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MULTIPLE RISK FACTOR INTERVENTION TRIAL

DATE ☐☐-☐☐-☐☐ (17)

CLINIC ☐ (23)

SIXTH ANNUAL MEDICAL HISTORY AND BEHAVIOR QUESTIONNAIRE

ID (6–16)

NAME

ADDRESSOGRAPH PLATE

Year of Follow-up **6** (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 three parts. They are as follows:

Part I — Medical History
Part II — Nutrition
Part III — Feelings During the Past Week
Part IV — Social Characteristics
Part V — Interests and Feelings
Part VI — Activity Survey
Part VII — 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

FORM 694 (1-16) DEC 79

MRFIT - MULTIPLE RISK FACTOR INTERVENTION TRIAL
SPONSORED BY NATIONAL HEART AND LUNG INSTITUTE
OFFICE OF MANAGEMENT AND BUDGET NO. 68-R1376

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.)

MHQ01V72	1. High blood pressure (hypertension)	28	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ02V72	2. Heart attack (myocardial infarction, coronary occlusion or coronary thrombosis)	29	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ03V72	3. Angina	30	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ04V72	4. Congenital heart disease (born with heart defect)	31	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ05V72	5. Rheumatic fever, chorea (St. Vitus Dance)	32	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ06V72	6. Rheumatic heart disease	33	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ07V72	7. Stroke	34	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ08V72	8. Diabetes (sugar in the blood or urine)	35	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ09V72	9. Gout	36	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ10V72	10. Kidney disease (nephritis, pyelonephritis, glomerulonephritis, kidney infection)	37	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ11V72	11. Kidney stones	38	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ12V72	12. Prostate infection, enlargement or other prostate disease	39	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ13V72	13. Urinary tract infection, bladder infection, other bladder disease	40	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ14V72	14. Bronchitis	41	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ15V72	15. Pneumonia	42	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ16V72	16. Pleurisy	43	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ17V72	17. Emphysema	44	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ18V72	18. Tuberculosis	45	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ19V72	19. Thyroid problem or disease	46	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ20V72	20. Colitis or inflammation of the colon	47	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ21V72	21. Ulcer (stomach or duodenal), or intestinal bleeding	48	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ22V72	22. Hepatitis	49	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ23V72	23. Cirrhosis or other liver disease	50	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ24V72	24. Anemia	51	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ25V72	25. Cancer	52	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ26V72	26. Nervous, emotional or mental disorder	53	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ27V72	27. Rheumatoid arthritis	54	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ28V72	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
MHQ30V72	30. Allergies	57	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ31V72	31. Asthma	58	1 ☐ yes	2 ☐ no	3 ☐ not sure
MHQ32V72	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
CASURG72	37. During the past 12 months have you had surgery on your heart or arteries?	64	1 ☐ yes	2 ☐ no	3 ☐ not sure

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?

HOSP72 77

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 have you had a chest x-ray? 78 1 ☐ yes 2 ☐ no

52. 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)

79 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

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

80 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

54. 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)

81 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

RATACT72

55. 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)

82 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

56. 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)

ASPIR72

83 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:

CHF72

57. Have you ever awakened at night gasping for breath? 84 1 ☐ yes 2 ☐ no

58. 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.) 85 1 ☐ yes 2 ☐ no

COUGH72

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

86 1 ☐ yes → 60. Do you cough like this on most days for as much as 3 months each year? 87 1 ☐ yes 2 ☐ no

2 ☐ no

Continue with question 61.

61. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter? 88 1 ☐ yes 2 ☐ no

PHLEGM72

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

89 1 ☐ yes → 63. Do you bring up phlegm like this on most days for as much as 3 months each year? 90 1 ☐ yes 2 ☐ no

64. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more? 91 1 ☐ yes, once 2 ☐ yes, more than once 3 ☐ no

2 ☐ no ↓

DYSPNE72

65. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 92 1 ☐ yes 2 ☐ no

66. Do you get short of breath walking with other people of your own age on level ground? 93 1 ☐ yes 2 ☐ no

67. Have you ever had asthma? 94 1 ☐ yes 2 ☐ no

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

ROSEAN72
ROSEMI72

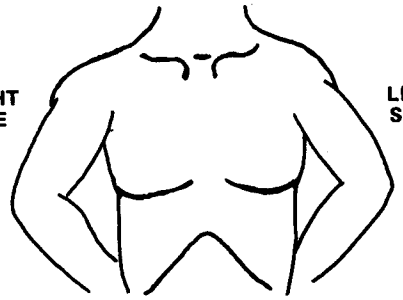
95 1 ☐ yes → 70. Do you get it when you walk uphill or hurry? 97 1 ☐ yes 2 ☐ no

71. Do you get it when you walk at an ordinary pace on the level? 98 1 ☐ yes 2 ☐ no

72. When you get it in your chest what do you do?
99 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

73. Does it go away when you stand still?
100 1 ☐ yes → 74. How soon? 101 1 ☐ 10 min. or less 2 ☐ more than 10 min.
Continue with question 75.
2 ☐ no ↓

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



DO NOT USE

102 1 ☐ yes 2 ☐ no

103 1 ☐ yes 2 ☐ no

104 1 ☐ yes 2 ☐ no

76. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 105 1 ☐ yes 2 ☐ no

69. Have you ever had any pressure or heaviness in your chest?

96 1 ☐ yes → (to 70)
2 ☐ no ↓

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

ROSEIC72

106 1 ☐ yes → 78. Does this pain ever begin when you are standing still or sitting? 107 1 ☐ yes 2 ☐ no

79. Do you get this pain in your calf? (or calves?) 108 1 ☐ yes 2 ☐ no

80. Do you get it when you walk uphill or hurry? 109 1 ☐ yes 2 ☐ no

81. Do you get it when you walk at an ordinary pace on the level? 110 1 ☐ yes 2 ☐ no

82. Does the pain ever disappear while you are still walking? 111 1 ☐ yes 2 ☐ no

83. What do you do if you get it when you are walking?
112 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

84. What happens to it if you stand still?
113 1 ☐ usually continues more than 10 min. 2 ☐ usually disappears in 10 min. or less

2 ☐ no ↓

Continue with question 85.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS DIRECTED

85. 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?

114 1 ☐ yes → 86. How many attacks of such numbness or tingling have you had? (Check one)

115 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

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

116 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

88. Did you see a doctor for the numbness or tingling? 117 1 ☐ yes 2 ☐ no

2 ☐ no ↓

NDNUMB72

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

118 1 ☐ yes → 90. How many attacks of such paralysis have you had? (Check one)

119 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

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

120 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

92. Did you see a doctor for this paralysis? 121 1 ☐ yes 2 ☐ no

2 ☐ no ↓

NDPARL72

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

122 1 ☐ yes → 94. What part of your vision was affected? (Check one)

123 1 ☐ right eye 2 ☐ left eye 3 ☐ both eyes 4 ☐ vision to the right side 5 ☐ vision to the left side

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

124 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

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

125 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

97. Did you see a doctor for this vision problem? 126 1 ☐ yes 2 ☐ no

2 ☐ no ↓

NDANOP72

98. 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?

127 1 ☐ yes → 99. How many attacks of loss of speech have you had? (Check one)

128 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

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

129 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

101. Did you see a doctor for your speech problem? 130 1 ☐ yes 2 ☐ no

2 ☐ no ↓

NDDYSP72

Continue with question 102.

102. 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.

Dizziness	131	1☐ yes	2☐ no
Spinning sensation (vertigo)	132	1☐ yes	2☐ no
Loss of balance	133	1☐ yes	2☐ no
Difficulty walking	134	1☐ yes	2☐ no
Blackouts or fainting	135	1☐ yes	2☐ no

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

136 1☐ yes → 104. About how many total attacks of all conditions checked do you think you have had in the past 12 months? (Check one)
137 1☐ only one 2☐ two 3☐ three - five 4☐ more than five

105. How long did attack(s) usually last? (Check one)
138 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

106. Did you see a doctor for any of these spells? 139 1☐ yes 2☐ no

2☐ no ↓

NDATAX72

NDALL72

107. Have you ever had a vasectomy?

140 1☐ yes → 108. What was the date of your surgery? 141 MONTH ☐☐ YEAR ☐☐

2☐ no ↓

NDALL72

THE FOLLOWING QUESTIONS REFER TO HOSPITALIZATIONS OCCURRING SINCE YOUR ENTRY INTO THE MRFIT PROGRAM, APPROXIMATELY SIX YEARS AGO.

109. Have you been hospitalized for heart trouble since you entered MRFIT?

145 1☐ yes → 110. What was the date of your most recent hospitalization for heart trouble? 146 MONTH ☐☐ YEAR ☐☐

111. How many days were you hospitalized?
150 1☐ 1 - 2 days 2☐ 3 - 7 days 3☐ 8 - 30 days 4☐ more than 30 days

112. Where were you hospitalized?
Name of Hospital _____
Street _____
City — State _____

2☐ no ↓

113. Have you been hospitalized for stroke since you entered MRFIT?

151 1☐ yes → 114. What was the date of your most recent hospitalization for stroke? 152 MONTH ☐☐ YEAR ☐☐

115. How many days were you hospitalized?
156 1☐ 1 - 2 days 2☐ 3 - 7 days 3☐ 8 - 30 days 4☐ more than 30 days

116. Where were you hospitalized?
Name of Hospital _____
Street _____
City — State _____

2☐ no ↓

117. Have you been hospitalized for cancer since you entered MRFIT?

157 1☐ yes → 118. What was the date of your most recent hospitalization for cancer? 158 MONTH ☐☐ YEAR ☐☐

119. How many days were you hospitalized?
162 1☐ 1 - 2 days 2☐ 3 - 7 days 3☐ 8 - 30 days 4☐ more than 30 days

120. What was the site (location) of the cancer?
163 1☐ lung 2☐ colon 3☐ other, specify _____

121. Where were you hospitalized?
Name of Hospital _____
Street _____
City — State _____

2☐ no ↓

SKIP 164-END

Continue with Part II.

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

30 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

33 2 ☐ no

11. We are interested in knowing how much the following factors influence the choice of food you eat. (Check one box after each reason)

	Little or no influence	Some influence	A great deal of influence
a. Written information media – such as newspapers, magazines, books and ads.	35 1☐	2☐	3☐
b. Audio-visual information media – such as radio and television.	36 1☐	2☐	3☐
c. Advice from MRFIT staff.	37 1☐	2☐	3☐
d. Joining a nutrition education group (other than c above) such as Weight Watchers – Specify group _____	38 1☐	2☐	3☐
e. Family influence.	39 1☐	2☐	3☐
f. Advice from acquaintances or friends.	40 1☐	2☐	3☐
g. Personal concern over your own health.	41 1☐	2☐	3☐
h. Other, specify _____	42 1☐	2☐	3☐

Continue with Question 12.

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

DRKALC72

43 1☐ yes → 2☐ no → Continue with Part III

13. Which answer best describes how often you drink wine, beer, whiskey or liquor? (Check one)

44 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

OFTALC72

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

45 ☐☐ number of drinks in a day

ALCD72

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

47 1☐ 0 days → Continue with Question 17.

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

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

48 ☐☐ number of drinks per day

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

50 1☐ 0 days → Continue with Question 19.

2☐ 1 day
3☐ 2 days
4☐ 3 days

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

51 ☐☐ number of drinks per day

DRINKS72

Please answer the following questions regarding your consumption of specific kinds of alcoholic beverages.

19. Do you drink beer?

53 1☐ yes → 2☐ no

20. Which answer best describes how often you drink beer? (Check one)

54 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

21. When you drink beer, how many do you usually drink in a day?

55 ☐☐ number of drinks per day

22. Do you drink wine?

57 1☐ yes → 2☐ no

23. Which answer best describes how often you drink wine? (Check one)

58 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

24. When you drink wine, how many drinks do you usually drink in a day?

59 ☐☐ number of drinks per day

25. Do you drink liquor (whiskey, rum, vodka, brandy, gin, etc.)?

61 1☐ yes → 2☐ no → Continue with Part III

26. Which answer best describes how often you drink liquor? (Check one)

62 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

27. When you drink liquor, how many drinks do you usually drink in a day?

63 ☐☐ number of drinks per day

Continue with Part III

DEPRES72

PART III – FEELINGS DURING THE PAST WEEK

For each statement check the box which best describes how often you felt or behaved this way – **DURING THE PAST WEEK**

DURING THE PAST WEEK:	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)
1. I was bothered by things that usually don't bother me	65 1☐	2☐	3☐	4☐
2. I did not feel like eating; my appetite was poor	66 1☐	2☐	3☐	4☐
3. I felt that I could not shake off the blues even with help from my family or friends	67 1☐	2☐	3☐	4☐
4. I felt that I was just as good as other people	68 1☐	2☐	3☐	4☐
5. I had trouble keeping my mind on what I was doing	69 1☐	2☐	3☐	4☐
6. I felt depressed	70 1☐	2☐	3☐	4☐
7. I felt that everything I did was an effort	71 1☐	2☐	3☐	4☐
8. I felt hopeful about the future	72 1☐	2☐	3☐	4☐
9. I thought my life had been a failure	73 1☐	2☐	3☐	4☐
10. I felt fearful	74 1☐	2☐	3☐	4☐
11. My sleep was restless	75 1☐	2☐	3☐	4☐
12. I was happy	76 1☐	2☐	3☐	4☐
13. I talked less than usual	77 1☐	2☐	3☐	4☐
14. I felt lonely	78 1☐	2☐	3☐	4☐
15. People were unfriendly	79 1☐	2☐	3☐	4☐
16. I enjoyed life	80 1☐	2☐	3☐	4☐
17. I had crying spells	81 1☐	2☐	3☐	4☐
18. I felt sad	82 1☐	2☐	3☐	4☐
19. I felt that people disliked me	83 1☐	2☐	3☐	4☐
20. I could not get "going"	84 1☐	2☐	3☐	4☐

PART IV — SOCIAL CHARACTERISTICS

Please place a ✓ in one box for each question unless otherwise instructed.

1. What is your present job status?

JOBSTA72 85
- 1☐ working at a job full-time for pay
- 2☐ working at a job part-time for pay
- 3☐ unemployed

2. Do you presently work for 2 or more employers? 86 1☐ yes 2☐ no JOB2OM72

Answer questions 3-10 in terms of your job or main job if you are presently working for 2 or more employers.

3. What kind of business or industry are you employed in? _____

4. What kind of work do you do? _____

_____

5. What are your most important duties or activities? _____

_____

6. What is your job title? _____

87 ☐☐☐

JOBPCT72 7. Are you employed on this job: full time (100%), or part time? Write in % time: 90 ☐☐☐ %

JOBINC72 8. What is your usual yearly income from this job before deductions and taxes? Do not include income from other sources.

93
- 1☐ less than $4,200
- 2☐ $4,200 to $7,199
- 3☐ $7,200 to $9,999
- 4☐ $10,000 to $11,999
- 5☐ $12,000 to $14,999
- 6☐ $15,000 to $17,999
- 7☐ $18,000 to $22,499
- 8☐ $22,500 to $34,999
- 9☐ $35,000 or more

9. During the past six years have you changed your job title or the kind of work you do?

94
- 1☐ yes → 10. For each item below indicate whether it describes the change in your job.
  - a. Demotion 95 1☐ yes 2☐ no
  - b. Promotion 96 1☐ yes 2☐ no
  - c. More responsibilities 97 1☐ yes 2☐ no
  - d. Fewer responsibilities 98 1☐ yes 2☐ no

  Continue with Item 13.
- 2☐ no

Continue with item 13.

11. Indicate the reason for your unemployment by checking one box below:

99
- 1☐ temporarily laid off
- 2☐ temporarily disabled
- 3☐ permanently disabled
- 4☐ retired (other than disability)
- 5☐ other, specify

_____

_____

12. What was the nature of your disability? (Check all responses that apply)
- a. Heart disease 100 1☐ yes 2☐ no
- b. Other disease of circulatory system, such as stroke or blood clot in lung or artery 101 1☐ yes 2☐ no
- c. Cancer 102 1☐ yes 2☐ no
- d. Emphysema 103 1☐ yes 2☐ no
- e. Mental disorder 104 1☐ yes 2☐ no
- f. Arthritis 105 1☐ yes 2☐ no
- g. Back problems or slipped disc 106 1☐ yes 2☐ no
- h. Other, specify _____ 107 1☐ yes 2☐ no

Continue with Question 13.

INCCAT72 13. What was your total family income last year before deductions and taxes? Include family income from all sources.

108
- 1☐ less than $4,200
- 2☐ $4,200 to $7,199
- 3☐ $7,200 to $9,999
- 4☐ $10,000 to $11,999
- 5☐ $12,000 to $14,999
- 6☐ $15,000 to $17,999
- 7☐ $18,000 to $22,499
- 8☐ $22,500 to $34,999
- 9☐ $35,000 or more

MARRY72 14. What is your present marital status?

109 1☐ never married 2☐ separated 3☐ divorced 4☐ widowed 5☐ married

Continue with Part V

PART V – INTERESTS AND FEELINGS

Please place a ✓ in one box for each question.

1. Taking into account the way your life is, are you satisfied with the opportunities you have to develop your interests, talents, and abilities the way you would like?	110	1☐ yes	2☐ no	3☐ not sure
2. Does the work you do give you a feeling of self-importance and success?	111	1☐ yes	2☐ no	3☐ not sure
3. Do you have any special interest, talent, or hobby that gives you a feeling of success?	112	1☐ yes	2☐ no	3☐ not sure
4. Do you feel sure of your social acts and manners?	113	1☐ yes	2☐ no	3☐ not sure
5. Do you think that your looks and appearances have tended to help you?	114	1☐ yes	2☐ no	3☐ not sure
6. Do you feel sure that people are interested in your ideas and what you are going to do?	115	1☐ yes	2☐ no	3☐ not sure
7. Do you feel satisfied in your relations with members of the opposite sex?	116	1☐ yes	2☐ no	3☐ not sure
8. Do you wonder whether people like and respect you?	117	1☐ yes	2☐ no	3☐ not sure
9. On the whole, does life tend to be happy for you?	118	1☐ yes	2☐ no	3☐ not sure
10. Do you feel left out of the groups you go with?	119	1☐ yes	2☐ no	3☐ not sure
11. Are you sure you know what you want most out of life?	120	1☐ yes	2☐ no	3☐ not sure
12. Does the work you do bring out your best talents and abilities, and give you a chance to try out ideas of your own?	121	1☐ yes	2☐ no	3☐ not sure
13. Have you done anything outside of work that someone you admire has thought worthwhile?	122	1☐ yes	2☐ no	3☐ not sure
14. Do you feel as successful as the people you go with in the things you do outside of work?	123	1☐ yes	2☐ no	3☐ not sure
15. Are you bothered by wanting to do things you do not feel mentally or intellectually able to do?	124	1☐ yes	2☐ no	3☐ not sure
16. Do you feel satisfied with your present social standing?	125	1☐ yes	2☐ no	3☐ not sure

SKIP
126-END

JASA72
JASH72
JASJ72
JASS72

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PART VI — ACTIVITY SURVEY

For each question please place a ✓ in the box for the answer that is true **for you** from the time you entered the study. Each person is different so there are no "right" or "wrong" answers. Of course, all you tell us is **strictly confidential** to be seen only by the program team. Do not ask anyone else about how to reply to the items. It is your personal opinion that we want. Although there are several questions which are similar to some you have already answered, please answer these questions once again.

If a sudden change in your health has recently led you to change your job or your usual way of living, please answer the Activity Survey the way you would have **before** this health change occurred.

Please place a ✓ in one box for each question.

1. Do you ever have trouble finding time to get your hair cut? (check one)
   25 1 ☐ never 2 ☐ occasionally 3 ☐ almost always

2. Does your job "stir you into action"? (check one)
   26 1 ☐ less often than most people's jobs 2 ☐ about average 3 ☐ more often than most people's jobs

3. Is your everyday life filled mostly by —
   27 1 ☐ problems needing solution? 2 ☐ challenges needing to be met? 3 ☐ a rather predictable routine of events? 4 ☐ not enough things to keep me interested or busy?

4. Some people live a calm, predictable life. Others find themselves often facing unexpected changes, frequent interruptions, inconveniences or "things going wrong". How often are you faced with these minor (or major) annoyances or frustrations?
   28 1 ☐ several times a day 2 ☐ about once a day 3 ☐ a few times a week 4 ☐ once a week 5 ☐ once a month or less

5. When you are under pressure or stress, do you usually —
   29 1 ☐ do something about it immediately? 2 ☐ plan carefully before taking any action?

6. Ordinarily, how rapidly do you eat?
   30 1 ☐ I'm usually the first one finished 2 ☐ I eat a little faster than average 3 ☐ I eat at about the same speed as most people 4 ☐ I eat more slowly than most people

7. Has your spouse or some friend ever told you that you eat too fast?
   31 1 ☐ yes, often 2 ☐ yes, once or twice 3 ☐ no, no one has told me this

8. How often do you find yourself doing more than one thing at a time, such as working while eating, reading while dressing, figuring out problems while driving?
   32 1 ☐ I do two things at once whenever practical 2 ☐ I do this only when I'm short of time 3 ☐ I rarely or never do more than one thing at a time

9. When you listen to someone talking, and this person takes **too long** to come to the point, do you feel like hurrying him along?
   33 1 ☐ frequently 2 ☐ occasionally 3 ☐ almost never

10. How often do you actually "put words in his mouth" in order to speed things up?
    34 1 ☐ frequently 2 ☐ occasionally 3 ☐ almost never

11. If you tell your wife or a friend that you will meet them somewhere at a definite time, how often do you arrive late?
    35 1 ☐ once in a while 2 ☐ rarely 3 ☐ I am never late

12. Do you often find yourself hurrying to get places even when there is plenty of time?
    36 1 ☐ often 2 ☐ occasionally 3 ☐ rarely or never

13. Suppose you are to meet someone at a public place (street corner, building lobby, restaurant) and the other person is already 10 minutes late. Will you —
    37 1 ☐ sit and wait? 2 ☐ walk about while waiting? 3 ☐ usually carry some reading matter or writing paper so you can get something done while waiting?

14. When you have to "wait in line", such as at a restaurant, a store, or the post office, do you —
    38 1 ☐ accept it calmly? 2 ☐ feel impatient but do not show it? 3 ☐ feel so impatient that someone watching could tell you were restless? 4 ☐ refuse to wait in line and find ways to avoid such delays?

15. When you play games with young children about 10 years old (or when you used to do so when your children were younger) how often did you purposely let them win?
    39 1 ☐ most of the time 2 ☐ half the time 3 ☐ only occasionally 4 ☐ never

38. How often do you bring your work home with you at night or study materials related to your job?
62 1 ☐ rarely or never 2 ☐ once a week or less often 3 ☐ more than once a week

39. How often do you go to your place of work when it is officially closed (such as nights or weekends)?
63 1 ☐ this is not possible in my job 2 ☐ rarely or never 3 ☐ occasionally (less than once a week) 4 ☐ once or more a week

40. When you find yourself getting tired on the job, do you usually –
64 1 ☐ slow down for a while until your strength comes back? 2 ☐ keep pushing yourself at the same pace in spite of the tiredness?

41. When you are in a group, do the other people tend to look to you to provide leadership?
65 1 ☐ rarely 2 ☐ about as often as they look to others 3 ☐ more often than they look to others

42. Do you make yourself written lists of "things to do" to help you remember what needs to be done?
66 1 ☐ never 2 ☐ occasionally 3 ☐ frequently

In each of the following questions, please compare yourself with the average worker in your present occupation and check the box corresponding to the most accurate description.

43. In amount of **effort** put forth, I give –
67 1 ☐ much more effort 2 ☐ a little more effort 3 ☐ a little less effort 4 ☐ much less effort

44. In sense of **responsibility**, I am –
68 1 ☐ much more responsible 2 ☐ a little more responsible 3 ☐ a little less responsible 4 ☐ much less responsible

45. I find it necessary to **hurry** –
69 1 ☐ much more of the time 2 ☐ a little more of the time 3 ☐ a little less of the time 4 ☐ much less of the time

46. In being **precise** (careful about detail), I am –
70 1 ☐ much more precise 2 ☐ a little more precise 3 ☐ a little less precise 4 ☐ much less precise

47. I approach **life in general** –
71 1 ☐ much more seriously 2 ☐ a little more seriously 3 ☐ a little less seriously 4 ☐ much less seriously

Please compare your work setting of ten years ago with your present work. For each item check the box corresponding to the work setting which had more of the factors stated.

48. I worked more hours per week
72 1 ☐ present work 2 ☐ work of 10 years ago 3 ☐ cannot decide

49. Carried more responsibility
73 1 ☐ present work 2 ☐ work of 10 years ago 3 ☐ cannot decide

50. Considered "higher level" (in prestige or social position)
74 1 ☐ present work 2 ☐ work of 10 years ago 3 ☐ cannot decide

51. How many **different** job titles have you had in the last 10 years? (be sure to count all shifts in **kind** of work and to new employers, as well as all shifts up and down in the firm(s) for which you have worked.)
75 1 ☐ zero or one 2 ☐ two 3 ☐ three 4 ☐ four 5 ☐ five or more

52. Please check the box which indicates the amount of schooling you received. (Check one only)

1. Fourth grade or less	76	1 ☐
2. 5th to 8th grade		2 ☐
3. Some high school		3 ☐
4. Graduated from high school		4 ☐
5. Trade school or business college		5 ☐
6. Some college (including completion of junior college)		6 ☐
7. Graduated from 4-year college		7 ☐
8. Post-graduate work at a university		8 ☐

53. When you were in school were you an officer in any activities or groups, such as student council, glee club, 4-H Club, sorority/fraternity, or captain of an athletic team?
77 1 ☐ no 2 ☐ yes, one such position 3 ☐ yes, two or more such positions

54. In recent years have you been an officer in any groups, such as civic clubs, business or professional associations, religious, fraternal, or social organizations?
78 1 ☐ no 2 ☐ yes, one such position 3 ☐ yes, two or more such positions

SKIP 79-END

PART VII — LEISURE TIME PHYSICAL ACTIVITIES

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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 (27)	Time per occasion Hrs. (30)	Min.	DO NOT WRITE IN THIS SPACE (34)
SECTION A: Walking and Miscellaneous																		
Walking for Pleasure																		010
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

SKIP 39-END

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6-26

To be Completed by Participant ACTIVITY (1)	Did you perform this activity? No (2)	Yes (3)
SECTION E: Sports (Continued)		
Racket Ball		
Basketball; Non-Game		
Basketball; Game Play		
Basketball; Officiating		
Touch Football		
Handball		
Squash		
Soccer		
GOLF:		
Riding a Power Cart		
Walking, Pulling Clubs on Cart		
Walking and Carrying Clubs		
SECTION F: Lawn and Garden Activities		
Mowing Lawn with Riding Mower		
Mowing Lawn Walking Behind Power Mower		
Mowing Lawn Pushing Hand Mower		
Weeding and Cultivating Garden		
Spading, Digging, Filling in Garden		
Raking Lawn		
Snow Shoveling by Hand		
SECTION G: Home Repair Activities		
Carpentry in Workshop		
Painting inside of House, includes Paper Hanging		
Carpentry Outside		
Painting outside of House		
SECTION H: Fishing and Hunting		
Fishing from River Bank		
Fishing in Stream with Wading Boots		
Hunting Pheasants or Grouse		
Hunting Rabbits, Prairie Chickens, Squirrels, Raccon		
Hunting Large Game; Deer, Elk, Bear		
SECTION I: Other Activities		

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 (27)	Time per occasion (30) Hrs.	Min.	DO NOT WRITE IN THIS SPACE (34)	
															470	SKIP 39 - END
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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.