilepsy or seizures or fits	56	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ30V48	30. Allergies	57	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ31V48	31. Asthma	58	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ32V48	32. Hives or hay fever	59	1 ☐ yes	2 ☐ no	3 ☐ not sure
	33. Other major diseases (specify) _____	60	1 ☐ yes	2 ☐ no	3 ☐ not sure
	34. During the past 12 months have you been told by a doctor that you have gallstones or gall bladder disease?	61	1 ☐ yes	2 ☐ no	3 ☐ not sure
	35. During the past 12 months have you had x-rays taken of your gall bladder?	62	1 ☐ yes	2 ☐ no	3 ☐ not sure
	36. During the past 12 months have you had surgery for gall bladder disease?	63	1 ☐ yes	2 ☐ no	3 ☐ not sure
	37. During the past 12 months have you had surgery on your heart or arteries?	64	1 ☐ yes	2 ☐ no	3 ☐ not sure

CASURG48

DURING THE PAST 12 MONTHS HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

38. Skin rash or unusual bruises?	65	1 ☐ yes	2 ☐ no	3 ☐ not sure
39. Headaches that were so bad you had to stop what you were doing?	66	1 ☐ yes	2 ☐ no	3 ☐ not sure
40. Headache attack, racing heart and sweating, all at the same time?	67	1 ☐ yes	2 ☐ no	3 ☐ not sure
41. Faintness or light-headedness when you stand up quickly?	68	1 ☐ yes	2 ☐ no	3 ☐ not sure
42. Your heart beating unusually fast or skipping beats?	69	1 ☐ yes	2 ☐ no	3 ☐ not sure
43. Blacking out or losing consciousness?	70	1 ☐ yes	2 ☐ no	3 ☐ not sure
44. Frequent stomach pains?	71	1 ☐ yes	2 ☐ no	3 ☐ not sure
45. Waking up early, having trouble getting back to sleep?	72	1 ☐ yes	2 ☐ no	3 ☐ not sure
46. Black or tarry stools?	73	1 ☐ yes	2 ☐ no	3 ☐ not sure
47. Bright red blood in your stools?	74	1 ☐ yes	2 ☐ no	3 ☐ not sure
48. Allergies to medicines?	75	1 ☐ yes	2 ☐ no	3 ☐ not sure
49. Unexplained weight loss?	76	1 ☐ yes	2 ☐ no	3 ☐ not sure

50 Were you hospitalized for any reason in the past 12 months?

HOSP48

1 ☐ yes → Please give the name and address of the hospital you visited.

2 ☐ no

A. _____
Hospital

_____
Street

_____
City - State

B. _____
Hospital

_____
Street

_____
City - State

C. _____
Hospital

_____
Street

_____
City - State

51. During the past 12 months, about how many times have you seen or talked to a medical doctor for health reasons? Do not count the MRFIT physicians. (check one)

78 1 ☐ zero times during past year 2 ☐ one - two times during past year 3 ☐ three - five times during past year 4 ☐ six or more times during past year

52. During the past 12 months, about how many visits have you made to the dentist? (check one)

1 ☐ zero times during past year 2 ☐ one time during past year 3 ☐ two times during past year 4 ☐ three or more times during past year

53. About how many days during the past 12 months were you kept in bed for all or most of the day because of illness, disability or injury? (check one)

1 ☐ zero - three days during past year 2 ☐ four - six days during past year 3 ☐ seven - nine days during past year 4 ☐ ten or more days during past year

RATACT48

54. Considering all the things you do, how would you rate yourself as to the amount of physical activity you get compared with other men your age? (check one)

81 1 ☐ I am much less active than others 2 ☐ I am somewhat less active than others 3 ☐ I am about the same 4 ☐ I am somewhat more active 5 ☐ I am much more active

55. During the past four weeks, how often did you take aspirin or similar drugs containing aspirin such as Alka-Seltzer, Anacin, APC, Bufferin, Darvon Compound, Dristan, Empirin, or Excedrin? (check one)

ASPIR48

82 1 ☐ daily 2 ☐ four, five, six days per week 3 ☐ one, two, three days per week 4 ☐ occasionally - less often than one day per week 5 ☐ not at all

THINKING ABOUT THE LAST 12 MONTHS PLEASE ANSWER THE FOLLOWING QUESTIONS:

CHF48

56. Have you ever awakened at night gasping for breath? 1 ☐ yes 2 ☐ no

57. Do you usually cough first thing in the morning in the winter? (If you cough with your first smoke or when first going outside, you should mark "yes". Do not respond "yes" for clearing of throat or a single cough.) 84 1 ☐ yes 2 ☐ no

COUGH48

58. Do you usually cough during the day or at night in the winter? (Do not respond "yes" for a single cough.)

85 1 ☐ yes → 59. Do you cough like this on most days for as much as 3 months each year? 86 1 ☐ yes 2 ☐ no

2 ☐ no

Continue with question 60.

60. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter? 87 1 ☐ yes 2 ☐ no

61. Do you usually bring up any phlegm from your chest during the day—or at night—in the winter?

PHLEGM48 88 1 ☐ yes → 2 ☐ no

62. Do you bring up phlegm like this on most days for as much as 3 months each year? 89 1 ☐ yes 2 ☐ no

63. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more? 90 1 ☐ yes, once 2 ☐ yes, more than once 3 ☐ no

DYSPNE48 64. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 91 1 ☐ yes 2 ☐ no

65. Do you get short of breath walking with other people of your own age on level ground? 92 1 ☐ yes 2 ☐ no

66. Have you ever had asthma? 93 1 ☐ yes 2 ☐ no

67. Have you ever had any pain or discomfort in your chest?

ROSEAN48 ROSEMI48 94 1 ☐ yes → 2 ☐ no

69. Do you get it when you walk uphill or hurry? 96 1 ☐ yes 2 ☐ no

70. Do you get it when you walk at an ordinary pace on the level? 97 1 ☐ yes 2 ☐ no

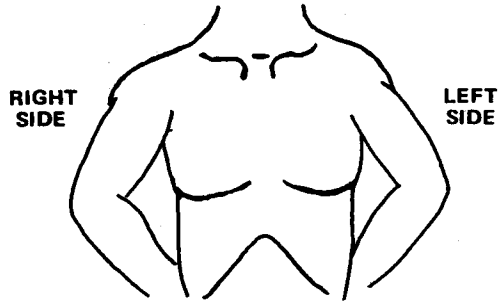
71. When you get it in your chest what do you do?
98 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

72. Does it go away when you stand still?
99 1 ☐ yes → 2 ☐ no

73. How soon? 100 1 ☐ 10 min. or less 2 ☐ more than 10 min.
Continue with question 74.

68. Have you ever had any pressure or heaviness in your chest?
95 1 ☐ yes → 2 ☐ no

74. Where do you get this pain or discomfort? (Mark the place or places with an "X" on the diagram.)



DO NOT USE
101 1 ☐ yes 2 ☐ no
102 1 ☐ yes 2 ☐ no
103 1 ☐ yes 2 ☐ no

75. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 104 1 ☐ yes 2 ☐ no

76. Do you get a pain in either leg on walking?

ROSEIC48 105 1 ☐ yes → 2 ☐ no

77. Does this pain ever begin when you are standing still or sitting? 106 1 ☐ yes 2 ☐ no

78. Do you get this pain in your calf? (or calves?) 107 1 ☐ yes 2 ☐ no

79. Do you get it when you walk uphill or hurry? 108 1 ☐ yes 2 ☐ no

80. Do you get it when you walk at an ordinary pace on the level? 109 1 ☐ yes 2 ☐ no

81. Does the pain ever disappear while you are still walking? 110 1 ☐ yes 2 ☐ no

82. What do you do if you get it when you are walking?
111 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

83. What happens to it if you stand still?
112 1 ☐ usually continues more than 10 min. 2 ☐ usually disappears in 10 min. or less

Continue with question 84.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS DIRECTED

84. In the past 12 months, have you had any sudden feeling of numbness, tingling or loss of feeling in either arm, hand, leg, foot or face?

113 1 ☐ yes → 85. How many attacks of such numbness or tingling have you had? (Check one)

114 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

86. How long did the attack(s) usually last? (Check one)

115 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

87. Did you see a doctor for the numbness or tingling? 116 1 ☐ yes 2 ☐ no

2 ☐ no ↓

NDNUMB48

88. During the past 12 months, have you had any sudden attacks of paralysis or loss of use of either arm, hand, leg or foot?

117 1 ☐ yes → 89. How many attacks of such paralysis have you had? (Check one)

118 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

90. How long did the attack(s) usually last? (Check one)

119 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

91. Did you see a doctor for this paralysis? 120 1 ☐ yes 2 ☐ no

2 ☐ no ↓

NDPARL48

92. In the past 12 months, have you had any sudden loss of eyesight or blurring of vision for a short period of time?

121 1 ☐ yes → 93. What part of your vision was affected? (Check one)

122 1 ☐ right eye 2 ☐ left eye 3 ☐ both eyes 4 ☐ vision to the right side 5 ☐ vision to the left side

94. How many attacks of loss of eyesight or blurring of vision have you had? (Check one)

123 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

95. How long did the attack(s) usually last? (Check one)

124 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

96. Did you see a doctor for this vision problem? 125 1 ☐ yes 2 ☐ no

2 ☐ no ↓

NDANOP48

97. In the past 12 months, have you had any sudden attacks of changes in speech, loss of speech or inability to say words for more than two minutes?

126 1 ☐ yes → 98. How many attacks of loss of speech have you had? (Check one)

127 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

99. How long did the attack(s) usually last? (Check one)

128 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

100. Did you see a doctor for your speech problem? [illegible] 1 ☐ yes 2 ☐ no

2 ☐ no ↓

NDDYSP48

Continue with question 101.

101. During the past 12 months, have you had any spells of dizziness, difficulty in walking, lightheadedness or loss of balance? Check yes or no for each condition to indicate whether an attack occurred or not.

		Yes	No
Dizziness	130	1 ☐	2 ☐
Spinning sensation (vertigo)	131	1 ☐	2 ☐
Loss of balance	132	1 ☐	2 ☐
Difficulty walking	133	1 ☐	2 ☐
Blackouts or fainting	134	1 ☐	2 ☐

102. Is "yes" checked one or more times in question 101?

135 1 ☐ yes → 103. About how many total attacks of all conditions checked do you think you have had in the past 12 months? (Check one)

136 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

104. How long did attack(s) usually last? (Check one)

137 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

105. Did you see a doctor for any of these spells? 138 1 ☐ yes 2 ☐ no

Continue with Part II

2 ☐ no

NDATAX48

Continue with Part II

NDALL48

CC USE

1☐
139

SKIP
140-END

PART II – NUTRITION

Please answer the following questions concerning the meals you eat and your usual pattern of drinking alcoholic beverages.

1. Are you presently employed?

25 1 ☐ yes → 2 ☐ no

2. Which answer best describes the total number of meals you usually eat on a typical work day? (Check one)

26 1 ☐ 1 meal a day 2 ☐ 2 meals a day 3 ☐ 3 meals a day 4 ☐ 4 or more meals a day

3. Which answer best describes the total number of meals you usually eat away from home on a typical work day? (Check one)

27 1 ☐ 0 meals away from home 2 ☐ 1 meal away from home 3 ☐ 2 meals away from home 4 ☐ 3 or more meals away from home

4. Which answer best describes the total number of meals you usually eat on a typical non-work day? (Check one)

28 1 ☐ 1 meal a day 2 ☐ 2 meals a day 3 ☐ 3 meals a day 4 ☐ 4 or more meals a day

5. Which answer best describes the total number of meals you usually eat away from home on a typical non-work day? (Check one)

29 1 ☐ 0 meals away from home 2 ☐ 1 meal away from home 3 ☐ 2 meals away from home 4 ☐ 3 or more meals away from home

6. When you go to work do you usually carry a lunch prepared at home?

30 1 ☐ yes → 7. If yes, how long have you been carrying a lunch? (Check one)

31 1 ☐ less than 1 year 2 ☐ 1-2 years 3 ☐ more than 2 years

2 ☐ no

Continue with question 8.

8. Which answer best describes the total number of meals you eat out (e.g. meals purchased at a restaurant, cafeteria, snack bar, delicatessen, vending machine, drive-in or take-out food store) in a typical week? (Check one)

32 1 ☐ 0 meals 2 ☐ 1-3 meals 3 ☐ 4-6 meals 4 ☐ 7-9 meals 5 ☐ 10-12 meals 6 ☐ 13 or more meals

9. Would you consider your answer to question 8 above a change from a year ago of the number of meals you ate out?

33 1 ☐ yes → 10. If yes, how much of a change? (Check one)

34 1 ☐ eat out less often 2 ☐ eat out more often

2 ☐ no

11. Do you drink wine, beer, whiskey or liquor (cocktails, gin, vodka, scotch, bourbon, rum, etc.)?

35 1 ☐ yes → 12. Which answer best describes how often you drink wine, beer, whiskey or liquor? (Check one)

36 1 ☐ less than once per week 2 ☐ 1 to 2 times a week 3 ☐ 3 to 4 times a week 4 ☐ nearly every day 5 ☐ every day

OFTALC48

2 ☐ no

DRKALC48

13. When you drink alcoholic beverages, how many do you usually drink in a day?

37 ☐☐ number of drinks per day ALCD48

14. On how many weekdays (Monday, Tuesday, Wednesday and Thursday) do you usually drink alcoholic beverages?

38 1 ☐ 0 days → **Continue with question 16.**

2 ☐ 1 day
3 ☐ 2 days
4 ☐ 3 days
5 ☐ 4 days

15. When you drink on a weekday, how many drinks do you usually drink in a day?

40 ☐☐ number of drinks per day

DRINKS48

16. On how many days of a weekend (Friday, Saturday and Sunday) do you usually drink alcoholic beverages?

42 1 ☐ 0 days → **Continue with Part III.**

2 ☐ 1 day
3 ☐ 2 days
4 ☐ 3 days

17. When you drink on a weekend, how many drinks do you usually drink in a day?

41 ☐☐ number of drinks per day

Continue with Part III

Continue with Part III

PART III – EVENTS DURING THE PAST YEAR

Read down the list of events and put a ✓ after any event which you have experienced within the past 12 months.

Events Concerning Your Health

Within the past 12 months, have you experienced:

1. A physical illness or injury which kept you in bed for a week or more, or sent you to the hospital? 45 1 ☐
2. Worries about physical symptoms which the doctor couldn't explain? 46 1 ☐
3. Mental illness or problems that required hospitalization? 47 1 ☐
4. The realization that you are an alcoholic or a drug addict? 48 1 ☐
5. A major change in eating, sleeping, or smoking habits? 49 1 ☐
6. A change in your physical appearance such as the development of scars, major weight change, or limp? 50 1 ☐
7. Not being able to do things you used to because of age? 51 1 ☐
8. A change in your usual level of physical activity? 52 1 ☐

Events Concerning You and Your Work

Within the past 12 months, have you experienced:

9. Success and/or awards at work? 53 1 ☐
10. A change to a new type of work? 54 1 ☐
11. More responsibilities? 55 1 ☐
12. Fewer responsibilities? 56 1 ☐
13. A promotion? 57 1 ☐
14. A demotion? 58 1 ☐
15. A transfer? 59 1 ☐
16. More hours? 60 1 ☐
17. Fewer hours? 61 1 ☐
18. A major career decision? 62 1 ☐
19. Going into business for yourself? 63 1 ☐
20. Major reorganization of your business? 64 1 ☐
21. A business failure? 65 1 ☐
22. Personal troubles with your boss, fellow workers, or people working under your supervision? 66 1 ☐
23. Not being able to work because of a disability? 67 1 ☐
24. Being fired or laid off work? 68 1 ☐
25. Quitting your job? 69 1 ☐
26. Problems getting a new job? 70 1 ☐
27. Retirement from work? 71 1 ☐
28. Becoming more involved in creative hobbies or sports? 72 1 ☐

Events Concerning Your Feelings and Thoughts

Within the past 12 months, have you experienced:

29. Feelings of being overwhelmed by difficult life situations? 73 1 ☐
30. The realization that you will never attain an important goal? 74 1 ☐
31. More thoughts about dying than usual? 75 1 ☐
32. Planning a suicide? 76 1 ☐
33. Unpleasant thoughts or images which keep coming back? 77 1 ☐
34. Feeling confused for over 3 days? 78 1 ☐
35. Feeling very angry, nervous, or sad for over 3 days? 79 1 ☐
36. Feeling worried about financial security? 80 1 ☐
37. Feelings of intense loneliness? 81 1 ☐
38. Feelings of being intensely disliked by someone? 82 1 ☐
39. Feelings of being uninvolved, distant from others, or very shy? 83 1 ☐

Events Concerning Your Marriage

Within the last 12 months, have you experienced:

40. Getting married? 84 1 ☐
41. In-law problems? 85 1 ☐
42. Separation from your wife because of marital problems? 86 1 ☐
43. Starting to live with your wife again after having been separated? 87 1 ☐
44. Problems because of your wife's health? 88 1 ☐
45. Getting divorced? 89 1 ☐

Events Concerning You and Your Children

Within the last 12 months, have you experienced:

46. Serious concern over your child's health? 90 1 ☐
47. Having your child doing very poorly in school? 91 1 ☐
48. Being persistently disobeyed by your child? 92 1 ☐
49. Having your child run away or get into serious trouble? 93 1 ☐
50. Intense arguments or disagreements with an older child? 94 1 ☐
51. Loss of contact with, or separation on bad terms from your child? 95 1 ☐

Events Concerning You and Others Not of Your Family

Within the last 12 months, have you experienced:

52. Doing something that caused another person's injury? 96 1 ☐
53. A "falling-out" of a close friendship? 97 1 ☐
54. Discrimination because of your race, age, religion, or appearance? 98 1 ☐
55. Fewer social activities than before? 99 1 ☐

Other Important Events

Within the last 12 months, have you experienced:

56. A change in where you live? 100 1 ☐
57. Involvement in a law suit (other than divorce) or a court appearance on a serious charge? 101 1 ☐
58. Serious or persistent financial difficulties? 102 1 ☐
59. Giving up a hobby or sport? 103 1 ☐
60. Being the victim of a crime such as assault or burglary? 104 1 ☐
61. An accident (automobile, at work, home, etc.)? 105 1 ☐
62. A vacation? 106 1 ☐

SKIP
107-END

PART IV — LEISURE TIME PHYSICAL ACTIVITIES

09443
Dup
6-26

Listed below are a series of Leisure Time Activities. Related activities are grouped under general headings. Please read the list and check "yes" in column 3 for those activities which you have performed in the last 12 months, and "no" in column 2 for those you have not. Do not complete any of the other columns.

To be completed by participant: ACTIVITY (1)	Did you perform this activity? No (2)	Yes (3)	For Clinic Personnel Use Only: Month of Activity (Jan, Feb, Mar, Apr, May, Jun, July, Aug, Sep, Oct, Nov, Dec)	Average number of times per month	Time per occasion: Hrs.	Min.	DO NOT WRITE IN THIS SPACE (25)	(34)	
SECTION A: Walking and Miscellaneous									
Walking for Pleasure								010	SKIP 39-END
Walking to Work								020	
Using Stairs When Elevator is Available								030	
Cross Country Hiking								040	
Back Packing								050	
Mountain Climbing								060	
Bicycling to Work and/or for Pleasure								115	
Dancing — Ballroom and/or Square								125	
SECTION B: Conditioning Exercise									
Home Exercise								150	
Health Club Exercise								160	
Jogg/Walk Combination								180	
Running								200	
Weight Lifting								210	
SECTION C: Water Activities									
Water Skiing								220	
Sailing in Competition								235	
Canoeing or Rowing for Pleasure								250	
Canoeing or Rowing in Competition								260	
Canoeing on a Camping Trip								270	
Swimming (at least 50 ft.) at a Pool								280	
Swimming at the Beach								295	
Scuba Diving								310	
Snorkeling								320	
SECTION D: Winter Activities									
Snow Skiing, Downhill								340	
Snow Skiing, Cross Country								350	
Ice (or Roller) Skating								360	
Sledding or Tobogganing								370	
SECTION E: Sports									
Bowling								390	
Volley Ball								400	
Table Tennis								410	
Tennis, Singles								420	
Tennis, Doubles								430	
Softball								440	
Badminton								450	
Paddle Ball								460	

To be Completed by Participant: ACTIVITY (1)	Did you perform this activity? No (2)	Yes (3)	For Clinic Personnel Use Only: Month of Activity (Jan, Feb, Mar, Apr, May, Jun, July, Aug, Sep, Oct, Nov, Dec)	Average number of times per month	Time per occasion: Hrs.	Min.	DO NOT WRITE IN THIS SPACE	
SECTION E: Sports (Continued)								
Racket Ball							470	SKIP 39 END
Basketball; Non-Game							480	
Basketball; Game Play							490	
Basketball; Officiating							500	
Touch Football							510	
Handball							520	
Squash							530	
Soccer							540	
GOLF:								
Riding a Power Cart							070	
Walking, Pulling Clubs on Cart							080	
Walking and Carrying Clubs							090	
SECTION F: Lawn and Garden Activities								
Mowing Lawn with Riding Mower							550	
Mowing Lawn Walking Behind Power Mower							560	
Mowing Lawn Pushing Hand Mower							570	
Weeding and Cultivating Garden							580	
Spading, Digging, Filling in Garden							590	
Raking Lawn							600	
Snow Shoveling by Hand							610	
SECTION G: Home Repair Activities								
Carpentry in Workshop							620	
Painting inside of House, includes Paper Hanging							630	
Carpentry Outside							640	
Painting outside of House							650	
SECTION H: Fishing and Hunting								
Fishing from River Bank							660	
Fishing in Stream with Wading Boots							670	
Hunting Pheasants or Grouse							680	
Hunting Rabbits, Prairie Chickens, Squirrels, Raccon							690	
Hunting Large Game; Deer, Elk, Bear							700	
SECTION I: Other Activities								

If any question on this form is not clear, ask for clarification at the time of your examination. If you have not answered questions on this form, please inform someone at the clinic at the time of your examination.